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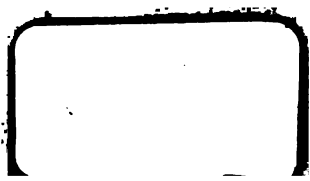
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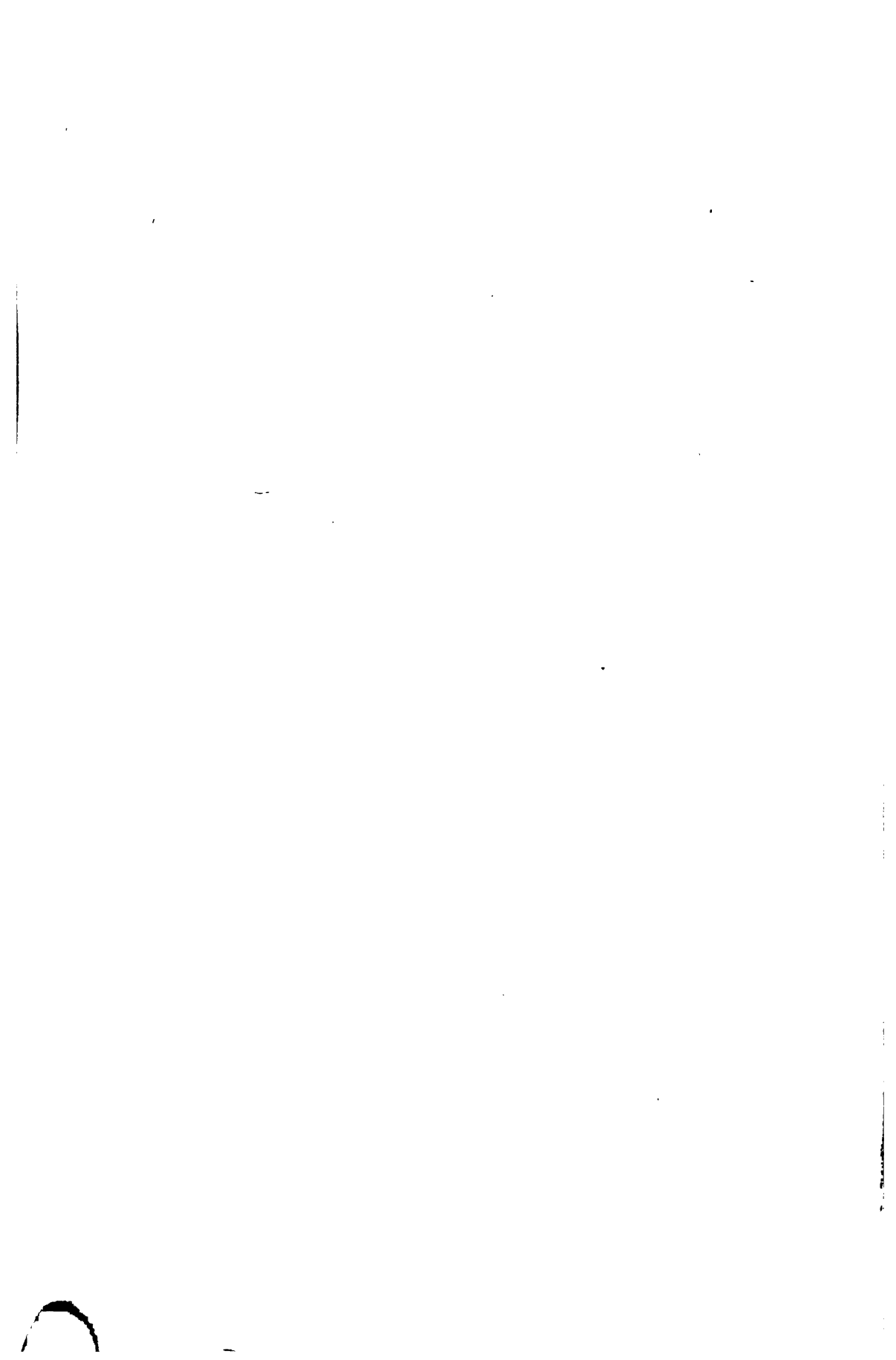
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# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

## CLINICAL LECTURES ON THE PRACTICE OF PHYSIC, DELIVERED IN THE THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

BY DAVID NELSON, M.D., EDIN.,

*Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.*

### LECTURE XI.

#### ON THE MORBID CONDITIONS OF THE LUNGS, ETC., CONTINUED.

GENTLEMEN,—Inflammation, whether it attack one or other portion of the respiratory system, must always be viewed in a serious light; for even when only affecting the first passages, such as the nostrils, it is very apt, if neglected, to be propagated downwards, and terminate in more vital parts. An acute inflammation of the nostrils usually proceeds from retained excretions, or atmospheric poisons, and is the first and most obvious symptom of a common cold, or nasal catarrh, and more especially of influenza. It is characterized by redness, dryness, heat, and swelling, and a concurrent febrile excitement. The patient is unable to draw air through the passages; and at length there is augmented discharge, at first of mucus, and afterwards it may be of pus and blood. It may be treated by leeching, though that is seldom resorted to, inasmuch as the vessels, if much gorged, usually relieve themselves by a spontaneous hemorrhage. Most generally it is met by such medicines as will open the various emunctories, and procure vent for the "*peccant humours*." Strong saline purgation is one very efficacious remedy. If hæmorrhage proceed too far, it may be stopped either by plugging, or by snuffing up a little of the acetate of lead; and if a chronic inflammatory action be continued, after the subsidence of the acute attack, giving rise to a constant flow of muco-purulent matter, a similar snuffing up of calomel will be most likely to arrest so disagreeable a symptom. But INFLAMMATION OF THE LARYNX is one of the most formidable diseases that can assail the human frame, especially on account of its tending to induce suffocation. It may arise from the application of some external irritant, or from poison

circulating in the blood; or may take place in the course of severe pneumonia, or bronchitis. Its marked characteristics are,—pain, and a sense of intense especial heat in the part, even while the rest of the body is of very exalted temperature, difficulty of swallowing, difficulty of speech, and intensely laboured and harsh respiration. This latter symptom is the most obvious one to any bystander, and the most painful and alarming to the patient himself. At first, of course, these sensations are comparatively slight, but, as the disease runs on, they become dreadful in the extreme, and exhibit all that you might expect from a protracted suffocation. Even though mercury, antimony, and abstraction of blood, be resorted to at the beginning, the affection will too often run its course in spite of all efforts, and terminate fatally within a very short time, exhibiting after death a red and thickened indurated condition of all the tissues of the larynx, and its aperture narrowed to a mere slit. In the young woman Perkins, who came in with continued fever, and whose chief local inflammation lay in the chest, we had an instance of this disease. The fever, pneumonia, and bronchitis had already been gradually subdued, when, being a little light-headed, and believing she was quite well, she walked into the stone passage, and stood there for a time. Shortly after she complained of sore-throat, when, fearing what might be the result, two re-lays of leeches were applied, and she was placed under mercury and antimony, with a nitrate of silver gargle. In spite of these efforts the inflammation increased, the respiration became hissing, and then harsh, the lips and cheeks became blue, the pulse rose to 140, the ala nasi were expanded, and the greatest anxiety was depicted in the brow and eyes. At length, as you will see, on referring to the case, matters came to such an extremity, that Mr. Moore thought of performing tracheotomy; before doing so he sent to ask my consent, but meanwhile the poor girl had died. This was the more annoying as it was the only instance during eighteen months in which we had lost a case of fever here, the death occurring, too, just on the verge of convalescence. In like manner, with numerous young children, though the symptoms may be temporarily subdued, yet they are apt to return with renewed force, and too often terminate fatally, in spite of all efforts. I have said that the treatment must consist of local abstraction of blood, with mercury and antimony, in frequently repeated doses, and the warm bath. Tracheotomy should also

be kept in view, but, as in private practice, there is frequently such a prejudice against this proceeding, as to deter the attendant from resorting to it, or even suggesting it; so in hospitals it is very seldom had recourse to, except until too late. Both physicians and surgeons seem generally to feel that they are not called upon to use such a remedy until all others have proved of no avail. They are liable to consider that while, on the one hand, any certainty of recovery after the operation is very problematical, the probability of death, on the other hand, is pretty strong, and therefore shrink from the responsibility of the death being imputed to the operation, rather than the disease. But it should be recollected that it is the delay of the operation that gives the victim so little chance of benefit from it. It should also be borne in mind that it is only done with the view of allowing the patient to have breath, while the other remedies are exerting their influence on the larynx; and that, even though it should fail as an expedient of cure, it is very likely to operate so far as to procure a comparatively easy death. All this makes me inclined to be an advocate for the timely performance of tracheotomy in this disease, and, in the next case that occurs in the hospital, I shall certainly resort to it at an earlier period than heretofore; and, indeed, the house-surgeon has my authority for its performance without waiting for my presence.

The slow chronic inflammation and thickening of the laryngeal textures which are apt to occur in certain strumous and syphilitic habits, giving rise to loss of voice, great hoarseness, and some slight sense of pain, accompanied with the presence of something that can never be hawked up, is an equally formidable disease, with the last and not less fatal, though not so sudden and startling. The morbid appearances after death are, a great thickening of all the tissues, including those of the vocal chords. The surface has the appearance of the skin of the hand, softened, thickened, and puckered, by long steeping in hot water, covered with a thick glairy mucus, and here and there a patch of inflammation, or congestion. The accurate pathological theory of such local appearances I do not profess at all to understand. That there is a degenerate hypertrophy is obvious, but why this seat should be specially chosen for the deposit, is quite another question; I cannot answer it; and shall, therefore, only state facts. It is almost always accompanied with a very large or universal deposit of tubercle in the lungs, and those who are seized with it seldom or never recover. Good examples have been exhibited of this morbid condition in the cases of Claridge and Dremer. Both of them died mere skeletons, with their lungs riddled throughout, yet Dremer declared himself to the last as getting well fast. Greig furnishes us, on the other hand, with an instance of its partial arrest. In each of these cases the remedies for phthisis were employed, but, in addition, local leeching was also resorted to, and an inhalation used, composed of conium and iodine, which seemed to produce very beneficial effects. In the two fatal cases the feelings of uneasiness were relieved, and in that of Greig the voice was restored, and the pain on swallowing, &c., quite

dispersed. He left the hospital tolerably well, but I have not heard of him since. Some good has also been effected by the application of strong solutions of the nitrate of silver; but, upon the whole, I can speak most favourably of the iodine and conium as giving relief almost invariably. This, as you may be aware, was the favourite remedial application of Sir Charles Scudamore in almost all respiratory cases whatever. Such narrow views of pathology are altogether untenable, yet each favourite remedy, like this, may be found highly useful for its own specific purpose, that of this one being to allay irritation and promote absorption.

IN INFLAMMATION OF THE TRACHEA, OR CROUP, we have a specimen of one more very formidable disease, chiefly attacking young persons. It is most commonly traceable to some exposure to cold during raw and damp weather, or in cold moist situations. Sometimes it is preceded by all the characteristics of a simple cold, with rough cough, hoarseness, and some amount of fever; but the true and alarming symptoms of fibrinous croup are generally rather sudden in their manifestation, and either appear rather unexpectedly, after some continuance of the above condition, or all at once with scarcely any premonitory symptoms whatever, so that—as observed by a vigorous describer of disease, the mother of a family may be suddenly startled from her sleep, by that terrible clanging cough which is so peculiar to croup, and which bodes so ominously of a quick and fatal issue. The essence of the disease consists in the exudation of fibrinous lymph from the inflamed surface of the trachea, so solid and tenacious, that it is firmly moulded to all the irregularities of the organ, adhering to it like a true membrane, and becoming thicker and thicker as the morbid action advances. Many beautiful specimens are to be seen of this fibrinous coating after it has been thrown off, when it exhibits itself as an exact mould of the trachea, as if taken in pliable wax. This, you know, is rather an exceptional event in mucous surfaces, unless inflammation run exceedingly high indeed, and its frequent occurrence in this situation is doubtless due, partly to the intense action going on, and partly to some peculiarity in the natural organization of the part. Almost invariably, in such situations, it is pus, and not fibrinous lymph, that is thrown out. But for this law the most disastrous consequences might frequently happen from inflammatory attacks of the nostrils, the œsophagus, the rectum, the urethra, &c., leading to the blocking up of such passages. As it is, it is singular enough how such an event should so much more often occur in so essential an organ as the trachea than anywhere else, but such is the fact, and it must make us view the affection in a very serious light.

The great object in such a case must be to abate the hyperæmia and to evacuate the existing obstructions to respiration. The first is to be attained by abstraction of blood, and the administration of such remedies as may lessen the force of the circulation, as antimony and digitalis, though both are to be avoided if the powers of life be very low. A few leeches along the track of the windpipe, and a quarter of a grain of antimony every

hour, will soon take some effect on the constitutional action, and by the addition of mercury, the natural secretions will be promoted, the tenacious exudations rendered more fluid, and also absorbed. If the false membranes are inclined to be loosened from their attachments to the mucous surface, their expulsion will be much promoted in a mechanical way by the exhibition of emetics; but, upon the whole, the greatest sources of confidence must be in abstraction of blood, and the speedy influence of antimony and mercury, the latter being applied by friction as well as by the mouth. Tracheotomy does not, in this instance, hold out such hopes as in laryngitis, because we can scarcely tell how far the inflammation has proceeded, and therefore even after making an opening at the lowest point, we may find it of no use.

From the peculiarities connected with the local inflammations already described, it was necessary to treat of them individually; but, for the remaining portions of the respiratory apparatus, I shall reduce them synthetically to one head of hyperæmia, instead of dividing them into bronchitis, pneumonia, &c. ACUTE HYPERÆMIA may attack either the mucous membrane of the bronchi and bronchilli, with their sub-tissues, in which event it is considered BRONCHITIS, or it may seize on the vesicular portions of the lungs, in which case it is called PNEUMONIA. Both, however, are to be viewed as the same action, differing only in extent of surface and certain distinctive effects referable to certain differences as to function and structure. Thus, the bronchi being merely air passages, their diseased condition is of less importance than that of the vesicles, within which the proper function of the respiration is carried on. The bronchi are also more apt to be affected on both sides equally than the vesicles; and from their greater openness they are more likely to throw out simply protective mucus or expectorated pus, than that fibrinous lymph, which is too often the result of vesicular inflammation. The ordinary causes of this inflammation, like those in other internal organs, are the application of external irritants, or revulsed excretions, or febrile and other poisons circulating in the blood. When the bronchi alone are affected, there will necessarily be, according to the extent or severity of the action, more or less cough, and more or less impeded respiration. The cough will at first be dry, as the immediate consequence of all inflammation is a stoppage of the natural secretions; but, in due time, if not checked at the first onset, there will follow first an expectoration of mucus, more or less tenacious, which will afterwards become muco-purulent, or entirely purulent, according to circumstances. When the membranes have become so thickened by the exudations of inflammation, or so obstructed by the superficial discharges, some difficulty of breathing will be experienced. This, arising from a physical cause, will be so far permanent and equal; but as some nervous irritation must arise under the presence of such foreign matter, so this difficulty of breathing will be liable to rather sudden fits of increase, due to occasional asthmatic constriction. A chronic inflammation therefore, of the bronchitic kind, usually gives rise to

habitual asthma, and also thereby induces emphysema. In the first stage of bronchial inflammation, there will be heard, from the dryness of the membrane, a harsh hissing sound under respiration, over the course of the larger tubes, while the vesicular murmur may be unaltered, and this will be accompanied with dry cough, and some sense of rawness down the centre of the chest. As exudations make their appearance, those sounds will become rough, and more complicated with others, arising from the air bubbles traversing the effused fluids, and bursting therein. This stage will now be marked by a moister cough, accompanied with an expectoration, the more thin the more easy, and the more tenacious the more painful. While, therefore, these proofs of bronchial inflammation may be gathered from the stethoscope, the general expansion of the chest may be pretty good, and the vesicular murmur soft and regular. The sounds on percussion may also be universally good; though, sometimes, when a pellet of hardened mucus may have blocked up one or more of the air passages, there may be a good sound over the obstructed portion of lung; but yet no proper expansion and no vesicular murmur. So far, a simple bronchitis is easily diagnosed, but it must be recollected that the question is too often complicated with previously-existing disease, such as solidification of the lung from tubercle or plastic lymph, or the exudation of serum, or pus, or lymph from pleurisy, or the presence of a tumour; or an obliteration of the lung altogether. Under such circumstances, it becomes extremely difficult to form any decided opinion; unless you are already master of the previous history of the patient, in which case it were comparatively easy to know whether any such solidification were of old standing or not, and what was its real nature. The various solidifications that may occur are often not to be distinguished from one another except by such history and other collateral evidence. Fluid effusions cannot be discovered by succussion when the cavity is perfectly full of any homogenous mass. The chief proof, therefore, is the absence of the vocal thrill, and as to whether the fluid be serum or pus, or an admixture of both, that is only to be known by the preceding symptoms, or by the trocar. An obliteration of the lung is of course still more difficult to be proved. The nature of such difficulties may be instanced in certain actual cases treated within the hospital. Thus, in the case of the boy Green, the clay-like dulness of the right side was referred to tubercle from collateral evidence alone, inasmuch as he was pale and emaciated, and had had degenerative disease in the knee-joint, &c.; yet it is not impossible that it may be hepatization. In the policeman, James Hughes, the same dulness on the left side was referred to hepatization on account of the sudden illness, and yet it might be tubercle or something else. In the phthisical cases of Eliza Sleuth, and Ann West, a similar dulness on the left side was attributed to tubercle; but the fact was, that the old tubercle had softened and disappeared, and the entire organ had become absorbed. In the young woman, H. S., this dulness of the left side was viewed with great uncertainty; but she died almost immediately

after admission, and then a vast amount of pus was found, which had, however, produced no bulging of the intercostal spaces during life, nor any disposition to lie on the affected side, (though these symptoms are by some considered essential;) she generally, indeed, lay either on her back or on the opposite side. The almost universal dulness and non-expansion of the right side of the patient William Prentice, who was admitted after a previous attack of pleurisy was likewise viewed with doubt. In order to test whether it were fluid or solid, my surgical colleague, Mr. Langstone Parker, was requested to introduce a small trocar, but nothing appeared from that puncture, and, from all that can be learned of the past history of the man, it may either arise from carnification, or tubercle, or effusion in the pleura, or obliteration of the lung. I still include pleuritic effusion of a more or less solid character in the list of possibilities; because, although the discovery of liquids by the trocar be a positive proof of their presence, the non-discovery of them is no proof of their absence. At the very points where the thrusts are made, there may be solid adhesions, while in other parts, where the pleural surfaces are free, the effusions may be in great abundance. This fact is again and again witnessed by those who are engaged in *post-mortem* inspections. You must avoid drawing positive conclusions from any merely negative facts elicited by the trocar. As little can you puncture again and again in such a situation with the view of obtaining more positive evidence, and, as to being guided by the bulging of the intercostal spaces, such a sign can only occur in the most extreme cases of liquid effusion. The use of the exploring needle has been suggested by some persons as a very facile mode of diagnosing all such diseases; but I have seen such unpleasant results from it in certain cases, that until a vast amount of encouraging evidence is laid before me, I cannot recommend its indiscriminate employment to my pupils. In short, except in safe situations, I view with little favour, this proposal of thrusting a hollow-dagger through the human body, as you would thrust a taster through a cheese; because I feel that on many occasions, a dormant, scirrhus, or other less complex tumour might by such means be excited into an active cancer, not to mention other contingencies. You will therefore see the importance of endeavouring to establish, in any given case, what are the recent and what are the old symptoms. From the number of old and advanced cases, brought to public institutions, in which the recent symptoms, and the old pathological changes induced by former disease, are confusedly mixed up, the hospital physician frequently finds himself at a great disadvantage; because, on the one hand, he cannot rely upon the patient's own history of his case, and on the other, if he applies for its previous history to the former attendants, his objects for doing so are liable to misconception unless he be personally acquainted with them.

PNEUMONIA, as already observed, is a much more formidable form of disease than the one just treated of. Its causes are the same as those of bronchitis, but, generally speaking, they are more severe in degree, and

produce serious consequences in proportion to the plethoric condition of the patient. No class of men, perhaps, are more frequently victims to this disease, in an intense degree, than those brawny labourers exposed to work in damp excavations. The attack is ushered in by shiverings, thirst, and other febrile symptoms; these are followed by difficulty of breathing, dry cough, heat, and, it may be, pain in the affected part; afterwards the face will assume a dark flush, while the lips may be blue, and the expectoration that accompanies this state of things will sooner or later be tinged of a rusty red. The pathological changes indicated by such symptoms are,—firstly, by the shivering, &c.—depression of the heart's action, and an accumulation of the mass of blood in the internal parts; by the febrile symptoms, reaction; by the difficulty of breathing, dry cough, and heat, are indicated an acute engorgement of the lungs, causing irritation, but as yet no effusion; the dark flush shows imperfect oxygenation; and the rusty coloured sputum, an escape of the red blood from the engorged and dilated capillary vessels. As to percussion, it will yield a dull resonance over the affected part, and the stethoscope will furnish the following concomitant evidences,—viz., in the first stage of simple engorgement, without effusion, scarcely any respiratory murmur at all; in the second stage of effusion a small crackling noise, as of minute bubbles bursting in a tenacious fluid; in the third stage of complete consolidation, no respiratory murmur, or any other sound whatever; and in the fourth, or curative stage of absorption, a return of the crepitating sound, followed by the natural murmur. The combination of these methods of inquiry can leave little doubt in any case of pneumonia, unless there have been previous consolidation, &c., in which event we have to encounter all the difficulties already alluded to. Each symptom will, of course, be of greater or lesser severity, according to the degree and extent of the inflammatory action, which sometimes may be so mild as only to involve a very limited portion of the lung, while at others almost the whole tissue may be subjected to the morbid action. I have sought to picture it in a severe type, in order to give you a marked impression on the subject; at the same time you will please to recollect, that limited attacks may frequently occur in the course of other diseases, such as fever, but especially during phthisis, that may be scarcely at all recognized, though it is of the very greatest importance that they should be detected, and subdued. The secondary consequences upon other organs arise, as you may anticipate, from obstruction of the circulation. The heart first becomes oppressed, makes violent efforts to overcome the obstacle, and, by its ineffectual efforts, increases the local inflammation. Meanwhile, from the stagnation of blood in the general system, and from the vitiated constitution of that blood preventing the ordinary secretions from being carried on, serum may become effused throughout the cellular tissue, and on the serous surfaces, while urea and acrid bile remain in the system to react again on the already poisoned blood, and to induce fresh complications. Such a case, having already run on



through most of these stages before admission, was presented to us in the little girl Catherine Bates, aged 12. In her we had universal dulness; faint and rapid action of the heart; a pulse of 120; anasarca, both of the legs and face; and respirations to the number of not less than 58 in the minute, yet all these were happily subdued by the antimonial treatment, as beautifully indicated in the descent of the respirations from day to day, first to 50, then to 40, and to 20, 18, and 16 successively. In the case of Eliza Sleuth we witnessed the total disappearance of the left lung under phthisis, the greater part of the right involved in it, and the remaining portion rendered useless by a concluding attack of inflammation. Also, in the instance of Ann West, whose left lung was likewise reduced, by tubercle, to a mere pouch at the top, the same as Sleuth's, we found the right one intensely inflamed, even after the patient seemed to have improved a good deal under the cod-liver oil. The latter onset was very sudden; she had little stamina to bear much active treatment, and would have sunk very soon under depressants. The chief features here, during the termination of life were,—blueness of the countenance, anasarca, small pulse, cold feet, and large universal mucous rattles. Most of the phthisical cases that terminate abruptly, prove fatal from the supervention of pneumonia in the remaining sound portions of lung, and therefore it becomes of great consequence to watch for its approaches throughout the whole treatment. In the remarkably favourable case of Hannah Lewis, decided measures were resorted to, even under all the weakness of phthisis, and the successful termination of that case must strengthen this view of the subject. In the first stage of engorgement, although the lung is found of a brilliant scarlet colour, and exuding blood at every cut of the knife, yet it is not altogether deprived of air, for, upon being squeezed, numerous bubbles make their appearance, along with the blood; but in the latter stage of consolidation there is a complete closure of the proper spongy structure of the organ, at first from excess of blood, compared to the structure of liver, and so named the red hepatization, afterwards, from a disappearance of the red particles, becoming grey, and, lastly, quite a pale pink, like the simple fibrinous organization. If such exudations be rapidly enough broken down, and absorbed, before the proper texture be obliterated, then the lung may be restored almost to its pristine condition; but, if permitted to press on the delicate walls so long as to have caused *them*, on the contrary, to be absorbed or atrophied, the adventitious tissue will remain as a fixture through life, and deprive the individual of a certain proportion of air at each inspiration. The respirations will, therefore, become habitually increased in number, while local dulness will be apparent. As already remarked, this dulness will sometimes lead, under other acute attacks, to sundry mistakes as to the presence of tubercle or actually existing inflammation. Such mistakes are chiefly to be avoided by a consideration of the general history and constitution of the patient; yet the certain fact can never be demonstrated until death

reveals the existence of some ancient solidification of the above kind. Thus, in the case of John Schofield, who was admitted with flushed and puffy countenance; much heat of skin, especially on the chest; great dyspnoea, so as to require propping up in bed, with pain on inspiration; anasarca, rusty sputum, and a pulse of 120; we had dulness, much more extensive than seemed consistent with the recentness of the attack. Pleuro-pneumonia was at once diagnosticated, and for that he was treated with blisters and antimony, but, though the more positive symptoms of acute inflammation were soon thereby subdued, the same dulness remained. It was now a question whether this dulness arose from a deposit of tubercle or plastic lymph. The general feebleness and flabbiness of the body seemed to plead, in some degree, for the first, but at the same time the absence of emaciation rather pointed to the second. After having rallied from the pleuro-pneumonia, however, he imprudently exposed himself, half naked, to the cold air; this induced a return of the malady, under which he very rapidly sank, and, on examining the lungs, a most beautiful and interesting spectacle was displayed of pneumonia in all its stages, from the brilliant scarlet of the recent attack, to the red, the grey, and the tawny hepatization of former ones. It was obvious that he had had the disease in past times, again and again, and that, being not arrested, it had run on to its natural result of consolidation. As, however, he could give no definite history of his former ailments, a doubt necessarily existed as to the precise nature of the solid matter; fortunately this doubt was not of a nature to interfere with the course of treatment.

The management of these disorders will be the subject of another lecture.

## ON EPILEPSY.

A PAPER READ BEFORE THE MIDLAND BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, AT DERBY, DECEMBER 4TH, 1851.

By JOHN HITCHMAN, M.D.,

*Member of the College of Physicians, London, Superintendent Physician of the Derby County Asylum.*

GENTLEMEN,—It would ill become me to encroach upon your valuable time by a dissertation on the history and literature of epilepsy, or with a description, however graphic, of the symptoms of the malady, since with these every gentleman in the room is as familiar as myself. However tempting the theme may be once again to revert to those studies which delighted us in youth, and which have been the solace of some leisure hours in manhood, respect for your superior attainments forbids its indulgence. You cannot now afford the time to admire the elegance and truth with which Aretæus sketched this disease, or to pause over the singular skill of Læcretius, who, in depicting the malady, blended the beauties of poetry with the rigid requirements of scientific narrative; or even to discuss the

exact meaning of those phrases in the divine record which seem to give a spiritual significance to this corporeal ailment, but which, traced to their roots, in strict comparison with the existing opinions of the then age, might admit of an interpretation consistent alike with the facts of modern science, and with that beneficence and "good will to man" which the inspired word so abundantly reveals. Nor dare we now glance at a history which comes down to us through so many ages, or revert to the opinions of writers whose essays are numbered by hundreds. If there be any book-loving archaeologist present who may desire a statement of such opinions, I would respectfully refer him to the erudite article "On Epilepsy," in Dr. Copland's Dictionary, simply stating that he may there find reference to more than two hundred writers, and yet after reading all their works, he may feel that the disease stands before us now as inscrutable, and as incurable as ever.

My object in reading this brief paper is the humble one of placing before you the particulars of three epileptic cases which have fallen under my notice, and of soliciting your valuable opinions upon the facts they contain. I wish also to contrast their pathological appearances with some other cases of extensive cerebral lesion in which no epilepsy was present, for I think it is by such comparisons alone that we can arrive at safe inductions. In the onset, however, I wish also to add, that pathological changes must be considered with great caution, and in an analytical spirit, or assuredly we shall be led into many, and grave errors. To elicit your inferences upon facts which have fallen under my own notice, and thus to be benefitted by your experience and more matured judgment, is the reward to which I aspire for occupying this prominent position before so distinguished an association.

Of three cases, then, one was found dead; one died in an epileptic paroxysm, or rather from the coma, and exhaustion which followed; and the third from pulmonary consumption.

The first, H. D., was found dead in bed. She had retired to rest in her usual health. She was 50 years of age, and had been the subject of epilepsy for twenty years. Her intellect had become greatly weakened from this cause, and she was partially paralyzed in the left leg. The autopsy revealed the following appearances:—The body was well nourished; the lips were livid, and the neck, especially at its posterior, and dependent positions was of a blueish hue, not from bruises but from venous gravitation, and ordinary *post-mortem* change. She was examined at two o'clock P.M., eight hours after being seen in the morning. The same marks which characterised the neck were also present down the back and other parts. The calvarium was normal in shape, and of average thickness. The dura mater was healthy. The arachnoid membrane was not thickened or otherwise diseased. The pia mater was congested with blood, and the brain generally shared in this condition, in all probability induced by the mode of death. The upper surface of the convolutions of the cerebral hemispheres presented here and there hard knotty indurations, which varied in size from that of a

pea to a large bean, but of a corrugated and rounded figure, while others were more elastic and smooth. These indurations proved to be small cysts, and the difference in their characters of hardness and form was found to arise from the circumstance, that the harder and corrugated ones had lost their fluid, and now contained a white grumous material, resembling an impalpably fine mortar, and in which, by the aid of the microscope, could be seen a large number of very minute crystals, having a rhombic figure. Those possessing fluid contained within this a few clear spherules, of varying microscopic size, adhering to their inner surface, but none on their exterior; each cyst was distinct in itself, forming in this respect a great contrast to the acephalocysts occasionally found in the uterus and other organs, indeed their solitary character induced my friend, Dr. Hodgkin, and myself, to look most carefully for that curious entozoon, the *cysticercus cellulosus*, which has been occasionally found in solitary cysts occupying the brain and the eye of the human subject, but without success. A small solitary cyst, less than a pea, was found on the upper surface of the left lobe of the cerebellum. The vesicular neurine of the convolutions exhibited no disease beyond the immediate contiguity of these little bodies, and even at that spot nothing further than a depression, caused by their presence, could be detected. Whether this depression was induced by simple pressure, without any loss of nervous substance, or whether it had given rise to atrophy, could not be well determined upon. I am inclined to think the latter. The vesicular and fibrous portions of the brain were each much congested with blood, which we regarded rather as a moribund effect than anything else, (as the patient had died, in all probability, from asphyxia,) and we discovered no other change until we reached the left ventricle, where, resting upon the corpus striatum, was another cyst, of considerable magnitude, as large, indeed, as a pigeon's egg. In this large cyst the walls had a distinctly laminated texture, and small clear globules or spherules were studded over its inner surface, resembling the "hyaline" which has been so fully described as to its properties by Barry and others, and which, in truth, were young cells, slowly forming into other acephalocysts. The corpus striatum around this larger body was softened in its structure, and had undergone some diminution. The brain presented no other disease. The choroid plexuses, in common with the blood-vessels of the brain generally, were in a congested condition. The right lung was gorged with blood, and the patient was considered to have died from "pulmonary apoplexy," in fact that was the verdict returned (from medical testimony) at the Coroner's inquest. No other disease was found in the chest, and the viscera of the abdomen were remarkably healthy.

In contrast with the above case, was one which I saw in 1849, in which there were spiculae of bone protruding from the inner periosteum of the skull (dura mater), and resting upon the brain—i.e., resting upon, although not piercing the pia mater; the cerebral lobes were of unequal size; the superior longitudinal sinus was

literally encased in bone; the choroid plexuses contained small cysts, and the basilar arteries were loaded with atheromatous deposits; and yet this patient had never experienced epilepsy. On the 23rd of January, 1849, I examined an epileptic in whom there was the same singular irregularity in the size and form of the cerebral hemispheres. In this case, the left anterior cerebral lobe was very much larger, and three quarters of an inch longer than that on the right side; the vesicular neurine of both lobes was soft, and varied in hue, from a dark brown to a pale fawn colour; the middle lobe of the cerebellum was much shrunken and atrophied, and had a pale macerated appearance, like to animal structure which had been long immersed in fluid. But in this case, the pituitary gland was extensively disorganised, degenerated in fact, through the greater part of its structure into a gritty, earthy substance; and the clinoid processes of the sphenoid bone were so elongated as to project and to press upon the superjacent parts of the cerebrum. These two latter cases are, I think, highly instructive by contrast, as *proving* that the inequality in the weight, size, and form of the anterior cerebral lobes, belongs rather to the lesions of insanity than to epilepsy. For I ought to have stated at the outset, the important fact, that the patients to whose autopsies I refer, were not only epileptic but insane. It would certainly vitiate all our reasonings if part had been insane and part otherwise; but as all were of unsound mind in an equal degree, as the conditions of each were equal; I do not think this circumstance will much invalidate the usefulness of the facts recorded.

The second case who died from epilepsy, on the 18th of December, 1849, was 56 years of age. She had been insane eleven years, and epileptic forty-eight years, the epilepsy having been produced by a blow. When 8 years of age she was knocked down by an infuriated cow, and her frontal bone fractured by the blow. In the autopsy, the calvarium was found to have a deep indentation of a triangular form in the centre of the frontal bone; this was limited to the first table, as no corresponding mark was visible on the cerebral surface of the bone. The inner table was deeply grooved by the meningeal arteries, and had become so thin as to be diaphanous. The base of the skull was of a contracted form; the ethmoid process, "*crista galli*," was very large and projecting; and the clinoid processes of the sphenoid were curved and irregular; the dura mater was firmly adherent to the skull; the arachnoid was opaque and thickened; the pia mater much congested; the Pacchionian bodies were very large; the pituitary body was atrophied, and in a degenerate condition; the medulla oblongata was much congested with blood, and I should have said, that the lateral ventricles were devoid of fluid. The heart was small and flaccid, and its tricuspid valves were diseased and thickened. The other viscera of the body appeared healthy. I wish to contrast this with another autopsy conducted by me in 1845. E. L. died from a fungoid tumour of the dura mater. She had exhibited great passiveness of character and simple imbecility of mind. She had for more than one year suffered extreme pain on the left

side of the head, along the lower anterior edge of the parietal and across the temporal bone, at which point she had received a severe blow in a quarrel some five years prior to my seeing her. When I first saw her, the left eyelid was paralyzed, and drooped over the eye; the pupil was enormously dilated, and vision was extinct. For a fortnight before she died, she experienced great pain and difficulty in the act of deglutition, and for the three latter days of her existence, was unable to accomplish it. For the same period, the left nostril was insensible to snuff and some other irritants. On examining the skull after death, it was evident that the blow had left a deep scar over the left temporo-frontal region; this appeared to have excited inflammation of the dura mater, and to have given rise to the tumour, which has been already named as the cause of her death; for although it was not immediately opposite the seat of injury, yet the membrane from a point opposite to the external scar, was most intimately adherent to the bone. The tumour, which was placed somewhat obliquely in the base of the skull, pressed on the left optic nerve at a point anterior to the outer edge of the crus cerebri, as it was passing forward to join its fellow nerve. The scirrhous thickening was, however, more conspicuous, harder, and larger, upon, and in front of, the petrous ridge of the temporal bone, embracing within its substance the semilunar ganglion, protruding forwards and inwards, pressing on the outer edge of the cavernous sinus, and completely imbedding, anteriorly, the first, third, and second divisions of the trifacial nerve, as they respectively passed to the cavernous sinus, the foramen ovale, and the foramen rotundum. In consequence of some unavoidable delay, the brain had become too soft for a satisfactory examination. It will strike you, how completely the disease was illustrated by the necroscopic appearances; in other words, anatomically, by the loss of sight on the same side, as it pressed on the *outer* edge of the optic nerve prior to its conjunction; in the paralysis of the upper eyelid, as it encroached on the motor oculi nerve, on the ophthalmic branch of the fifth, and ultimately interfering with and interrupting mastication and deglutition, by its pressure on the superior and inferior maxillary nerves, and probably, from the same cause, destroying sensation in the lining membrane of the left nostril, as the throat and nose were free from disease.

A blow upon the frontal bone immediately produced in the former case an epileptic paroxysm, which occurred at intervals through forty-eight years, ultimately inducing mental derangement and death. A similar force at the junction of the parietal with the temporal bone did not originate epilepsy, but gave rise to a malignant tumour, which encroached upon and destroyed some of the agencies of vision and muscular action, and, by mechanical contiguity, impaired the intellectual manifestations of the brain, and finally destroyed life. How are we to explain these discrepancies? Are such phenomena limited to diseases of the encephalon, or are they found to exist in the other structures of the body? Can a rational explanation be found in the circumstances attendant upon the injury? or will our

present knowledge of the structure and functions of the varying parts involved in the respective lesions furnish it? In the latter case, anatomy fully explains the entire range of objective phenomena; but how and where are we to seek for an elucidation of the presence of epilepsy in the one case, and of a fungoid tumour alone in the other? I trust these questions are worthy the attention and the thought of intelligent medical men;—that you will not deem me frivolous in bringing them before your notice; but that you will kindly extend to me your indulgence whilst I proceed to the narration of the third autopsy, and to the detail of some facts connected with the previous history of the case.

M. A., who died from pulmonary consumption, in 1850, had been epileptic to an extraordinary extent for many years, especially during the six months prior to the manifestation of the thoracic disease; in the month of January preceding her decease she had as many as one hundred and sixteen paroxysms of epilepsy, reckoning that as a distinct fit which was followed by consciousness, for however brief a period the consciousness might have lasted. In this case, the severest I ever witnessed, there was no cerebral lesion, beyond opacity and thickness of the membranes of the brain, effusion of serum between the convolutions, and into the lateral ventricles, and a very hypertrophied condition of the pituitary body. This organ was, however, most extensively diseased, and is a structure of far greater importance than its situation or its size might, *a priori*, intimate. This patient formed one of nine that I selected for especial observation, with a view to determine if any, and what amount of influence, the moon might exert in the production of the epileptic paroxysms. I have great faith in popular notions; that is, I believe they frequently contain a nucleus of truth, however much such nucleus may be covered with incrustations of error and folly; and, at all events, the supposition that such influence was exerted could only be disproved by carefully observed facts. Accordingly, nine epileptics were watched most assiduously for two months, and the facts duly registered. I shall weary you only with the particulars of one month. In no one day, nor within any one week, did *all* the nine cases experience an epileptic seizure; but eight out of the nine became epileptic during the first fourteen days of observation. M. A. had fits every day through the entire month; on some of these days she was scarcely exempt from its influence during any part of them. On the day of the new moon she had two paroxysms; on the seventh day of the moon's age she had five paroxysms; on the day of the full moon she had three fits, and on its entering its last quarter two paroxysms; on the recurrence of a new moon, two fits; on the twelfth day of the moon's age she had six paroxysms, and on the twenty-seventh day six fits. On the day of the full moon only two patients out of the nine had seizures, while on the seventeenth day, on the twenty-third and twenty-ninth days of the moon's age, four of the nine were beset with the malady. On no one day were more than four afflicted; and the largest number of paroxysms experienced in

twenty-four hours by one epileptic was six. We therefore infer that although epilepsy is paroxysmal in character, it has no direct relationship to the condition of the moon, except, perhaps, in some rare, exceptional, and highly sensitive cases. It is, however, a remarkable fact that this patient, M. A., who had been epileptic for many years, who, through the entire period above referred to never passed a day without a fit, and who in one calendar month experienced above a hundred paroxysms, never was epileptic during the last six months of her existence. From the day that inflammation of the lungs set in until the day of her death from tubercular disease, she was free from the former malady. She was watched night and day by trustworthy nurses, under my own immediate supervision, and, therefore, upon this statement you may fully and implicitly rely. Here again, as it appears to me, an interesting question springs up,—What condition excitant of epilepsy was removed by the deposition of tubercle on the lung?

Is it a law that no two diseases can exist in the system at the same time?

I have purposely avoided, on the present occasion, all allusion to treatment in the above cases, as it would have lengthened my paper, and unduly prolonged the discussion of the subject. Perhaps I may be allowed to state, that in many diseases, some of our most successful remedies are those of whose especial action we are ignorant; quinine in ague, for instance, and colchicum in rheumatism; but it would be both unwise and unsafe to employ these or any other remedies in an empirical manner, for the experience of most men will point out cases in which either of the above remedies would be useless or injurious if so employed. I have known ague resist the influence of quinine for many months, owing to two omissions on the part of the practitioner. First, neglect of the digestive organs; and, secondly, the employment of the medicinal agent in the form of a hard pill, instead of in some fluid, slightly acidulated with sulphuric acid. Empirical routine, at all times dangerous, would be especially so in such a grave malady as epilepsy. Its frequent incurability has sometimes prompted practitioners to adopt rash measures in its treatment. There is scarcely a drug in the whole range of the *Materia Medica*, or elsewhere, that has not been used in epilepsy; from the skin-dyeing nitrate of silver, and the heart-subduing digitalis, down to the more dangerous vagaries of the homœopathic treatment, and its no less formidable sister, "the water cure." Hydro-pathic treatment—(*ὕδρως πάθος*)—"water disease" treatment! How expressive! Alas! how true! Such rashness should not be. Sudden deaths are largely on the increase in this country; and I think, with Dr. Granville, they are mainly due to the dangerous popular delusions of homœopathy and hydro-pathy, on the one hand, and, I fear I must add, to empirical routine on the other. Each case of epilepsy demands its own especial treatment; and if to every case we administer the same drug, whether it be indigo, valerianate of zinc, digitalis, turpentine, cotyledon umbilicus, or the sumbul; or if in each case we tie the carotid arteries, open the trachea, or bleed heroic-

ally from the temples, we shall most assuredly do more harm than good. Whichever of these remedies may be adopted as our agent, it will prove mischievous, if we rely solely upon it in the treatment of every epileptic who may come before us. Yet either of these remedies may prove successful in some one especial instance. Turpentine has been of great service; the cotyledon umbilicus, introduced to the profession in such a judicious manner by Mr. Salter, of Poole, is a valuable drug; and the "sumbul" of Dr. Granville will, I think, prove advantageous to those deplorable cases of paralysis and epilepsy which seem to arise from excessive sensual indulgence. It is the high mission of rational medicine—indeed it is its distinguishing characteristic—to treat each case according to its respective peculiarity, uninfluenced by any passing fashion, whatever that fashion may be, whether it find its exponent in a globule of dust, or in the gaudy saloons and cold fountains of a Hydropathic Symposium.

My task is now done. I am deeply sensible of its many imperfections, but its highest aim has been to elicit information, and to show by a feeble example, how readily a small part of each individual's experience may be made conducive to the general good. Perhaps I may be permitted to add, that the last case related, suggests to us the propriety of extreme caution in drawing inferences from isolated cases, especially as regards therapeutics. Had my poor patient been mesmerised on the day preceding the inflammatory attack, or had she swallowed some homœopathic globules of *tenanthe crocata*, *stramonium*, *hydrocyanic acid*, or any other drug said to *excite* convulsive disease, (*similia similibus curantur*.) would not the disciples of Mesmer, or Hahnemann, at once have inferred, and proclaimed—yes, proclaimed! through all the saloons of fashionable gossip, that their "passes," or their "globules," had cured the epilepsy, and that the pulmonary disease was an accidental sequence, having no influence whatever upon the former malady? Let us avoid this vice of empiricism: and, being regardless alike of the shining allurements of dishonest gain, or the false glare of a fickle popularity, let us walk together with brotherly love in that narrow but bright path of philosophic induction, which Harvey, and Hunter, and Jenner have trodden before us, and there will remain for us the happy consciousness of duties faithfully performed, and the well-founded conviction, that the talents respectively committed to us have been employed, and employed only, in those high purposes for which they were originally bestowed.

## A CASE OF POISONING WITH ARSENIC ACID.

By J. SKEVINGTON, Esq., ASHBOURN.

I WAS sent for about nine o'clock, A.M., on the 14th of November, to attend Mrs. B., aged 53 years. On my arrival I found her vomiting violently; she com-

plained of great heat and pain from the mouth to the stomach; was very faint, and had cold perspirations. I asked her what she had taken; she replied, nothing but a cup and a half of tea, containing a little carbonate of soda, and buttered toast. She complained to the servant that it tasted very peppery; and in about three minutes after drinking the tea she began to vomit. The pulse was about 120 beats in a minute, small and irregular. The skin was cold and clammy. Purging came on in about a quarter of an hour, with intense pain in the abdomen, more particularly on the left side. I ordered her into bed, and applied bottles of hot water; she soon became warm, and afterwards experienced a burning heat of the skin; the respiration was performed with difficulty; the eyes were injected with blood, and appeared as if they were leaving the sockets with intolerance of light; there was not any paralysis or exanthemata; the tongue and fauces in many places had the appearance of being recently touched with lunar caustic; there was great difficulty of swallowing, with violent pain in the head, and cramps of the extremities; the vomit was of a bilious character; the anus was excoriated; the urine was scanty and scalding, scarcely making any for two days; the voice was altered; and hoarseness continued for a fortnight.

The servant, a woman about 35 years of age, had taken some of the same tea, and was attacked with similar symptoms, though not quite so severe. On the third day she was taken with violent pain and swelling of the tongue, lips, and face, which continued for several days.

I gave both patients an emetic of *ipeacuanha* (gr. xxv), and in half an hour I began with half-ounce doses of the hydrated peroxide of iron, taken every half hour. Mrs. B. took five doses, and the servant took three. The urgent symptoms of poison having subsided, they were both very ill of inflammatory fever, which, I am happy to say, gave way to the antiphlogistic treatment, and they were convalescent in a fortnight.

The analysis of the tea which remained was carefully performed by Mr. THOMAS COCKER, chemist, which proves the quantity taken.

### *A Case of Poisoning with Arsenic Acid or Arseniate of Soda.*

At the request of Mr. Skevington, I took charge of the remainder of the tea which had been drank by Mrs. ——— and her servant. There were about six ounces of it, and I tested it for arsenic.

1.—Tested the tea with blue and red litmus papers, and found it slightly acid.

2.—Prepared the fluid by adding acetic acid to coagulate the milk, &c., boiled and filtered through paper in the usual way. When quite clear, and as free from organic and foreign matter as I could obtain it, I added the hydrosulphuret of ammonia, which produced a rich bright yellow, the sesquisulphuret of arsenic, which was soluble in ammonia, forming a nearly colourless solution.

3.—Added the ammonio-sulphuret of copper, which produced a greenish blue precipitate; not the usual pale green—Scheele's.

4.—Added the ammonio-nitrate of silver, which produced a reddish brown, or chocolate; not the usual colour—canary yellow, which appears with arsenious acid. The result surprised me, because it proved the presence of arsenic acid, not arsenious or common white arsenic of the shops; repeated the experiments several times, but always with the same results.

5.—I then poured some of the tea which had been previously prepared, into a porcelain dish, added a proper quantity of hydrochloric acid, brought it to near the boiling point, put in some thin bright copper, which immediately caused a deposit of arsenic upon it.

6.—I then introduced the sulphuret of arsenic into a glass tube, with black flux, decomposed and sublimed it, which proved to a demonstration the presence of arsenic.

But the question for my consideration was,—How could arsenic acid, an article never kept in retail shops, and confined exclusively to the chemist's laboratory, have got into the tea pot? This I was surprised at, and for some time puzzled with, until I began to reflect that carbonate of soda had been put into the teapot along with the tea, and that arsenious acid was capable of uniting with it, and forming a neutral salt, the arseniate of soda, which is easily soluble in water, and this would account for its slight action on litmus paper. The brown precipitate of arseniate of silver by ammonio-nitrate of silver, and the greenish blue precipitate of arseniate of copper, in neutral solutions of arseniates, are both very characteristic tests.

Lastly.—Measured two ounces of the prepared tea, added sulphuretted hydrogen, filtered, dried, and weighed the precipitate; weighed eight grains, or about equal to six grains of white arsenic of the shops. The patient, therefore, must have taken in the eight or ten ounces of tea, about half a dram of arsenic.

THOMAS COCKER.

Ashborne.

## Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CASES ADMITTED UNDER DR. DAVID NELSON

*Reported under the terms proposed by the Association.*

By OBSERVATOR.

### *Case of Hemiplegia.*

FROM the frequent occurrence of paralytic cases, and the very frequent incurability of such cases, it is probable that by some persons (particularly those who have witnessed many really or assuredly incurable cases) a too general opinion has been formed, namely, that nearly all are hopeless, or, at best, only admit of slight palliation. Instances of recovery are sometimes re-

corded, and to add one, of at least comparative recovery to that number, in the hope that it may contribute some degree of encouragement to treat patiently and perseveringly this truly pitiable class of suffering fellow-mortals, affords me much pleasure in reporting the following case:—

John Barrett, aged 35, of phlegmatic temperament, was admitted an in-patient of the Queen's Hospital, under Dr. Nelson, on the 20th of December, 1850. He was completely insensible when admitted, but, according to the statement of his friends, after taking supper on the 17th, he went to bed in seemingly good health, not making any complaint; on the following morning he was called, and made a correct reply, but on getting up he fell down, and became insensible, remaining so until about the 21st.

*Symptoms.*—Loss of sensibility and motion; paleness of countenance; pupils contracted and sluggish; slightly increased heat of the head; the mouth was drawn to the left side, and the muscles of the right side unnaturally soft; the right arm and leg were more especially incapable of any movement, but a slight degree of sensation existed, as a slight expression of countenance indicated when he was pinched; the bowels were constipated, but the urine passed involuntarily; pulse slow and full, 65 to 70.

*Diagnosis.*—Apoplexy, with hemiplegia.

*Indications.*—To prevent effusion and inflammation, and to promote absorption.

*Treatment.*—The head was shaved, and cold applied constantly; six leeches were applied behind the ears, followed by blisters; a pill of calomel and croton oil, followed by a draught of sulphate of magnesia, jalap, and senna, was administered every second hour.

21st.—He seemed somewhat better. He took two grains of calomel every second hour, and continued the draughts. Also a seton was inserted.

22nd.—Improving a little, now having intelligence enough to open his mouth, but could not protrude his tongue, which, with his teeth, was coated with a black fur. The right arm and leg were utterly powerless. Continued the medicines, with a draught of ammonia occasionally.

23rd.—He still gradually improved, and had taken food several times. The skin was a little more sensible. Continued the medicines.

24th.—The bowels had been freely opened, but no mercurial effects had been produced. The pupils were natural. The tongue, which he drew out with his left hand, when asked to show it, was brown and dry. The hemiplegia continued, and he answered "yes" to every question. Pulse 80, softer. Continued the medicines.

27th.—The tongue was clean, but the other symptoms remained the same. Continued the medicines.

31st.—Seemed about the same. He continued the mercury, with an aperient draught occasionally.

January 3, 1851.—The head was cool, and the tongue clean. He had gone twice to the water-closet, with assistance; and had pronounced his own name. Pulse 88, full, and firm. Continued the medicines and rest.

10th.—He had much improved, and could occa-

sionally answer questions correctly. Also he had in a slight degree recovered the power of the right arm and leg. Continued the medicines.

14th.—He was sitting up, and could move both arm and leg a little, but had a stupid and idiotic appearance. Continued the medicines.

17th.—Still improving, could answer simple questions, and could walk with assistance, dragging his right leg. Continued the medicines.

24th.—The calomel and aperient were omitted, and he took sulphate of zinc three times a day, and blue pill and colocynth every night, while he rubbed in a stimulating liniment. At this state he walked out in the grounds with a stick, hanging his right arm, and dragging his right leg.

28th.—Still improving, but some dragging of the right extremities continued, with dulness of intellect and imperfection of speech. Appetite very keen. He now began to take phosphate of iron, instead of sulphate of zinc.

Up to the 4th of March little change occurred. He then left the hospital in a fat and hearty condition. His speech was still thick, his tongue was protruded towards the left side, and all the powers of the other side remained impaired, yet he could raise his right arm to his head, walk quickly with a stick, and could make himself generally useful, although he had lost much of his natural vivacity.

Such cases are always doubtful in their results, but the remedial measures were in this case so far successful, consisting chiefly in the use of derivants, and such agents as abate inflammation, and promote absorption; and what appears to be of great importance, the enforcement of perfect quietude, not admitting even of any unnecessary interrogation, which instead of improving the patient by rousing him, only injure and disturb him by the cerebral exertion called forth.

In this case was the remarkable, but hitherto unaccounted-for symptom of answering "yes" to every question.

#### *Case of Carcinoma of the Pylorus.*

DREADFUL as is this malady, when seated externally and where it is frequently amenable to surgery as a palliative or curative means, still more fearful is it, when an internal organ is the seat of attack, particularly when the tumour is so situated as not to produce symptoms clearly indicative of its presence, thereby concealing its nature until remedies are of no avail. In this case the tumour occupied the pylorus, but could be felt only sometimes, and some examiners who did not feel it denied its existence; hence the importance of a close examination, especially by palpation as a confirmation of the diagnosis founded on other symptoms, as is illustrated in the following case:—

Joseph Shay, aged 48 years, of bilio-nervous temperament, a hawker, became an in-patient of the Queen's Hospital, Birmingham, under the care of Dr. David Nelson, on the 25th of October, 1850.

He stated that his illness was of four months' duration, and complained chiefly of constipation and persistent vomiting after taking food.

He declared that he had been a regular liver, and had travelled much in the open air in his vocation; but a gentleman was present in the ward who recognised him, and affirmed that he had been an inveterate dram drinker; this was confirmed by his relatives, who reported him to have led a very abandoned life, being frequently drunk upon rum for several successive days, without tasting any kind of food. He was very thin; countenance of a straw-coloured sallowness, which, with the wrinkles of his forehead, made him appear older than he was. He had a dry cough; but the pectoral percussion was good and the heart's sounds natural. The tongue was pink and furrowed; the vomiting continued as previously, and the constipation yielded only to aperients. There was tenderness of the epigastrium, and something hard could be *sometimes* felt in the region of the pylorus. The skin possessed a natural degree of heat; pulse 100, small and weak.

*Diagnosis.*—Scirrhus or cancer of the pylorus.

*Indications.*—To relieve local congestion and allay irritability.

*Treatment.*—Application of leeches over the epigastrium and the administration of an aperient pill every night, with a draught of calumba, bismuth, conium, and opium, thrice a day. Ordered mild food in very small quantities.

28th.—The vomiting was only slightly relieved; cough continues; pulse 78; continue the medicines.

November 1st.—He became worse, all food and medicine being rejected as soon as taken, the bowels were moved almost hourly, and the feces were dark; tongue remains furrowed; pulse 100. Four more leeches were applied, and nothing but hydrocyanic acid administered.

5th.—It was reported that the stomach rejected everything. He had also shooting pains; and on this day Dr. Nelson, with the resident officers, distinctly felt a hard tumour in the pylorus. It was not so easily distinguished at other times. He was ordered a draught of hydrocyanic acid immediately, and an injection of tincture of opium, also brandy in small doses.

8th.—He vomited once and twice the day before; but had severe purging. He took acetate of lead with opium, and his diet was to consist of mutton broth, thickened with rice.

9th.—He continued much the same as to sickness and purging. Medicine continued.

10th.—He was manifestly weaker; and on the 11th was extremely low, scarcely took anything, very indifferent to conversation, and was evidently sinking rapidly. He died on the same day, at six P.M.

*Autopsy.*—The body was emaciated and straw-coloured; the texture of the heart looser than natural; but the lungs and pleura were perfectly healthy. The pyloric end of the stomach was found to be a large thickened mass, corrugated and lobulated externally, and formed of a carcinomatous deposit, ulcerated at the inner mucous surface, with here and there patches of

inflammation. The disease extended two inches up into the cavity of the stomach, and about the same length down the duodenum. There was a regularly defined margin round the whole circumference of this mass on the mucous surface; and the rest of the stomach and duodenum beyond this margin looked healthy. The liver was pale and fatty, but not enlarged. The bowels and kidneys appeared natural, and the spleen was only a little turgid.

This seems to be one of those cases in which cancer is fairly attributable to frequent large potations of raw spirits upon an empty stomach; whatever else the deposit of cancerous matter may be dependent on, it seems clear that it is generally developed in parts which are the seat of chronic irritation, in conjunction with pressure or constriction. Hence, apparently, its frequency in the neighbourhood of the pylorus.

The emaciation, the straw complexion, and the vomiting, were the chief subjective symptoms that led to the diagnosis, and the discovery of the tumour removed all doubt. Yet, so very obscure was this physical sign, that it was frequently not felt, and seemed to have escaped the notice of those who had previously treated him. It was deep seated, and felt like a floating ball within a bladder full of fluid, against which the finger could only impinge, and then it was lost. The best way of detecting its presence, was to place the fingers on the skin, and by a sudden descent they were felt to come in contact with a body resembling a segment of a hard ball, which so yielded that it could not be pressed. No treatment, of course, could have been of any avail at such a stage of the disease. To allay irritation was all that could be done.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, JANUARY, 7, 1852.

IN the preceding numbers of this *Journal* will be found two letters on the subject of the inspection at present exercised in regard to private lunatic asylums, one by Mr. PERCEVAL, the Secretary of the Lunatic's Friend Society, containing some sweeping charges against all proprietors of these Institutions, the other a courteous and well-timed reply by a Member of the Council of the Provincial Medical and Surgical Association.

The subject is undoubtedly one of great importance. In our private asylums are confined the relations and friends of many families of distinction in the country; indeed, of scarcely any circle can it be said, that no one member is thus afflicted, or likely to be so visited amid the many changes which sadden life's varying

scene. And the inmates of these institutions, too, are people touchingly dependent upon us all for support and protection. They are, to use the words of a recent writer, "abiding in a region where but few rays of hope enter, and are borne along in a course which has no bright horizon such as generally dawns on the elastic minds of the sane, amid the greatest troubles. And yet they are brethren: carried onwards with us by the same river ever flowing towards the ocean of eternity; their bitter cries rise up on high mingled with our careless voices, and both the plaints of the one and the insensibility of the other, are registered there."

The private asylums so indiscriminately abused by the self-styled lunatics' friend party, are divided into two distinct classes, the one owned by medical men—many of them of high character both professional and general,—the other class by lay proprietors, who treat their poor patients, much as the lay improprators treat the immortal souls in their parishes,—as mere objects of traffic and gain. For these latter and the entire system connected with them we have no word of defence. Indeed, thanks to the able efforts of Her Majesty's Commissioners in Lunacy, the system of lay licences for the purpose of farming out from unions and needy or, it may be, greedy relatives, the insane to board and clothe, is becoming one of the things of days gone by. Till the system be entirely abolished, Mr. PERCEVAL may write without let or hinderance from us.

Of the first class, on the other hand, the houses kept by professional men of experience in this department of medicine, we can, from extensive personal observation, speak in the highest terms of approbation. In any suggestions, therefore, for their better regulation which we may now offer, the friendliness of our motives cannot be misunderstood.

Such institutions are at present visited half-yearly by the Commissioners of Lunacy, and quarterly by the Visiting Justices of their respective counties. At these visitations, the patients are each individually seen, all certificates are examined, and the various domestic arrangements of the house inspected. Visits, however, at such long intervals and with so little acquaintance with the minute economy of the establishment, cannot be productive of that active superintendence which can alone ensure perfect observance of the recommendations which the Commissioners may find it necessary to make. In



illustration of this remark we may observe that an instance came under our own notice, in which the practice of making two male patients occupy the same bed, had been persisted in for years, and not suspected either by the Commissioners or Visiting Justices.

This subject has been recently canvassed by a contemporary writer,\* who fully enters into the various deficiencies in the present system of visitation of private lunatic asylums at which we have thus glanced, and the grounds for an increased inspection of such houses are thus briefly stated.

1. *Frequent visits are necessary to free the minds of the patients of injurious anxiety.*

2. *Frequent visits are necessary to free the minds of the proprietors in doubtful matters of discharge.*

3. *Frequent visits are wanted to settle matters of unavoidable disagreement between patients and their ordinary superintendents and advisers.*

4. *Frequent visitation is necessary to free the mind of the Commissioner of those inaccuracies of judgment which rare visitation engenders.*

On these and similar grounds, which even a cursory acquaintance with the internal arrangements of a lunatic asylum would readily suggest themselves, the question of the expediency of such a fuller inspection of private lunatic asylums as we are now advocating, will we trust, appear to our readers to be fully established.† Still the question how this inspection is to be effected remains to be answered.

On all sides it is admitted that the present working staff of the Lunacy Commission (three barristers and three physicians) are unequal to any additional work. The amount of yearly journeys and other works performed by these gentlemen is, we have reason to know, constant full occupation. And yet it is manifest, that if this increased inspection we are advocating is to be fitly performed, no additional visits of justices or other good natured and unpaid gentlemen will suffice. The work, if done at all, must be done efficiently, be performed by paid officers, servants of a central authority and responsible to such for the regular performance of their duties. The Lunacy Commission naturally suggests itself as the fit board or central authority,—members of the medical profession as the persons

to perform these functions. For however much the varied medico-legal business which now yearly comes before the Commission, makes the present arrangement of a mixed medico-legal board one most desirable, the purely professional nature of the visitations we are advocating renders it apparent beyond a doubt, that physicians of experience in such duties, are the fittest persons to undertake the office.

We believe that all the necessary duties might be fairly performed by four Assistant Medical Commissioners in Lunacy, to whom, say the four military districts of the country, should be assigned, for the diligent inspection of all private lunatic asylums and the examination of matters relating to the welfare of the insane, which might require investigation in the interval of the Commissioner's half-yearly visits.

A similar arrangement is already found to work well in the practice of the Poor-Law Commission, and we cannot think, should the case be duly represented to Her Majesty's Government, that any insurmountable difficulty would be found to arise in its practical application.

WHEN we penned the remarks in our *Journal* of December 10, upon the circumstance of Dr. CALVERT HOLLAND being retained as Consulting Physician to the Sheffield General Infirmary, after having openly espoused the homœopathic quackery, which we did at the special request of a member of the Association residing in that neighbourhood, we did not for a moment consider that we should be suspected of a wish to "attack" the medical staff of that highly valued Institution. As, however, our comments have been so misunderstood, we take the opportunity of cordially assuring Dr. BRANSON and his colleagues, that nothing was further from our intentions than to impute blame to them in respect of circumstances over which they have no control; and we beg them to accept our assurance of regret that we should have unwittingly caused them any feelings of annoyance.

## Reviews.

*Memorial of Dr. Mackness.* London: Churchill. 1851.

THE volume now before us is one of a class which, in the present day, is becoming far too numerous, though the memorial of the life of

\* Dr. H. Monro, *Med. Gazette*, October 31 and December 5.

† Our correspondent E.B. differs in many respects from us; and we trust he will agree to differ in all fairness and courtesy.

such a man as Dr. Mackness, must stand out in bright relief from the host of uninteresting diaries and original letters which are now published, with what intention it is difficult to surmise, as they are neither calculated to immortalize their subject, remunerate their editor, nor benefit their purchasers. It is always pleasant to read the life of a good man, and particularly so when that man has had so many opportunities of improving the spiritual and mental, as well as the bodily condition of his fellow-creatures, as Dr. Mackness seems to have found in his brief career. (He died at the age of 47.)

The medical profession is one which we have always regarded as affording more opportunities than any other calling, for introducing serious thoughts, and assisting the erring penitent or obstinate sinner in his heavenward path; and Dr. Mackness seems to have improved these opportunities to the uttermost. We read of his encouraging the feeble, supporting the wavering, and comforting the broken-hearted, and all in the simple kind way which seemed a second nature with him. His letters to many of the bereaved relatives of his deceased patients are beautifully adapted to raise their thoughts to that world whither their friends are gone before them, and to induce them to rejoice on their account, rather than to mourn on their own.

We hope we have said enough to convince our readers that the "Memorial" is one which they cannot fail to read with interest, and one which we would particularly recommend to young members of our profession, who feel discouraged and disheartened by the obstacles which seem to stand in their upward path; for few men have begun life under more inauspicious circumstances than Dr. Mackness, and few had greater difficulties to contend with; but few—very few, have surmounted them so completely as he did. He was a staunch friend to the Provincial Medical and Surgical Association, and always dwelt on the meetings of that Society which he attended with peculiar pleasure.

In conclusion, we cannot help complimenting Miss Howard on the able way in which she has performed the duty of biographer, and lamenting with her that the medical profession should so early have been deprived of one of its brightest ornaments.

*The Nature and Treatment of Softening of the Brain.*

By RICHARD ROWLAND, M.D., &c. London: Highley. 1851.

THE diseases of the nervous system have always been approached by practical writers with a well-justified reserve; for where a mystery hangs over the normal actions of an organ, it is not to be expected that the manifestations of its morbid conditions will be appreciated with anything like a satisfactory amount of certainty. For this reason additions to the literature of disease of the brain are few and far between, and when produced are too often found wanting in that precision which is the characteristic of treatises on the diseases of other regions of the body. Softening of the brain is, moreover, a lesion which has been less accurately defined than many other affections of the nervous system, and the term itself has been applied to anatomical changes of quite different pathological significations; the attempt, therefore, by Dr. Rowland, to remodel its history, cannot but be acceptable.

Pathological writers acknowledge several varieties of softening of the cerebral substance, but for all practical purposes it is sufficient to consider, with the author of the present treatise, the two forms of inflammatory and non-inflammatory softening. Of each of these varieties Dr. Rowland describes the distinctive symptoms with great minuteness. One of these symptoms, regarded by him as of great significance, is the reiteration of comatose attacks followed by an almost abrupt return of consciousness; at one hour the patient may be in the deep stupor of apoplexy, in the next, perhaps, he may be conversing freely, and rationally. This rapid alternation of symptoms we have recently witnessed in a marked degree, in a case of inflammatory softening of the brain, the result of excessive and long-sustained intellectual labour. In this instance the coma was profound, even to the extent of producing that peculiar "whiffing" breathing generally considered to be of fatal import.

The lesions of the speech form a remarkable group of symptoms, and present themselves under various peculiarities. Sometimes the speech is entirely abrogated while the patient is rational and conscious of his inability to utter his thoughts. In others there is slow and hesitating articulation, with a greater or less misapplication of words.

Respecting the causes of cerebral softening, Dr. Rowland appears to be in some doubt. Hereditary influence has not appeared to him to be traceable, and temperament has seemed to be inoperative. In reference to sex Dr. Rowland's inquiries elicit the fact, that the female is more liable to it than the male; this is entirely opposed to general opinion. It has erroneously been thought that great mental exertion, and long-continued anxiety of mind, is a fertile source of the disease; but here, again, figures do not sustain the general impression. Dr. Rowland finds that of 159 literary men, whose age at death was known, the average was as high as 69. Of 104 celebrated mathematicians cited by Frandini, eighteen lived to 80, and two reached the patriarchal age of 90 years.

A very important question in connection with cerebral softening, is its association with heart disease. Dr. Rowland enters minutely into this question, but does not furnish us with new facts. He agrees with Dr. Watson and Copland, that the heart disease, when co-existent with cerebral softening, should be regarded as typical of a general alteration of the vascular system, probably of the nature of fatty degeneration.

The nature and pathology of cerebral softening is next reviewed, and, as the author remarks, "with no little hesitation, as it is full of intricate questions, on which the most accomplished pathologists still hold opposite opinions." In reference to the nature of this lesion, too much stress has, in the author's opinion, been laid upon colour. Redness has been looked upon as evidence of its inflammatory origin, without reflection that this appearance may depend upon simple congestion, or even imbibition. Dr. Rowland thinks that the colour is often secondary to the softening.

The colourless softening, to which the term *white* softening has been applied, has also been misinterpreted, as the author shows.

Yellow softening, according to Rokitsanski, occurs under the several circumstances following:—1. It encircles a spot of inflammation. 2. It appears in the neighbourhood of the ventricles in acute hydrocephalus. 3. Around apoplectic extravasations.

Of all the opinions as to the proximate cause of these varieties of softening, that of their inflammatory origin is the most general. The author quotes several writers who hold these views, making particular mention of Dr. Hughes Bennet, who, with Gluge, detected the presence

of exudation corpuscles, which were considered as conclusive of the nature of the cases in which they were present. These were commonly seen in the red softening, but less frequently in the white variety. The latter is, according to the author, either the result of fatty degeneration, or it may be the result of obstruction of the vessels leading to the part. The occasional effect of a ligature on the carotid artery is well known, and marked examples have been recorded by various writers.

The diagnosis of softening of the brain from sanguineous apoplexy, is one of the most important questions connected with the disease, and is so regarded by the author. In apoplexy the attack is generally without warning; in twenty cases in which a clot was found after death it was so. In twenty cases of softening the comatose seizure was without precursory symptoms only in two. In sixteen out of the remaining eighteen, headache was a prominent symptom; and in twelve paralysis preceded coma. When, therefore, the attack is quite sudden, the probability is that it is apoplexy. Coma of a transitory nature, frequently repeated, is characteristic of softening. The diagnosis of the two forms of softening is chiefly to be made out by the age and general appearance of the patient.

Dr. Rowland concludes his treatise with the treatment of cerebral softening in its various forms. On this subject his remarks are eminently judicious. The impending danger is earnestly to be averted by complete relaxation from intellectual exertion, and the withdrawal from exciting subjects of thought. All the functions are to be maintained, as far as possible, in a state of regularity. In the actual disease much discrimination is required in the choice of remedies; and here discrimination is necessary as to the form. In the inflammatory variety general bleeding may sometimes be advisable, but the author is more generally in favour of topical bleeding, counter-irritation, and purging. In many cases a stimulating plan will be required, and quinine, ammonia, and wine will be suitable. In the confirmed disease his chief confidence is in small doses of the bichloride of mercury. His experience is adverse to the use of strychnine.

We here close Dr. Rowland's volume, and in doing so give our cordial assent to its value; but of this we have no doubt many of our readers will convince themselves.

## Proceedings of Societies.

### BATH AND BRISTOL BRANCH.

At the Quarterly Meeting of the BATH AND BRISTOL BRANCH, held at the Royal Western Hotel, Bristol, on December 17th, at eight P.M., there were present—Dr. SYMONDS, in the chair; Drs. Budd, Davies, Edwards, J. C. Fox, F. K. Fox, Swayne, Trotman, and Tunstall, Messrs. Allen, Bartrum, Barrett, Burroughs, Colthurst, Cox, Clark, Crang, Church, Collins, George, Hamilton, King, Lancaster, Mayor, Norman, Ogilvie, Ormond, Prichard, Player, J. Soden, Sewer, and Skeate.

The minutes of the last quarterly meeting in Bath having been read and approved, Dr. C. EDWARDS read his paper entitled "Chloroform and its Uses," which called forth sundry remarks from Messrs. Barrett, King, Norman, Colthurst, Lancaster, Drs. Tunstall, Swayne, and Symonds, the last of whom had used it with considerable advantage in a case of severe dyspnoea dependent upon an enlarged heart, with violent spasmodic action, but without mechanical obstructions. He mentioned it as being one of those diseases which was usually considered to forbid its use.

Dr. SWAYNE gave some valuable statistical observations on the different kinds of cranial presentation.

Mr. BARRETT then occupied much time in detailing from his note-book, with a running commentary on the treatment of two cases, which he had, during his attendance upon them, diagnosed as colic, but which *post-mortem* examination showed to be internal strangulation of the ileum.

Mr. J. SODEN then narrated in a very concise but admirable manner, a case which he had attended with Mr. Gore, in which, from the obstinate constipation, accompanied by focal vomiting, internal strangulation was suspected, but which ultimately recovered.

Mr. CLARK exhibited a young man upon whom he had performed Dupuytren's operation for artificial anus, caused by sloughing of a strangulated hernia [The history of this exceedingly rare and interesting case will be published.]

Dr. Budd also exhibited some beautiful pathological specimens, but owing to the lateness of the hour was unable to read their histories.

[Of the above papers, Dr. Swayne's has been received, and the respective authors of the others have kindly intimated their intention to forward them. The whole will be published as early as possible in future numbers of the *Journal*.]

### MIDLAND BRANCH.

THE first Quarterly Meeting of the MIDLAND BRANCH of the Provincial Medical and Surgical Association, was held at the Town Hall, Derby, on

Thursday, December 4th, the President, Dr. BENT, in the Chair.

The rules for the government of the Midland Branch having been read by the Secretary, and the attention of the meeting having been called to the resolutions of the first meeting, it was

Proposed by Mr. FOX, seconded by Mr. W. JOHNSON, and carried unanimously,—“That Dr. WILLIAMS of Nottingham, be the President-Elect.”

Proposed by Dr. JOHNSON, seconded by Mr. GREAVES,—“That Mr. DABRY be the Honorary Secretary for Nottingham.”

It was resolved that the next Quarterly Meeting be held on the first Thursday in March, at three o'clock, in the room of the Derby Philosophical Society.

The foregoing preliminary business having been gone through, an excellent paper on “Epilepsy” was next read by Dr. HITCHMAN, the talented superintendent of the Derby County Lunatic Asylum, for which the cordial thanks of the meeting were voted on the proposition of Dr. HEYGATE, seconded by Mr. FOX. [Dr. Hitchman, on the suggestion of the members, kindly consented to allow the publication of the paper in the *Journal of the Association*.]

Mr. JONES, of Derby, read an interesting paper “On Prolapsus Uteri,” and introduced to the notice of the members a new abdominal support, which he has found of great service in the treatment of the cases to which his essay referred.

Mr. CANTRILL of Wirksworth, requested the attention of the meeting to the Rules of the Manchester Medico-Ethical Association, and urged upon the members the desirableness of adopting and incorporating them with the general rules of the Midland Branch. His proposition met with hearty approval, and it was left to the committee to consider in what way Mr. Cantrill's suggestion could best be carried out.

### NORWICH PATHOLOGICAL SOCIETY.

At a meeting of the Society, held December 18th, 1851, Dr. CROWFOOT, of Beccles, President, the following resolutions were carried:—

1. That the members of this Society consider the system of treating diseases which has been called homœopathy to be founded on false data, and propagated through the combined influences of ignorance and imposture. That they, therefore, believe the associating with homœopathic practitioners to be degrading to science and dishonourable in a moral point of view; and pledge themselves on no account, knowingly, to meet such practitioners in consultation.

2. That this meeting sees with disapprobation, that the College of Surgeons remain apathetic in the matter of homœopathy and the other systems of quackery that are prevalent in the present day.

3. That the above resolutions be published in the *Provincial Medical and Surgical Journal*, the *Lancet*, and the *Medical Gazette*.

## EPIDEMIOLOGICAL SOCIETY.

At a meeting of the Society, held on Monday, December 1st, 1851, at the house of the Royal Medical and Chirurgical Society, Dr. Babington in the chair,

Dr. MILROY read a paper "On the Circumstances Connected with the Rise and Development of the Asiatic Cholera in the Island of Jamaica." After taking a brief retrospect of the course and duration of the pestilence in the New World, upon its first visitation in 1832, and shewing that it then exhibited a tendency to cling with greater tenacity to certain regions there than to any countries of Europe, the author gave an account of its progress in the United States, Canada, the Gulf of Mexico, and the Island of Cuba, in 1849 and 1850, until it appeared in Jamaica in the beginning of October of the latter year. It is a curious fact that fourteen months previously several very suspicious cases occurred at Port Royal and Kingston, so that apprehensions were then entertained that cholera had fairly made its appearance in the island. At that time Dr. Ferguson, the leading medical practitioner in Kingston, addressed a letter to the Mayor on the necessity of taking immediate steps, in the way of preparation, against the impending outbreak. His remonstrances were unheeded, and nothing was done. During this year, also, there was a peculiar disease, somewhat like to the potato blight, among some of the esculent roots of the island. The weather in 1850, more especially after the month of May, was remarked in every part of Jamaica to be unusually wet and extremely hot, with a close stagnant condition of the atmosphere, and a frequent absence, for days together, of the accustomed sea breeze. There was also a low state of the barometer. Besides these atmospheric peculiarities, there was a very remarkable rise in the tides;—a circumstance which, taken in connection with the oppressive state of the weather, was believed to prognosticate the advent of a dreadful hurricane, or, it might be, of an earthquake, from both of which disasters Jamaica has suffered most severely upon several occasions. The medical men very generally anticipated a sickly autumn, the season being much like what it had been in some former years, when malignant fevers prevailed epidemically. On the 7th of October the first case of cholera at Port Royal occurred in a woman, 50 years of age, living in a small filthy house near the beach. She had had an attack of bowel complaint a month or six weeks before, and had just recovered from it when she was seized. The case proved rapidly fatal, and was quickly followed by other cases in the same yard, and subsequently in every part of this most filthy and unwholesome seaport town. In less than a month about one-third of the population were swept away.

It is worthy of notice that, ten days previously to the occurrence of the first case at Port Royal, a woman had died on the opposite side of the island, after an illness of about sixteen hours, with almost all the symptoms of malignant cholera. The exact nature of the case is uncertain, from the patient not having been

seen by any medical man. No other cases occurred at the time, either among the woman's family or in the neighbourhood. She had been nursing another woman affected with bowel complaint, and had been much exposed to the chill night-air immediately previous to being attacked.

From Port Royal the pestilence rapidly extended to Kingston, about six or seven miles up the harbour, Spanish Town, and other parts of the island. It is believed that at least 25,000 persons have perished out of a population of between 300,000 and 400,000.

Without entering upon any account of the disease in the island generally, Dr. Milroy, upon the present occasion, confined himself to giving a narrative of all the circumstances connected with the occurrence of the first case at Port Royal, with the view of determining whether there exist grounds for believing, as many have done, that the disease was traceable to importation by vessels from an infected port. He gave a summary of all the evidence upon the subject, and quoted the opinions of Deputy-Inspector of Fleets, Dr. Johnston, Mr. Watson, Surgeon of the Royal Naval Hospital, and of Dr. Walshe, R.A., and Deputy-Health Officer of the Port—the only resident medical man upon the spot at the date of the occurrence—all of whom agreed that it could not be so traced. He expressed his own conviction, founded upon a careful examination on the spot of the evidence on the case, coupled with a personal inspection of the locality where the disease first manifested itself, that this conclusion was just, and that to assert otherwise was to hazard a mere conjecture and groundless speculation.

The paper was closed with one or two medico-geographical remarks.

By looking at a map of the New World, it will be observed that the only Islands of the West Indies which have as yet been invaded by the cholera—Cuba and Jamaica—are the two which are situated the farthest to the west, and the nearest to the shores of the Gulf of Mexico, many points on which have, at different times, been severely visited. In the first epidemic, Cuba, the most westerly of all the islands, was the only one which suffered. In the second epidemic, it was invaded long before the disease appeared in Jamaica, although there was pretty frequent unrestricted communication between them all the time. As yet, all the other West India Islands have escaped. That this immunity has not been owing to non-communication with infected places, or, to the adoption of any vigorous quarantine, is perfectly well known. Everything in the history of the epidemic seems to indicate that its migrations may occur independently of human intercourse, and in spite of any barrier which man has sought to oppose to them. It may be difficult to account for them; but much of the difficulty may arise from the want of accurate data to enable us to follow its course with exactitude; that there are currents and moving powers in the atmospheric ocean, above and around us, which we have hitherto failed to appreciate, is probable from many considerations; nor does it seem unreasonable to believe that by following the example of Colonel

Reid in working out his theory of storms, viz., by collecting together a multitude of authentic facts as to the exact time and date of their outbreaks at different places on the world's surface, we may succeed in shewing that the manifestation and course of those noxious agencies, which give rise to blights in the vegetable world, and to epidemic and epizootic diseases in the animal, are not so capricious and accidental as they now appear, and as we, in our ignorance, often assume them to be.

Mr. R. D. Grainger, Dr. James Bird, Dr. Snow, and others, took part in the discussion.

The President announced that Mr. W. J. Cox would read his paper "On a rational mode of treatment of Cholera" at the meeting in January, 1852, and should time permit, a paper would also be read by Dr. BEYSON "On the Epidemic Prevalence of Dysentery in China, during 1841-2-3."

## Foreign Department.

### FRANCE.

#### PROCEEDINGS OF THE FRENCH ACADEMIES.

##### ACADEMIE DE MEDECINE.

THE question debated some months since by M. Grisolle, as to the "*Influence of Pregnancy, Labour, and Nursing, on the progress of Phthisis*," has again been brought forward by M. DUBREUILLE, in a memoir upon which M. Grisolle was called upon to report. In this memoir M. Dubruill confirms the conclusions of the reporter, that so far from being arrested by pregnancy, pulmonary phthisis is aggravated by it, and that delivery, on the other hand, sometimes postpones the fatal termination, if the disease have not too far advanced.

M. JOBERT DE LAMBALLE related "A Case of *Tracheotomy in Croup*," the only interest of which consisted in the employment of an instrument so constructed as to keep the lips of the wound open without the necessity for the introduction of a tube into the larynx.

"A Memoir on *Congenital Phymosis*," by Dr. HENRY, contains the following propositions:—1. Congenital phymosis gives rise to three series of morbid phenomena:—(a.) Those which appertain to the genital organs. The penis and testicles are ill developed; the mucous membrane of the glans is preternaturally sensitive; coition painful, emission incomplete, precipitate, and accompanied with perineal uneasiness. The genital impulse is either exaggerated, leading to masturbation, or it is more or less completely extinguished. It is a frequent cause of nocturnal emissions. (b.) The urinary symptoms; are a frequent desire to micturate, and pains in the penis, which may lead to the suspicion of calculus. (c.) Various disturbances of the nervous system; having a great analogy with those of the female who is labouring under displacement or other uterine disorder, such as low spirits, hysterical feelings,

&c. 2. Excision of the prepuce is the only method of removing the above-mentioned category of ailments.

M. DEVILLIERS also brought forward his "*Researches on the Acute Venereal Treatment of Pregnant Women*." He finds as the result of his experience, that pregnant women bear the treatment well in the early months, unless their is great irritability of the mucous membranes, which would be intolerant of mercury under any other circumstances.

M. CHAMPOUILLON adduced some statistical evidence to prove that the proposition to substitute *iodized oil* for *cod-liver oil*, is not to be encouraged. He showed by figures, that while the value of the latter in scrofulous affections is of the highest order, such diseases were unaffected, or decidedly retrograded, when treated by the artificial substitute.

A case of "*Ligature of the Carotid Artery for Carotid Aneurism*," was detailed by Dr. LA CHAPEL, in which softening of the brain was the consequence of the sudden interruption in the cerebral circulation.

Another *new* mode of replacing a retroverted uterus was described by M. FAVROT. It consists of an India-rubber bag, which is introduced into the rectum behind the uterus, and then is to be inflated. The reposition of the womb is said to be thus readily accomplished.

##### ACADEMIE DES SCIENCES.

ONE of the most interesting papers lately presented to this Assembly, is that by M. REYNOSO "On the *Origin of Sugar in the Urine*." The author remarked in the first place, that the medulla oblongata was generally admitted to be the central organ which regulates the respiratory movements; and, moreover, that according to M. Flourens, a small spot just below the origin of the eighth pair is the veritable seat of respiratory function. It is also known that M. Bernard, by puncturing this portion of the nervous system in rabbits, caused the appearance of sugar in the urine, and he explains the phenomenon by saying that under the irritation thus produced, the liver secretes so much sugar that it cannot be burned off in respiration, and thus passes off by the kidney. The author, on the contrary, wishes to prove that the puncture of the medulla causes incomplete paralysis of the respiratory function, and thus that the sugar, normally produced in the system, no longer undergoes combustion. In support of this theory he states that sugar appeared in the urine in two patients who had been etherized, and also in animals strangled or drowned. He thinks that he thus establishes a direct relation between respiration, nervous influence, and saccharine urine.

[We are, we believe, still far from arriving at a correct theory of diabetes, if the mere non-combustion of the saccharine principle in the lungs be the *fons et origo mali*, the urine should be saccharine in all diseases in which the activity of the respiratory function is diminished, as in phthisis, hydro-thorax, &c. Such, however is not the fact. Although diabetes and phthisis are frequently associated, the pulmonary lesion is in our experience always secondary.—Ed. P. J.]

An useful communication "On the Treatment of the Toxic Effects of Chloroform by Electricity," was made by M. Abeille, in which the author stated that he had ascertained experimentally, that no other measures were so effectual in restoring animation in asphyxia from the use of anæsthetic vapours.

#### *Anomalous Case of Vicarious Menstruation.*

Dr. Lecomte, of Eu, in France, has published, in *L'Union Médicale*, a case of an extraordinary description, of which we shall offer a short outline. The subject is a servant-girl, twenty-nine years of age, of apparently good health; she had never menstruated, and for the last seven years had experienced flushings and heat in the face, these symptoms recurring every four or five weeks. At these periods she likewise complained of severe lancinating pain in the right thigh, and sometimes in the leg and foot, the whole leg then becoming extremely tender to the touch.

Towards June, 1842, these phenomena increased in intensity, the patient became very weak, the abdomen felt tense, tympanitic, and tender, and she could no longer pass urine. Dr. Lecomte prescribed leeches to the hypogastrium, and prolonged hip-baths. The urine flowed a little; but at last the girl was persuaded to submit to the catheter, and a large quantity of dull and fetid urine was drawn off.

Now began a series of strange phenomena. The bladder, uterus, stomach, and rectum began to throw off what the patient called *balls*; these were pieces of membrane, or rather membranous casts, white, dense, and covered on one side with gelatinous matter. The vesical casts were somewhat large, as she was obliged to extract them with her fingers. On a former examination the internal organs of generation could hardly be properly explored, as the hymen was unbroken and rather tense, but the casts now came per vaginam, and the patient being obliged to dilate the parts herself, in order to give passage to the membranous formations, it was found on examination that the os was pervious, and the cervix of the normal size, though tilted backwards. Here the casts assumed a tubular shape.

The stomach now became very irritable, and a great abundance of glairy matter, mixed with pseudo-membranes, was thrown up. The vomiting now and then was of a purely sanguineous character, and in the coagula ejected an ascaris lumbricoides was noticed. The patient stated that she had likewise seen such parasites in the matters which had been expelled from the vagina. Diarrhoea supervened a little time afterwards, and in the dejections the same pseudo-membranous products were observed.

After a few weeks' respite, the symptoms recurred with renewed intensity; all the above-named organs secreted the same membranous products, but the uterus was evidently the most active. In one day Dr. Lecomte extracted ten casts, of a red colour, from the vagina; they were rolled up, and exhibited now for the first time. One of these presented on one side an infundibular shape, which made the medical attendant suspect that the membrane must have been formed in close vicinity to the fallopian tube.

The ejection of the casts was always accompanied by much pain, the latter being sometimes so intense as to cause the patient, who was far from being pusillanimous, to roll about in the bed with agony. The sanguineous flux was now suddenly transferred to the ears; these organs discharged each about a tumblerful of blood; vomiting of the same fluid came on a few days afterwards, and the casts were again ejected from the stomach, intestines, bladder, and uterus. When these symptoms had ceased a great improvement was noticed; the patient gradually became stronger, and from 1842 to the present time, the girl has experienced no uneasiness but dysuria every two or three months, except in July, 1843, when the most complete relapse occurred. The author does not say whether any amount of regular menstruation has appeared since the casts are no longer secreted. This is a great omission. The pseudo-membranous products were examined by M. Mialhe, and were found to be composed principally of albumen.

#### *Remarks on Diseases of the Heart.*

In the *Gazette Médicale de Strasbourg*, M. Forget has published some interesting comments on cardiac diseases. He enumerates two laws; the first, that dilatation of a cavity always occurs behind the obstruction, and contraction of the cavity, on the contrary, takes place before it. Thus obstructive disease of the aortic valves induces dilatation of the left ventricle, while contracted mitral, existing alone, induces what is called concentric hypertrophy of the same cavity. When both valves are contracted, the lesion of the ventricle will correspond with the relative degrees of obstruction in the two valves. It is not, however, absolutely necessary that valvular disease should be present to induce these changes. The ventricle will dilate if it discharges itself less readily than it fills, and it will diminish if it receives less than a normal quantity of blood.

M. Forget has ingeniously applied these facts to diagnosis. When one valve only is obstructed, it is easy to recognise it by the seat and qualities of the bruit; but when both valves are diseased, the information derived from the sounds is insufficient. It is then, he says, that the value of the above knowledge is found. "If there is narrowing of both aortic and mitral valves, the greatest amount of obstruction may be known to be at one or the other, accordingly as the ventricle is, or is not dilated."

M. Forget shows, further, that a knowledge of these circumstances is not a mere matter of scientific curiosity, but has also a real bearing on practice.

#### *New Mode of Removing Uterine Polypi.*

M. Gensoul (*Gazette Médicale de Lyons*) has recommended the use of strong forceps for the removal of uterine polypi. Taking the opportunity of the menstrual period, when the uterus is both lower down and more patulous, he introduces a pair of forceps, such as are used for nasal polypi, and encircling the pedicle in the gripe of the blades, he ties the handles, and leaves the instrument to drop off spontaneously.

[This plan may succeed very well in small tumours, but in those of larger size it is not likely to surpass the

ligature and Gooch's cannula, inasmuch as with a broad pedicle strangulation cannot be obtained by it with certainty.]

## GERMANY.

### *Obstetrical Hints.*—By Dr. ALBERS.

The *Neue Zeitschrift für Geburtshunde*, vol. 24, among other interesting original papers, contains some practical observations by the above writer, from which we make a few selections.

*Treatment of Uterine Hemorrhage.*—The author advises a concentrated solution of the muriate of iron as an injection, and applied by means of a sponge plug, saturated with it. If an injection is used, it should be tepid.

*Impaction of the Head Between the Third and Fourth Positions.*—It sometimes happens that the head becomes engaged at the brim, the occiput descending in front of the promontory of the sacrum, while the root of the nose is fixed behind the symphysis pubes. No force can move it, and the blades of the forceps slip, and cannot be satisfactorily applied. The author has known several instances when in this dilemma the practitioner has had recourse to perforation, although the pelvis has been well formed. The right practice is to apply the forceps, not with the endeavour to extract, but to turn the head into the third position. It should then be left to nature; and in most cases delivery will be speedily accomplished.

*Ossification of the Uterus.*—Two or three cases are on record in which a portion of the uterus has been converted into bony matter; but so extensive an example as the following (*Medizinisches Correspond. Blatt de Wurtemberg*) must be looked upon as unique:—A woman, aged 72, died of ascites. On examination, in addition to some unimportant visceral lesions, the region of the uterus was found to be occupied by an osseous pyriform body, to which the broad ligaments and fallopian tubes were attached. The vaginal portion of the cervix was cartilaginous. On cutting the body open with a saw it was found to contain a cavity.

*Oxalate of Potash in Puerperal Metritis.*—Some remarks on the treatment of puerperal fever, by Dr. Welti, occur in the *Zeitschrift für Erfahrungs Heilkunst*. The success of his treatment is shown in the fact (if credible) that of twenty-five cases he has only lost one, while before he adopted his present treatment he lost one in three. The dose of oxalate of potash is a grain every hour, with one grain of extract of hyoscyamus in solution.

Dr. Welti classifies puerperal fever cases under three heads, according to its form. The first is a mild, the second an obstinate form, requiring larger doses, or the combination of some other treatment. The third is metritis already existing before confinement, and becoming decided as soon as delivery takes place. Metritis occurs mostly three days after delivery, whether this has been natural or instrumental, and either comes on stealthily or in a decided and acute form. Yet sometimes it makes its first appearance fourteen days, or three or four weeks, after delivery.

The first of these forms is the most important, and admits of the most speedy relief. The author's practice supplied him with three cases. The first, in 1830

under the old treatment, died. The other two, in 1837, were cured in four days. All were easy cases of labour, requiring assistance, the first turning, the two others the forceps. In these cases the uterus, already in a morbid state, had lost its contractile power, and felt very hot to the hand, when introduced into it to remove the placenta, on account of hæmorrhage. He did not employ the oxalate of potash alone, but gave it in large doses along with some nitre, and calomel, and opium.

The second milder form of puerperal fever is that which occurs from one to three days after delivery, and is more frequent after natural than artificial labour. The author gives one case of this (fatal) where the patient remained in *status quo* under the treatment with oxalate of potash; but the friends being alarmed, another practitioner was called in consultation, who had recourse to bleeding, leeching, calomel, &c. Dr. Welti predicted that the patient would die, and the patient died accordingly.

The third, and often from its complications, most troublesome form of metritis, is that which occurs three or four weeks after delivery. Dr. Welti narrates two cases of this kind, which occurred during intensely hot weather in June, 1849. In the first case all went on well till the 15th day, when hæmorrhage came on suddenly, for which acids and ergot of rye were prescribed. The bleeding was arrested, and the patient kept well till the twenty-second day, when it recurred; the same treatment was ordered, but without good results. On this same day the doctor was called to see the patient immediately. He found her sick, the hæmorrhage abated, but the uterus as large as in the fourth month of pregnancy, and tender; the pulse quick and full. The breast and arms covered with purple spots; the right leg had for four days been swollen and painful. The thirst was urgent, and the abdomen distended and tympanic on percussion. The patient stated that since the hæmorrhage had been checked eight days previously, the pains in the pelvic region had been constantly occurring from time to time, and the uterus gradually enlarging in size. Nothing was ordered at the moment. The patient was seen again in two hours, and the disease had by this time made astounding progress: the uterus was as large as in the fifth month, the belly distended to a marked degree, and the thirst and quickness of pulse increased. The swollen leg was treated by camomile fomentations; and Dr. W., regarding the metritis as the radical ailment, ordered gr. x. of extract of hyoscyamus, scr. j. of oxalate of potash, dr. ss. of nitre, oz. j. of syrup, and oz. iv. *aqua cerasorum*,—a table-spoonful for a dose; the two first doses to be given at half-hourly, and the rest at hourly intervals. The first dose was refreshing to her; from the second she obtained more relief; and after the third the pains ceased, and she steadily improved. She fell asleep at midnight, and was in an improving condition in the morning. The medicine was continued during next day, at longer intervals; and in ten days all the symptoms had disappeared under this simple treatment, without bleeding or leeching, or other means.

Dr. Welti narrates another similar case occurring during the third week, where a like result followed a similar treatment. He had also cured two diseases of metritis, occurring twelve hours after delivery by turn-



ing, with no other remedy than the above mixture.—*Monthly Journal*, October, 1851.

*Liniment of Nitrate of Silver in Burns.*

Dr. Kalt informs us, (*Schmidt's Jahr.*, 1851,) that he has derived great advantages in extensive superficial burns, from the following liniment:—Nitrate of silver, dr. iij.; distilled water, q. s.; linseed oil, o.j.

## General Retrospect.

### PRACTICAL MEDICINE.

*Peculiar Appearance of the Tongue in Malarial Diseases.*—By Dr. OSBOENE.

The author states that his attention has long been directed to a peculiar condition in the tongue of patients labouring under miasmatic diseases. It is an essential departure from the normal aspect of the edge, constituting a distinct lateral boundary of the tongue, occupying more or less surface, according to the charge of infection in the system. Ordinarily the colour amounts only to a very faint bluish tinge, which is liable to be lost, or merged in the various tints imparted to the tongue by various diseases. The most fixed condition of this symptom is an appearance of indentation or crimping transversely, which is apparently confined to the subjacent tissue, while the superficial tegument is moist, smooth, and transparent. In a word, it seems to be a continuation or encroachment of the inferior surface upon the superior and lateral borders of the tongue, greater as we approach the root of that organ.

The author states that the fidelity of this symptom to the source of its origin is, under all circumstances, fully equal to the importance he has attached to it. In a considerable number of cases of the different forms of dropsy, neuralgia, and inflammation, it has alone enabled him to reach a correct diagnosis, when every other symptom seemed to deny the agency of malaria in the case. Wherever seen, he has invariably assumed that there existed a tendency to intermittent disease, and upon watching the progress of the case, have as invariably detected this condition. In numerous cases of pulmonary inflammation, where the fever seemed continued, the cough unabated, the oppressive restoration persistent, and the pulse unvarying in its activity, the physical signs have designated with great accuracy the periods of repose and excitement in the course of the disease. In the gastric and intestinal phlogoses, again, whether as causes or consequences of fever, if this peculiar impression is seen upon the tongue he boldly states that no apprehension need be felt in the administration of quinine, however malignant the case may appear. Here also intermission, varying in degree according to the severity of the disease, is always present, and, generally speaking, the shorter the period of repose the greater the quantity of medicine required, and *vice versa*. He has not hesitated, in many cases, where the disease was marching rapidly to a fatal termination, to prescribe one, two, and even three

drachms of sulphate of quinine at a dose, to be repeated according to the urgency of the indications.—*Western Journal*, (U.S.), August, 1851.

*Case of Aneurism of the Heart.*—By Dr. RENAUD.

A well-marked instance of this rare form of aneurism has been placed on record by Dr. Renaud, occurring in the person of a female who died suddenly while quarrelling, under the influence of liquor. The description of the heart and appendages is as follows:—The pericardial surfaces were firmly adherent. The heart appeared larger than usual, and somewhat irregular in its outline. The left ventricle was hypertrophied, and at its apex there was a rounded opening, through which a small bullet would pass. This communicated with an aneurismal tumour, capable of containing from three to four ounces of fluid. With the exception of a little jelly-like coagulum, the sac was empty. The opening through the ventricle was well rounded, and had a tendinous-looking margin. The aneurismal sac was dense in texture, and upwards of two lines in thickness at the upper part nearest the ventricle, where the muscular fibres of the heart were partially expanded on its inner surface. The valves of the heart and coats of the arteries were healthy, and but little blood was found in the heart.—*Medical Gazette*, Oct. 31, 1851.

*Cases in which there was unusual Difficulty in the Diagnosis of Pleuritic Effusions.*—By T. A. BAKER, M.D.

The first case related by the author was one in which there was extensive emphysema of the left lung, which had encroached greatly on the right side of the chest, pushing the heart and mediastinum beyond the mesial line. The right lung, which was closely adherent to the costal pleura, was reduced to about a fourth of its usual size, was exsanguine, and contained no air, resembling a lung compressed by effusion in the pleura. In consequence of these changes, no respiration could be heard in the right lung during life: the right side of the chest was universally dull on percussion, and the patient could only lie on the right side or sit erect. Along with these symptoms were others closely resembling those which usually attend hydrothorax; and the dyspnoea and symptoms of approaching apnoea being very urgent, the author thought himself justified in having a very fine trocar introduced into the chest, in order to ascertain positively whether there was fluid. No inconvenience resulted from the operation, and the symptoms were soon afterwards explained by the discovery, on *post-mortem* examination, of the very unusual state of parts above described.

The next case was one in which, without any of the general symptoms of pleuritic effusion, it was discovered, by auscultation, &c., that there was no respiration going on in the posterior third of the left lung. In four days the person died. The lungs were healthy; but there was extensive effusion, confined to the back part of the chest by a very narrow line of adhesion, extending from the upper and back part of the chest to the diaphragm, half way between the ribs and the sternum. The author referred to three other cases

which he had seen, in which the pleuritic effusion had been limited by adhesions in the same position, and precisely similar; only one of these had been seen by him during life, and in that the symptoms closely resembled those in the case last related. Two other cases were shortly alluded to, in which there was emphysema to a considerable extent; but respiratory sounds could be heard in every part of the affected sides, in consequence of the lung being kept partially in contact with the ribs by mucous adhesions, forming several separate cavities in which the purulent matter was contained.—*Medico-Chirurgical Transactions*, 1851.

### SURGERY.

*Treatment of Varicocele by Gutta Percha Dissolved in Chloroform.*—By H. G. CAREY, M.D., of Dayton, O.

After having used gutta percha considerably for other purposes, a knowledge of its properties forcibly suggested it in solution, as admirably fitted to fill the desired objects sought in the treatment of varicocele. In order to apply it, the patient is placed upon his back, and by means of cold the scrotum is corrugated until it is drawn firmly over the root of the penis, compressing the testes firmly in the upper portion of the inguinal pouches; then, by means of a camel's hair pencil, after the hair has been removed, apply the solution freely over the site of the scrotum, allowing it to extend on all sides some distance, by a thin attachment; but over the scrotum proper lay on a succession of coats, until an uniform covering throughout of a line in thickness is obtained, which will be sufficiently strong to form an artificial pouch of the nature and character desired. This thickness will be so yielding and pliable as not to afford the wearer any considerable inconvenience. Soon after the solution is applied to this sensitive part the patient will complain bitterly of the burning sensation experienced, depending upon the presence of the chloroform; but this temporary inconvenience will soon pass off. The constitutional indications, if there be any, must not, of course, be neglected.

The author has not as yet had an opportunity to test the powers of this article in relieving the same condition of the veins in the extremities, but thinks that much pain might be prevented, and success in the treatment greatly increased.—*Western Lancet*, (U.S.)

### MIDWIFERY AND DISEASES OF CHILDREN.

*A Successful Case of Parturition in a Patient who had previously undergone Ovariectomy by a Large Incision.*—By JOHN CROUCH, M.R.C.S., Bruton, Somerset.

The following interesting communication was made at a recent meeting of the Medico-Chirurgical Society:—

The subject of this case was a healthy young woman, twenty-six years of age. Two years ago a multilocular ovarian cyst, weighing fourteen pounds, was removed by a long incision. Five weeks after the operation she walked a distance of five miles. During the next winter the catamenia appeared at regular intervals, and her health was good, except that she had an occasional pain

in the left groin, and a slight difficulty in micturition, sometimes followed and relieved by a muco-purulent discharge in the urine. In 1850 she married, and on the 9th of October last she was delivered of a male child, after a lingering labour. It had been feared that the expansive powers of the parietes of the abdomen would be impaired by so large a scar passing through their centre; but it was found that the skin dilated naturally, and that the cicatrix itself had increased in length three inches, and in breadth one-sixth of an inch, during the period of gestation. Seven weeks after the delivery the cicatrix in the abdomen had returned to the same dimensions as before the pregnancy—five inches and a half in length, and a quarter of an inch in breadth.—Reported in *Lancet*, December 6, 1851.

*Memoranda in Infantile Therapeutics.*—By Dr. EDWARD WILLIAMS, Dublin.

Dr. Williams calls attention to the following essential points in the treatment of infantile diseases:—1st. They bear blood-letting badly, with not unfrequently fatal results; much caution, therefore, is required, and the bleeding from leeches is difficult to check. 2nd. Tartar emetic prostrates them much more than adults, nor do they rally soon from its effects; the nervous system becomes partially paralyzed, and the injurious tendency of the medicine is shown on all the functions of the body. 3rdly, Opium is more or less a direct poison, causing not unfrequently congestion of the cerebral substance and an apoplectic tendency. 4th. Mercury never salivates the very young child. 5th. Blisters are apt to slough, and therefore should never be used in the first stage of acute inflammation where there is capillary engorgement and irritation, but rather in the sub-acute or chronic stage, where these vessels are stagnated and indolent, and where a stimulus is required to bring into healthy action these dormant vessels. 6th. The diagnosis of disease in children must naturally be difficult; they cannot, like adults, tell you of their sufferings; and the skill of the medical practitioner will be required to diagnose disease through indirect means. 7th. Mind not to go to the other extreme, and never bleed, never give tartar emetic, never give opium, never blister: remember, extremes are dangerous, *in medias res tutissimus ibis*. Sometimes you have two evils to choose between, viz.,—the injurious tendency of the disease if left unchecked by active treatment, and the probably injurious action of the treatment. Remember, one is a certainty, the other an uncertainty, and therefore you should choose the lesser evil.

In the first ten or twelve months of infant life, when it is supported entirely by the mother's milk, we should, if the infant suffers from ill-health, always make inquiries as to the state of the health of the mother; for feeding the child with other milk, either artificial or human (that of a nurse), will nearly always, in these cases, effect a cure without the assistance of medicine, the child here suffering through the mother.

Of course infants require smaller doses than adults. Where in one you would give an ounce, in the other, a year or two old, you would give a drachm.

But the greatest skill is to discover the seat of the disease, for they cannot tell you; and here I refer you

to Dr. Maunsell and Evanson's work on the "Diseases of Children." At page 105 they beautifully describe the means of diagnosis of disease in the three great cavities of the body—head, chest, and abdomen. "Three principal indications of physiognomy present themselves," say the authors, "connecting a particular set of features with one of the three great cavities, as we observed when speaking of the temperaments, and related in a similar manner. The expression of the upper part of the face, the forehead, eyes, and brows, indicating disease of the brain or nervous system; the features of the middle of the face, in particular the nose, being affected by morbid conditions of the organs of circulation or respiration; while abdominal affections are in a peculiar manner pointed out by the expression of the mouth or state of the lips."

When the brows are knit, the eyes fixed and staring, or looking wild or vacant, our attention is at once directed to the head; we observe whether the child puts its hand to its head, as in health infants seldom raise the hand above the mouth; next examine the pupils, and whether the limbs are rigid; these and other symptoms are evidences of disease of the brain.

Disease of the chest is more apparent, and the diagnosis easier; the ear will do much, assisted by the eye, and other symptoms.

In disease of the abdomen the lips are retracted or drawn, so as to show the teeth or gums; the countenance pale, sallow, or sunk; the child lies on its back with its knees bent or drawn up, and is pained by pressure on the abdomen; diarrhoea constantly attends, the stools being generally thin, green, or dark brown and foetid; there is much wasting; great thirst, particularly craving for cold water, and other symptoms. Teething commences in children about six months after birth, when there is sympathetic irritation in various parts of the body, which is more easily relieved by lancing the gums, thus easing the pressure of the tooth, the cause also being removed, than by giving medicines, which only palliate for a time, the primary cause of the ailments still remaining.—*Lancet*, Nov. 29, 1851.

## Correspondence.

### TWIN PREGNANCIES.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—In the *Lancet* (Nov. 1), at page 415, is a report of the frequent occurrence of twin pregnancy, under the care of Dr. Tyler Smith.

The report states, "We recently saw a patient in St. Mary's Hospital, the subject of puerperal mania, whose obstetric history was very interesting and remarkable. She was 34 years of age, was not the subject of pelvic deformity, and had had, in all, seven labours. In three of these she had given birth to twins," &c.

During an engagement with L. Owen Fox, Esq., of Broughton, Hampshire, which terminated this last summer, I attended a Mrs. Phillips, living at a solitary

dwelling in the outskirts of the Stockbridge Union. This poor woman was the wife of a labourer, and on three successive occasions gave birth to twins; these were her only pregnancies. Each time she suffered much from oedema of the abdomen and lower extremities, which retarded the progress of labour. In the first and third confinements the presentations were natural, in the second an arm presented; turning, of course, was necessary in the last-mentioned case.

I felt some anxiety to know the result of a fourth pregnancy; but unfortunately about the period of her last lying-in her husband received an injury from the wheel of a waggon passing over his abdomen, which caused his death.

I could not ascertain whether there was hereditary disposition in the family to plurality of births.

I have never seen recorded the fact of a woman having given birth to twins three times in succession. If this poor woman had not been deprived of her husband probably her fourth pregnancy might have proved of a similar abnormal character.

I am, Gentlemen,

Your obedient Servant,

November 3, 1851.

EDWIN BISHOP.

### EXTRA-UTERINE FETATION, HÆMORRHAGE AND DEATH.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I observe in your last number, at page 593, a case headed "Rupture of the Fallopian Tube," and recorded by Dr. Whitton, of Llangollen, that so nearly corresponds with one that fell under my own observation, that I am induced to send it to you. I did not see the patient during life, but was, by favour of my colleague, Mr. Braithwaite, present at the autopsy, which took place April 30, 1840.

The subject of these memoranda was a young woman, mother of four children, and understood to be at the time five weeks advanced in pregnancy. She was in good health up to the 25th, on which day, while in the act of preparing dinner, she first felt faint; this was accompanied by a pain in the belly and a feeling of alarm. Mr. Braithwaite was sent for, and found her pallid and exhausted, with a frequent and feeble pulse; having been put to bed, she rallied considerably the following day, but on the third, the faintness and pain, with some sickness, increased, and she sank whilst in a state of syncope.

*Post mortem appearances.*—Body generally blanched to the last degree. On laying open the cavity of the abdomen, it was found distended with fluid and clotted blood; there was no trace of inflammatory action. After a minute search we discovered the source of the hæmorrhage to be a ruptured ovum that had been arrested in its transit through one of the fallopian tubes, and had there acquired its proper bulk, and had so far passed through its early stages without prejudice from abnormal position; the torn surface had a fibrinous or placental appearance, and corresponded with the ovum itself, which was found among the coagula. But

not the least interesting fact was exhibited within the uterus itself, which was slightly enlarged; the decidua were there in perfection, and in a state according with the period of pregnancy, and thickly lined the entire organ, forming a bed softer than one of down, prepared and awaiting the entrance of an occupant, which was destined to perish on the way, and to cause the destruction of the parent as a consequence.

A beautiful instance this of the independent yet combined and synchronous action of remote parts to effect an important object. The uterus persisted in its own peculiar duty of preparation so long as the ovum itself retained vitality; yet, doubtless, had this patient lived longer, the absorbents of the uterus would quickly have entered on their duty of removing the decidua.

Your faithful Servant,

CHARLES LINGEN.

Hereford, November 7, 1851.

#### DR. COOPER'S ADDRESS IN MEDICINE.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—In the recently-issued volume of the "Transactions" of the Provincial Medical and Surgical Association, I see a paper by Dr. Cooper, of Hull, which was read as the "Address in Medicine," on the occasion of the Eighteenth Anniversary Meeting, and in which he takes up a subject of considerable importance, namely, "the relations and affinities of diseases, and their complications." I have been much pleased with the care and labour which have been bestowed on Dr. Cooper's paper, but I must, (in justice to myself,) take exception to the remark, that hitherto there has been "no attempt made to trace the general affinities or connections of diseased actions." If he will do me the favour to turn to the *Lancet* for August 3rd, 1844, he will find the first of a series of papers on the subject. These papers were unfortunately printed in an imperfect form, much abridged from the author's original MS., and published at very long intervals; but this, not from any remissness on the part of the writer, but because the Editor of the *Lancet*, could not find space for them, and thought that articles which related to the treatment of disease would be more suitable to his readers.\* These papers (Paper xix.) terminate with the following words:—"In concluding these essays on general pathology, I have to regret many imperfections, and some errors, which have arisen in the condensation of the matter for the pages of the *Lancet*. I have also to regret that arrangements have not permitted their publication in a more consecutive form. My object has been, as I stated at the commencement, 'to insist on the importance of a philosophical analysis of the morbid phenomena, with a view to a just estimation of the various elementary conditions of disease; and more especially to direct a proper attention to the laws of association, by which these conditions are united, and

to the modifications produced by their co-existence and complications."

It will be seen that in my essays I have attempted a more completely analytical and synthetical method of inquiry than that pursued by Dr. Cooper, (irrespective of physiological speculation) and, so far as I know, the method I have adopted, and which appears to me the most philosophical, is original with myself. I am glad to welcome Dr. Cooper as a writer in the same field, and beg to subscribe myself,

Gentlemen,

Your obedient Servant,

JAMES BOWER HARRISON.

Higher Broughton, Manchester,  
Dec. 23, 1851.

#### TREATMENT OF THE INSANE.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—“Insanity does not admit of being defined. It is not in the power of any human being to embody within the limits of a definition all the peculiar and characteristic symptoms of human derangement.”

So writes Mr. Forbes Winslow, an authority on the subject, and though not exactly my authority, I recommend his observation to many who consider themselves complete masters of the subject, and who have not to learn, but to teach,—

“And we unwilling slaves must bow.”

In the *Medical Gazette* for October 31, 1851, I find that Dr. Monro has honoured me with slighting notice, and I request permission in this letter to handle his remarks; it is not my intention to be led into any controversy, but to clear my way I must refer to his observations. He is no very formidable critic, nor have I yet to bow to the chair in which he has so complacently placed himself. I call not for his sympathy, nor will his opinion, as now announced, induce me to deviate from my own. He writes well for the meridian of Spring Gardens. He would say something to me, and I would say something to him, viz:—"that the conviction of an enlightened age" has also produced many follies—none greater than what bear upon the subject of our respective papers.

Our views are altogether different upon the management of insanity; mine have reference only to the law, not to its agents, to them I will pay every tribute of respect; but if Dr. Monro has a conviction that the judgment of these "shepherds" is sometimes inaccurate, why refuse me the same supposition?

But why are there shepherds, and who are the sheep? Are private establishments not to be considered their own homes, and are the inmates and those who have their care to be continually subjected to surveillance, and to be treated as if their habitations were prone to evil, and their objects more the desire of gain, than the effects of good management—of cure, if possible; if not, of rendering their lives, as much as may be, pleasurable to them? It is a curious philosophy that decides nothing can be right but what its own opinion recommends, and it is my perfect astonishment that at the

\* The second paper is omitted from the index, but will be found at page 683 Vol. I., 1844.

present day these sumptuary laws should be permitted in our code. I say again, the law is inquisitorial, and every domicile might be subjected to it.

Where the insanity of State government begins or ends, I know not, but I know pretty well with whom rest the advantages.

The law has now been in full operation for some years. Can any statistical account be published of patients whose cures have been prevented or delayed, or to whom this act has consequently been beneficial? Dr. Monro lays down four rules for more frequent supervision, and these be they:—

1.—Frequent visits are necessary to free the minds of patients of injurious anxiety.

Whatever may be the experience of Dr. Monro upon this point, it differs essentially from mine. A patient possessed with the delusion of being unjustly confined, will only consider the Commissioner as being in league with other parties, and so strengthen the delusion. The endeavour to obtain "unrestricted confidence" between physician and patient will much more tend to obviate this feeling.

2.—Frequent visits are necessary to free the mind of the proprietor in doubtful matters of discharge.

I have never had a doubt as to the proper course to be taken in such a case. There is no test so good as requesting a relation or an intimate friend to visit the object of such doubt, and to remain some days. I have derived much satisfaction from this mode of proceeding, and I affix the most value to the opinion thus gained. I am sorry I cannot compliment Dr. Monro upon the arguments he uses in support of his views. I shall leave them, however, where I found them.

3.—Frequent visits are wanted to settle matters of unavoidable disagreement between patients and their ordinary superintendents and advisers.

The whole arguments produced to support this position I have a right entirely to deny; and I believe they will be found contrary to experience.

4.—Frequent visitation is necessary to free the mind of the Commissioner of those inaccuracies of judgment which rare visitation engenders.

This may be an excellent argument for frequent visitation in the receptacles of crime, conviction, repentance; but it comes with a very bad grace from a member of the medical profession. What, are we to be trusted with management of all other diseases, and in this alone is our intellectual and moral sense to be hoodwinked? If insanity be a disease, pray let the proper medicine be employed, and do not seek for this out of its proper course.

To illustrate this a little. From the incidents belonging to life I have had some changes of matrons; some have married, others have sought and obtained higher advantages, their great recommendation being the education they had received. I never knew one who did not presume herself mistress of all her duties as soon as she stepped into the house. I never knew one who, in the course of a few weeks, did not complain of difficulties and of unexpected annoyances. These soon yielded as a greater knowledge and experience enlightened them; and not one has left me without sorrow on both parts, for I well knew I had another to educate. These persons all acknowledged it was some time before

they could understand the peculiarities and proper guidance of their patients; but the inference of the Legislature seems now to be, that experience is but a fallacious guide, and that the superintendence of the fourth order of the class neuroses, should be principally intrusted to those whose education and habits of life have given them very little practical illustration as to their modes of acting upon the human system; or how often false conceptions or theories may act most ruinously upon the interests of the individual and those of his family. I write from what I know, and from no specious deductions? I take my present leave of Dr. Monro, probably we may have to meet again. Writing as I do, and with the thorough conviction I am right, I accept his Virgilian quotation—

*"In re cede malis, sed contra audentior ito,"*

The spirit of Dr. Monro's paper appears best in its conclusion, and in many remarks I can concur; but I must protest against the proprietor of a private establishment being considered an inferior officer to a commissioner. Is not the profession of medicine the profession of a gentleman; and because Parliament may have insisted upon knowing whether my house is clean, according to a settled plan then arranged, am I to be degraded and presumed to follow a menial occupation. The House of Commons, by their enactments, certainly went near to lower the "status" of a resident proprietor, medical or otherwise; but the good sense of the House of Lords, principally, I believe, by the advice of the late Lord Shaftesbury, amended the bill. To elevate, not to depress, would have been the best means of inducing persons of respectability to engage in undertakings, arduous, painful, sometimes ungrateful. Now if I were to begin life again, with the competent knowledge I possess of the physiology and treatment of insanity, I should long hesitate before I entered into that branch of practice.

In none of my letters have I mentioned Mr. Perceval's name. The report I received was signed by many. He must be a sincere friend who sent him the extracts from your journal, to which he alludes. This Friend's Society insists upon opinions they have formed: why may I not oppose them, provided I do so with weapons proper for the encounter? I have particularized none, I have libelled none; the admission of my letters in your journal is a guarantee for this; and though for a time I may use an "anonyme," it is more for the sake of convenience, than of refuge. I am not sore upon any point of position in which I am placed. I have written from honest conviction, and from a belief that an injurious tendency as to the management of the insane is prevailing, and is contradictory to sound views upon the subject. Surely Mr. Perceval, whose character I somewhat know, and its amiable traits, will acknowledge there can be "zeal without discretion," and that much harm may be effected by an insane desire to do good. (*Vid. Art. Poet. Lit.*, 38, *et seq.*)

But the opinions of those who have noticed my remarks are essentially different from my own. I consider insanity a disease that may be cured, relieved, or guided under the direction of experience, without theoretical or metaphysical reasonings or reiterated investigations entering into such process. The law seems to think it a variation of human nature, which

falls under its immediate care, and must therefore establish a corps of officers to sweep the rooms of the domicile, to cleanse the breasts of the proprietors, and to prevent fraud and injustice taking the place of natural affection, of social endearment, and of human sympathy.

Yours obediently,  
E. B.

### BRISTOL ROYAL INFIRMARY MEDICAL SOCIETY.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—My attention has been drawn to a letter in the last number of your valuable journal, referring to some observations I had lately made in an address delivered to the members of the Student Medico-Chirurgical Society annexed to the Bristol Royal Infirmary.

I then stated that I was not aware that Student Debating Societies, similar in character to the one established in Bristol, had yet been founded in the provinces. It appears, however, from your correspondent's letter that several meetings had been held of a Student Debating Society, in connexion with the Queen's College, Birmingham, before our Bristol Association had commenced its meetings.

I beg now to correct my error, and to assure your correspondent that I am truly glad to find that our Bristol Society does not stand alone.

The lively interest I take in the advancement of the medical student, and the strong feeling I entertain of the great advantage he may derive from these associations, in connexion with his hospital studies, would lead me to view with sincere satisfaction the general establishment of Debating Societies of this character; and I trust that the example held out by the students of Queen's College, Birmingham, may be universally followed in our provincial schools.

I am, Sir, your obedient servant,

JOHN HARRISON,

Senior-Surgeon to the Bristol Royal Infirmary.

December 17, 1851.

### MEDICAL BENEVOLENT COLLEGE.

A MEETING of the profession was held in the Medical Institution, Liverpool, on Friday, November 28th, but owing to some mistake the report was not forwarded to us for insertion at the time. Through the kindness of Dr. Dickinson we are now enabled to lay before our readers the following extract from the *Liverpool Courier* :—

"A public meeting, confined in this instance to the medical profession, which was held in the Medical Institution, on Friday evening last, leads us to embrace the opportunity of bringing before our readers the constitution of this charity, and earnestly soliciting the co-operation of the public in its behalf. We seldom

speak in vain in advocating Christian benevolence, and if we would on this occasion speak warmly, it is because "the heart knoweth his own bitterness." But we would not permit ourselves to be led away by feeling in a matter which demands judgment. We would not magnify evils that good might come. We would speak soberly the words of simple truth.

"It is a marked feature of the day, that people are becoming more alive to the principles of co-operation in the extension of the blessings of charity, and the laying up in store some provision for the future. Life Assurance Societies, which are rapidly extending over the country, have stimulated another class of the community to the establishment of benefit societies. But there are cases of need, where, under peculiar circumstances, and from natural causes, these excellent institutions fail to meet the requirements of the necessitous. A Life Assurance Society, supposing the principal payable at death, or that an annuity is granted in old age, implies an ability on the part of the insured to meet the annual subscription. He is provident for his family in the one case; he guards himself to a certain extent against the reverse of fortune in the other. But in either he is required to furnish in money, depending in amount upon the question of probabilities, an equivalent to the sum paid by the society. This, then, does not come within the range of charity; it is a business transaction entirely, and to it our observations are intended to apply.

"But we come to an institution purely charitable—the *Medical Benevolent Fund*—represented by a committee of most respectable gentlemen, and identified with Mr. Newnham, of Farnham. The object of this excellent charity is, to provide to the utmost of their ability temporary relief in cases of extreme urgency. Of it, while we commend it warmly, we do not intend to say more than that the last report is before us, and the cases referred to as relieved during the past year are very touching.

"We come now to the special object of our remarks—the *Medical Benevolent College*. It was only in June last that this society was established; and at the meeting in this town on Friday the profession unanimously testified to its importance, and pledged themselves to support it to the utmost. Although exclusively professional in the distribution of its charity, it is general in the elements of its support. For this reason do we appeal earnestly to the public. It numbers among its office-bearers several of our peers, three of our bishops, besides clerical, medical, and lay members. Its respectability is stamped; its extension will depend upon a benevolent public; its utility will, under God's blessing, be felt by those sheltered below its roof; and in after years, when the children educated within its walls shall have entered upon the active business of their lives, its remembrance will be cherished, and blessings descend upon the benefactors.

"Shall we be forced to say an appeal in Liverpool has been in vain? In Liverpool, where the medical profession is periodically exposed to more than the usual dangers attending the cure of infectious and contagious diseases; and where several always fall victims when these epidemics break out?

"The scheme recommends itself to our judgment as

well as to our heart, and with this conviction do we stand forth as its warm advocates. Subscriptions will be received by Dr. Dickinson, the zealous secretary for this town; or by Robert Bickersteth, Esq., the President of the Local Association.

"As an object for charitable bequest this institution is peculiarly fitted. A happy reaction is likely before long to take place, and as formerly bequests were for the most part confined to the children of the lower classes, and in a few cases to those of tradesmen, so now it is confidently hoped that a far more desirable purpose will be served by the legacies of the benevolent. Few know the wretchedness of poverty so much as the educated; and in their case private feelings usually prevent the making known their sufferings. The northern metropolis, plethoric with its palaces for children, but poor in its hospitals for the sick or the decayed in worldly means, feels it to be an infliction whenever a testator wills his fortune in the former channel; and on a recent occasion spoke out through the press against the evil. But there has risen up in that city a strong desire liberally to endow a retreat for decayed gentlewomen, and we wish it all success. Let the rich look to this, and learn to act with wisdom in the making of their bequests. In London a similar desire has more recently been emphatically expressed in favour of literary men, and a noble 'Guild' will ere long extend its aid to the man of letters. Governesses' Institutions on similar principles, and retreats for the widows and children of the clergy, are likely soon to extend the comforts of a home and the blessings of religion to those for whom they are intended. Here we find the medical profession large in numbers, far from rich as a body, and liberal in gifts of benevolence beyond that of any other profession, the clerical not excepted, asking help for the endowment of a building such as that for which we plead. Let them not ask for naught."

Such an address as this, emanating from the general press of the great commercial town of Liverpool, must indeed be gratifying to the founder and well-wishers of this noble institution, as well as productive of the greatest good in forwarding the consummation of their object.

With the view of assisting this benevolent undertaking, the medical men of Bedford held a meeting on Wednesday evening, the 17th of December, and unanimously passed the following resolutions, viz.:—

1. That the establishment of an asylum for distressed medical men and their widows, and a school for the education of their sons, is an object worthy of the cordial support of the profession, and has strong claims on the sympathy of the public.

2. That the members of the medical profession in Bedford forming this meeting pledge themselves by all available means to assist the accomplishment of so desirable an object, and earnestly exhort their professional brethren and friends throughout the country to aid them in carrying it out.

3. That a local Committee be formed, consisting of the following gentlemen, for the purpose of co-operating with the Central Committee in London, and of receiving

subscriptions and donations from the profession and public, namely:—Isaac Hurst, Esq., R. Couchman, Esq., W. Thurnall, Esq., Dr. Dick, J. Harris, Esq., W. Bailey, Esq., C. Robinson, Esq., and Dr. Barker.

4. That Isaac Hurst, Esq., F.R.C.S., be requested to accept the office of Chairman, and Dr. Barker that of Honorary Secretary and Treasurer, to the Local Committee.

Several donations and subscriptions have already been promised in this town and neighbourhood.

## Medical Intelligence.

### ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted members on Monday, December 22:—Dr. Bishop, Albion Street, Hyde Park; Dr. Garrod, Hartley Street; Dr. Hassall, Park Street, Grosvenor Square; Dr. Wilks, Bethel Place, Camberwell.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 19th ult:—John Crown Agnis, Harewood square, Regent's Park; Lewis Hitchin Archer, Southampton Row; John Breakey, Monaghan; Erlin Clarke, Worcester; George Mallet Coventry, Llanrwst, Denbighshire; Joseph Gibson Dowse, Manchester; Henry Greenway, Plymouth; Joseph James Harding, Newcastle-upon-Tyne; George Pishey Thompson Hill, Boston, Lincolnshire; Bernard Kavanagh, Limerick; Daniel O'Donovan, Limerick; Albert Daniel Smith, Nailsworth, Gloucestershire; Richard Wilkinson, Bradford, Yorkshire; John H. Wilson, Shrewsbury, Salop; John Hancock Wolstenholme, Bolton, Lancashire; William Talbot Young, Madras.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, December 18th, 1851:—Henry Powell Bannister, London; Richard Evans, Devonport; Frederick B. Fulcher, Maidstone; Henry John Harrison, London; James M'Cann, Ireland; Robert Brockman Newhouse, Dover; Josiah Ramskill, Leeds; Albert Taylor, Newcastle-upon-Tyne.

The following gentlemen were also admitted on Wednesday, December 24th, 1851:—Thomas William Craster, Newcastle-upon-Tyne; Iberson Izod, Birmingham; Thomas Henry Mayne, Barnstaple, near Devon; Frederick White Palmer, Island House, near Loughborough; Charles Pardey, Leeds; Charles Warden, Birmingham.

### SUFFOLK ASYLUM.

The Visiting Justices of the Suffolk Asylum, with their Medical Officer, have transmitted a memorial to the Secretary of State on the subject of the removal of criminal lunatics from hospitals for the insane.

## UNIVERSITY OF LONDON.

M.D. EXAMINATION. 1851.

*First Division:* Robert Growse, Guy's Hospital; Samuel Osborne Habershon, Guy's Hospital; William Bird Herapath, Bristol Medical School and London Hospital; John Braxton Hicks, Guy's Hospital; Chas. Bland Radcliffe, Leeds School of Medicine; Henry Hyde Salter, King's College.—*Second Division:* Arthur Hill Hassall, Royal College of Surgeons in Ireland; James Jones, Royal College of Surgeons in Ireland.

## APPOINTMENTS.

John R. Grahamsley, M.D., of the University of Edinburgh, and Honorary Assistant-Physician of the Royal Edinburgh Asylum, Morningside, has been appointed Resident Medical Superintendent of the Worcester City and County Lunatic Asylum. There were 57 candidates for the appointment.

Dr. Chambers has been elected Physician to the Royal Free Hospital, Gray's Inn Road.

## MORE ARSENIC POISONING.

At the Court of Assizes in France, Helen Jegado, a servant, was put upon her trial for seven murders by arsenic, in 1850. The evidence showed that, during her life, no less than forty-three persons had been poisoned by her, including several of her mistresses, masters, and fellow-servants. Her counsel pleaded insanity, but the jury gave no credit to such a monomania, and found her guilty. She was accordingly sentenced to be executed.

## INOCULATION AND VACCINATION.

An interesting instance of the value of inoculation under certain circumstances, has just occurred among the Sac and Fox Indians. The small-pox, which is usually so fatal to the aboriginal race, and which sometimes sweeps off whole tribes at once, recently appeared in the Sac and Fox community, and there they were induced to diet, encamp together, and be inoculated with small-pox virus. Fifteen hundred, out of twenty-six hundred, submitted to the operation, and not one died that was not previously affected with the disease. About 110 have died before this measure was adopted. None took the disease who had been previously vaccinated.—*New York Medical Times.*

## MIDLAND OBSERVATORY.

Mr. Henry Lawson, of Bath, has offered to transfer the whole of his valuable astronomical, meteorological, and optical apparatus, (cost £10,000,) together with a contribution of 1,000 guineas, to trustees, for the purpose of founding a Midland Observatory. The Town Council, before whom the subject was brought, had no power to vote money for the purpose; but a public subscription is likely to be set on foot.—*Medical Times.*

## FREE CANCER HOSPITAL.

A widow lady residing in Berkshire, has offered fifty guineas, to be paid in March next, in aid of the funds of the Free Cancer Hospital, Cannon Row, Parliament Street, provided nineteen other similar sums be forthcoming at that time for the like charitable purpose. Communications to be addressed to the chairman, the Hon. Colonel Ogilvy, or the secretary, Mr. W. J. Cockerill, No. 1, Cannon Row, Westminster. We can hardly doubt that this most generous proposition will be rendered available, and that benevolent persons will be found to make up the required amount.—*Globe.*

## OBITUARY.

December 21st, at Cockermonth, aged 27 years, Dr. Addison Byers.

At his residence, 5, Oriol Place, Cheltenham, Dr. James Arthur, aged 71.

## BOOKS RECEIVED FOR REVIEW.

Neuralgia; its various Forms, Pathology, and Treatment. By C. Toogood Downing, M.D., M.R.C.S. (The Jacksonian Prize, 1851.) London: J. Churchill, pp. 375.

Monthly Journal of Medical Science, Dec., 1851.

London Journal of Medicine, Dec., 1851.

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

## NOTICE TO MEMBERS.

Gentlemen will observe that the Annual Subscriptions become due on the First of January, those who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association, Worcester.

Members who wish to propose Associates are reminded, that as the subscription commenced on the first of January, it is the most convenient time to introduce new Associates.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, January, 1852.

## TO CORRESPONDENTS.

Communications have been received from Dr. Oke, Mr. Reid, Dr. Cormack, Mr. Harrison, Mr. Harvey, and the Manchester Medico-Ethical Society.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.



NOTES

ON THE

TREATMENT OF CURABLE DISEASES.\*

BY W. S. OKE, M.D.,

*Sub-Licentiate of the Royal College of Physicians, Physician to the Royal South Hants Infirmary, &c.*

OPHTHALMIA INFANTUM PURULENTA.

THIS kind of inflammation is communicated to the conjunctival membrane of the child by its coming in contact with specific discharge during the passage of the head through the vagina. It takes place soon after birth, and is easily subdued in the incipient stage; but if neglected, and the corneæ are involved, the worst consequences will ensue; indeed, it may truly be asserted that the vision will be as certainly preserved by early and judicious measures as it will be lost by procrastination. The palpebræ are inflamed, swollen, and closed; and upon being slightly compressed a considerable quantity of purulent matter will be discharged. In this case, as in strumous ophthalmia, very much will depend upon the manner in which the local remedies are applied.

Some competent attendant must be instructed to inject the lotion (1) betwixt the palpebræ and the globe of the eye twice a day, that it may be done effectually. After this the tarsi are to be lightly smeared with the ointment (2); folds of linen, made wet with saturnine wash, are to be constantly laid upon the swollen palpebræ; and the powder (3) is to be given in gruel or syrup three times a day.

1.—R. Argenti Nitratæ, gr. viij.

Aquæ Destillatæ, f. oz. ij.

Misce. Injiciatur pauxillum intra palpebras bis quotidie.

2.—R. Unguenti Hyd. Nit. Oxidi, dr. j.

Cum quo linentur palpebræ, bis die.

3.—R. Hydrargyri Chloridi, gr. ss.

Pulv. Tragac. Comp., gr. iv.

Fiat dosis ter die sumenda.

FEBRIS JUNIORUM REMITTENS.

I have used the word juniorum instead of infantum, as this remittent affects children from one year old to about ten. The cure of this disease is greatly promoted by medicine, if not wholly effected by it. The following is a sketch of the symptoms:—The bowels are irregular and generally inactive; there is a total loss of appetite, and a remarkably foul and undigested state of the fecal evacuations; the urine is high coloured; the pulse is rapid; there is a burning heat of the skin at night, with restlessness or delirium, but during the day there are several remissions, in which the child appears to be comparatively better, and drowsy. The cheeks are often flushed; the hands tremble; the nose and lips are constantly picked, and the child becomes peevish, and cries if an attempt be made to prevent it.

It is sometimes scarcely possible not to confound this

disease with the early stages of some inflammatory conditions of the brain.

There may be chilliness, vomiting, fever, with a rapid pulse, constipation, occasional drowsiness, restlessness and delirium in both. But if it be truly stated that this kind of remittent be derived from intestinal causes, then, by attentively observing whether, upon the whole, the symptoms point to the cerebral or abdominal functions, we shall be enabled to come to a sufficiently correct conclusion to direct the treatment. Acute headache, whether gestured or expressed, intolerance of light, starting in the sleep, and grinding of the teeth, would decide for the former; whilst the absence of these, irregular remissions of fever during the day, a burning skin in the night, and a disgust of food, would evidence the latter, and, therefore, the present disease.

The indications of cure are:—1st, to clear out the alimentary canal, and reduce the fever; 2nd, to improve the digestive function, and strengthen the system. The first will best be accomplished by Nos. 1, 2, and 3, and the second by 4.

1.—R. Hydrarg. Chloridi, gr. j.

Pulv. Scammonii. Comp., gr. v.

Misce fiat pulvis quartâ quâque horâ sumendus donec satis operaverit.

2.—R. Hydrargyri cum Cretâ, gr. vi.

Antimonii Pot. Tart., gr. iss.

Sacchari. Purificat, dr. ss.

Misce et divide in chartulas sex sumat unam tertiis horis.

After the bowels have been cleared, they may be moderately acted upon every morning by—

3.—R. Magnes. Sulph., dr. ss.

Inf. Rhei, dr. ij.

Syrupi Zingiberis, dr. j.

Misce fiat haustus.

The system is to be supported through the course of the disease with farinaceous fluids, dilute milk, light animal broths, and ripe fruits; and when the febrile action has subsided, we may commence the tonic—

4.—R. Quinæ Disulphatis, gr. iss.

Acidi Sulph. Dil., gtt. vj.

Tinct. Card. Comp.

Syrupi Simplicis, sing. dr. ij.

Aquæ Puræ, oz. iiss.

Misce capiat sextam vel partem ter die.

R. Infusi. Cascarillæ

Misturæ Camphoræ sing. oz. iss.

Ammoniæ Sesquicarb., gr. vj.

Syrupi Aurantii, dr. ij.

Misce. Capiat cochleare largum unum ter die.

CYNANCHE TRACHEALIS: INCIPIENT STAGE.

This disease is the result of inflammation of the mucous membrane of the trachea, and the deposit of false membrane upon its surface. The respiratory appears to be the only mucous membrane that is so frequently subject to fibrinous deposits; the conjunctival, the nasal, the œsophageal, and the urethral being almost exempt from such a result. It is difficult to explain why children should be so much more liable to croup than adults; it may be, that, as in the former the forces of physical growth are greater, so any inflammatory action of those

\* Continued from page 696 of last volume.

forces are the more disposed to secrete fibrin. Whatever may be the true explanation, it is an established fact, that croup is seldom met with after the age of puberty. On the other hand, the younger the child the greater the danger, for then the respiratory tube is comparatively small, and liable to be more rapidly impeded by false membrane.

This terrible disease usually invades the trachea at night. The child, probably after some slight indication of cold, is awakened from sleep by an impediment to the breathing, and every effort to inspire produces a crowing sound; after this the breathing becomes more and more stridulous and straitened, and is accompanied with a shrill hoarse cough. There is sthenic pyrexia, and an anxious and distressed aspect.

It is scarcely possible to confound idiopathic croup with any other disease. In the spasmodic form there is no hoarse cough nor *continuously* stridulous breathing; neither is there much febrile disturbance or distress.

In laryngismus stridulus there is also a crowing sound, but this is transient, returns at intervals, and is attended with a sense of suffocation, which greatly alarms the little sufferer, and makes him instinctively dread a recurrence of the attack, for in one of these he not unfrequently expires.

A few years ago I was called to an interesting case of this kind in a remarkably fine boy, six months old. The spasms returned after intervals of several hours, and every recurrence threatened his existence, and dreadfully alarmed him, till at length, in spite of every remedy, the atmosphere was refused admittance through the glottis, and he suddenly expired.

Laryngismus does not appear to be the result of inflammation, but rather of a spastic reflex action of the arytenoid muscles, which act in closing the rima glottidis, and this action is often caused by teething.

The incipient stage of croup is amenable to treatment, if it be early and decided; but if the inflammation be allowed to creep on till false membrane is secreted upon the internal surface of the respiratory tube, all remedies will be ineffectual in nine cases out of ten. Local bleeding, calomel, and antimony, are the remedies mostly to be relied upon. Leeches are to be applied over the trachea, the number to correspond with the age of the child; and the powder (1) is to be given every two hours, till the stools assume a spinach colour, and the breathing is relieved.

- 1.—R. Hydrarg. Chloridi, gr. xij.  
Antim. Pot. Tart., gr. iss.  
Sacchar. Purific., dr. ss.

Misce et divide in chartulas sex, quarum detur una secundâ quâque horâ.

This dose supposes the child to be over a year old. After the orifices of the leech-bites have ceased to bleed, a narrow blister may be laid along the sternum, and the warm bath may be necessary, if the skin be hot and dry. The diet should be low, such as barley-water, sweetened with honey, and the atmosphere of the room be of a genial temperature.

Croup is most commonly met with in damp and cold districts; and if the patient recovers he is sometimes

liable to a return of the disease: in such case he should be removed to a mild locality.

#### PETECCHIAL SPOTS IN CHILDREN.

Petechiæ are most frequently observed in febrile diseases of an asthenic character, and in such they are to be looked upon as a very unfavourable symptom. I remember one instance of continued fever, in which the skin of the whole body was literally spotted with large petechiæ, and which soon terminated fatally. But petechiæ may also exist independently of any febrile association, and with this kind the purpura hæmorrhagica may be classed, although the spots are so much larger.

The case to which I allude in this place is unassociated with fever, and occurs to children from about six to twelve years old. Here also the petechiæ appear to be the result of a low power of the blood. They are generally seen on the inferior extremities between the knees and ankles, and are, for the most part, the size and appearance of flea-bites; sometimes, however, they are here and there interspersed with others of larger size, but all are of a deep purple colour. There is often, at the same time, pain at the epigastrium, aching of the joints, a foul and flabby tongue, a weak pulse, and a feeling of debility.

The indication of cure is simply to strengthen the system; and this will be fulfilled, and the petechiæ speedily removed, by the hydrochloric acid (1), the alterative (2), and a generous diet.

- 1.—R. Acidi Hydrochlor. Dilut., m. xxxvj.  
Syrup. Croci, Tinct. Aurantii Co., sing oz. ss.  
Aque Destillatæ, oz. ij.  
Misce capiat cochleare largum ter die.
- 2.—R. Hydrargyri Chloridi, gr. j.  
Pulveris Radicis Rhei, gr. v.  
Pulveris Zingiberis, gr. ij.  
Misce fiat dosis bis hebdomedâ sumenda.

#### INTERSTINODYNIA IN YOUNG PERSONS.

The assemblage of symptoms, to which I have ventured to give the above denomination, appears to be of a functional character, occurs before the age of puberty, and continues for a considerable time. It consists of a constant, dull, aching pain of the bowels, seldom accompanied with griping. The abdomen is enlarged, dull under percussion, and rather tender under deep pressure. There is no fluctuation to be discovered in the peritoneal cavity; neither is there any attenuation of the body. The pulse is quiet and regular; the tongue is not furred; there is no diarrhoea nor constipation; and the appetite varies, being sometimes excessive and sometimes altogether absent.

It is difficult to point out, with any degree of accuracy, the cause from which these symptoms are derived. They do not appear to be connected with the presence of entozoa in the alimentary canal, nor with glandular disease of the mesentery. I have rather attributed them to a congested state of the portal veins, but I am not at all certain of the correctness of this opinion. Not having met with any fatal termination of the disease, I have had no opportunity of ascertaining any facts that could better explain its pathology.

I have, in my experience, met with a considerable number of these cases, and they have yielded, in a remarkable manner, to the bichloride of mercury, after being taken a very few days. It may be given as in—

- 1.—R. Hydrarg. Bichlor., gr. iss.  
Tinct. Card. Comp., Syrup. Zingib., sing. oz. ss.  
Tinct. Hyosc., dr. j.  
Aque Menthas Pip., oz. v.  
M. Capiat cochleare largum unum ter quotidie.

In this dose the bichloride will generally give about two stools in the day. If it should operate too much, the dose must be reduced to 1-12th of a grain; if it fail to affect the bowels at all, some aperient will be required to regulate the bowels, such as ten grains of rhubarb, or one of the pills (2) every other night.

- 2.—R. Pilulæ Colocynth Comp. (L. P.), scr. ij.  
Scam. Gum., Sapon. Duri, utrq. scr. ss.  
Extr. Hyos., gr. vj.  
Olei Caryophilli Guttam.

Misce et divide in pilulas xij.; capiat unam duasve alternâ quâque nocte, vel pro re natâ.

The two following cases are examples of this disease:—

Case 1.—C. B., aged 12, complained of a dull pain in the lower part of the abdomen, which had existed for some time; it was enlarged, and somewhat tender under pressure. The pain became worse about the middle of the day after his dinner. The bowels were neither constipated nor relaxed. The tongue was but little furred; the pulse did not exceed 90 in the minute, and the appetite not wholly absent. An eighth part of a grain of the bichloride of mercury, dissolved in peppermint water, was prescribed for the child three times a day, which at once relieved the pain, and in a short time reduced the size of the abdomen and removed the disease.

Case 2.—W. P., aged 11, had complained of an aching and pinching pain of the bowels for two months, it was occasionally so severe as to make him roll upon the floor. The abdomen was in some degree swollen and tender under deep pressure. He had one stool daily. He was thirsty, and his appetite was sometimes voracious, and at others altogether absent. The tongue, however, was not much furred, and there was no febrile disturbance. The same treatment was adopted in this case, and in a week afterwards the child was convalescent.

#### ENLARGEMENT OF THE ABDOMEN FROM MESENTERIC OBSTRUCTION IN YOUNG PERSONS.

The obstruction of the mesentery, here alluded to, is not that which is caused by strumous enlargement of its glands, nor that which results from the agglutination of its peritoneal surfaces by organised fibrinous deposits, both of which I consider to be incurable, but that which is occasioned by sub-acute inflammation, unattended with any great degree of febrile action.

This disease is characterised by enlargement, severe pain and tenderness of the abdomen, which is dull under percussion, and sometimes infiltrated. If the symptoms have continued for any length of time, there is also extreme atrophy.

The cases which have fallen under my observation have occurred from the age of ten to fourteen years.

In the treatment of this disease, calomel, combined with opium, has been, in my own experience, successful beyond all expectation, not only in subduing the severity of the pain, but in curing the malady; indeed such a result, in several instances, both from the severity of the symptoms and the atrophied condition of the patient, has greatly surprised me.

The pills (1) should be given two or three times a day, according to the degree of pain; and should ptyalism be produced, and the pain, nevertheless, continue, the opium is to be persisted in without the mercury, in such doses, and after such intervals, as the circumstances shall require.

- 1.—R. Hydrarg. Chlor., gr. vj.  
Pulv. Opil, gr. iij.  
Conf. Rosæ, scr. ss.

Misce et divide in pil. vj.; quaram capiat unam bis terve die urgenti dolore.

I have found a plaster also an excellent adjuvant, and very conducive to the removal of the disease. It should be made of equal parts of the Empl. Ammon. cum Hydr., and the Empl. Thuris Comp, spread upon thin leather, and large enough to cover the *whole abdomen*. This remedy appears to act not so much by virtue of any medicinal property in the plaster as upon the principle of gentle pressure, by which it gradually softens and reduces the abdominal enlargement, whilst the calomel and opium relieve the pain and subdue the inflammatory condition of the mesentery and of such other viscera as may be involved. The following is a most remarkable case of the kind, and will give the symptoms more in detail:—

A young female, aged 15, and before her menstruation had begun, became gradually affected with fulness of the abdomen, accompanied with darting pains of the lower part of the bowels, extending to the back. The pain was generally severe but worse in the night. There was not much febrile action, although she was often thirsty. At the commencement of the disease there was sickness and vomiting but not afterwards. Her food gave her gastric pain; her urine was high coloured; and her bowels were irritable, acting always after every meal. There was also a frequent desire to pass the urine. This state of things continued five months, the greater part of which time she kept her bed. She was then brought into Southampton and placed under my care in the dispensary.

The abdomen was now in some degree infiltrated, and so tender as not to bear the weight of the bedclothes. She was atrophied to the last degree, and could not stand without assistance. At the same time her appetite was ravenous and nothing could satisfy it. The pain of the belly was agonizing and it was distressing to witness her extreme suffering. With a view to mitigate the severity of the pain and without the least expectation of curing the disease, a large opiate plaster was applied over the whole of the abdomen, and calomel combined with opium, was given every four hours:—one grain of the former and as much of the latter as the vehemence of the pain required. This treatment was

continued for some time with manifest benefit, and under its continuance the pain, tenderness, and enlargement of the abdomen gradually subsided; in short, to my astonishment she completely recovered. She is now 27 years of age, and in good health.

#### CHOREA.

Chorea occurs from the age of about eight to fourteen years. Before or after this period it is seldom to be met with. It consists of an assemblage of sudden involuntary muscular actions, which are throughout the day continually distorting the features, and drawing the head, trunk, and limbs, into various abnormal attitudes.

This strange malady seems to be the result of an atonicity and a morbid sensibility of the excito-motory nerves. It is difficult to state, with any degree of precision, from what source these irregular movements take their origin; but it is probable that they commence in the ganglionic or sympathetic nerve, and are thence reflected through the spinal chord, upon the muscular system. This is a mere opinion, and must be taken as such: or it might originate in some part of the cerebral function; and this view is in some degree supported by the fact that the involuntary actions entirely subside during sleep.

Chorea is generally curable by medicine in six weeks or two months; and the remedies which I have found most successful, are preparations of iron and smart purgatives, as—

1.—R. Ferri Sesqui-Oxidi, scr. j.—dr. ss.  
Pulv. Cinnam. Comp., gr. ij.  
Misce capiat æger hanc dosin ter die in theriacâ.

2.—R. Hydrargyri Chlor., gr. iij.  
Scammonii Gummi, gr. iv.  
Pulv. Zingiberis, gr. ij.  
Misce fiat dosis quâqua tertia nocte sumenda.

In some cases the magnetic oxide of iron answers better than the sesqui-oxide, as in—

3.—R. Ferri-Oxidi Magnetici, scr. j.—dr. ss.  
Pulveris Zingiberis, gr. ij.  
Misce fiat dosis in crasso vehiculo sumenda ter quotidie.

Should the above preparations of iron fail to remove the disease, the iodide of potassium will be often found successful, especially if the strength has been much worn by the long continuance of the choreal movements. It may be given in the formula—

4.—R. Potass. Iodidi, gr. xxiv.  
Syrupi Aurantii, oz. ss.  
Aquæ Menthæ Pip., oz. iiss.  
Misce capiat æger, cochleare largum unum ter die ex aquæ paxillo.

I saw this medicine succeed in a remarkable manner after all other remedies had failed, in a young man, 21 years of age, and six feet in height.\* I have known chorea affect several members of the same family as they came to an age susceptible of the disease, in some of whom it proved fatal in spite of every means employed to subdue it. There are forms of chorea in which the

spastic actions of the muscles are so violent and incessant as to make it absolutely necessary to combine opiates with the above treatment. The following is an example of the kind.

J. C., of Romsey, aged 16 years, was admitted under my care, into the Royal South Hants Infirmary, on the 28th of August, 1848, for chorea. The spastic actions were so universal, violent, and incessant, that neither personal clothing nor bed-clothes could be kept on her for a moment, nor could she lie upon the bed without the risk of being jerked off it. Under these circumstances it became necessary to lay her on a mattress upon the floor of a small ward, taking care to pad the walls that she may do no injury to herself, and directing the nurse to keep a blanket on her as best she could. She was then ordered the following medicines:—The opiate (5) to be given every night; the magnetic oxide of iron with Dover's powders (6) three times a day; and the purgative (7) alternate mornings.

5.—R. Liq. Opii Sedativ., m. x.  
Mist. camphoræ oz. ss. Fiat haustus omni nocte bibend.

6.—R. Ferri Oxidi Magnetici, gr. xv.,  
Pulv. Ipecac. Comp., gr. iiss.  
Misce fiat pulvis ter die capiend in crasso vehiculo.

7.—R. Pulv. Scammonii Comp., gr. x.  
Fiat dosis omni alterno mane sumenda.

This treatment at once succeeded. The spastic movements were speedily controlled, in two days she returned to her bed, and on the 25th of September, (twenty-eight days from her admission,) she was discharged cured.

Southampton, January 2, 1852.

(To be continued.)

## ON PROLAPSUS UTERI.

WITH A DESCRIPTION OF A NEW INSTRUMENT FOR ITS TREATMENT.

By JOHN JONES, Esq., DERBY.

Read at the Quarterly Meeting of the Midland Branch, December 4, 1851.

AMONGST the various infirmities to which the female constitution is subject none is more entitled to the grave consideration of the profession than the abnormal positions of the uterus. The displacement of this organ, when connected with pregnancy or the puerperal state, as in retroversion or inversion, require manual assistance, and if not speedily relieved, become highly dangerous; but the most frequent of all displacements is the descent of the womb, which, although not immediately dangerous, is productive of great and continued suffering. It occurs in three different degrees, thus defined by Dr. Ashwell:—

1. *Relaxation* implies that the uterus has lost its central projecting position in the upper part of

\* The case was published by me in the *Provincial Medical and Surgical Journal*, May 1st, 1844.

the vagina, and has descended sufficiently far to obtain a bearing on the perineum, without, however, any material shortening of this canal or any marked alteration in the uterine axis.

2. *Prolapsus* signifies that the uterus has sunk nearly or quite down to the os externum. Under this state the vagina is considerably everted, and the womb losing the axis of the brim, which is downwards and backwards, assumes the axis of the outlet of the vagina, which is downwards and forwards.

3. *Procidentia* implies complete protrusion beyond the vulva. The uterus forms a tumour, often very large, hanging out between the thighs, and the vagina turned inside out, constitutes the external covering. In the sac thus formed, especially if of long standing and large, there is contained the bladder, rectum, and some portion of the small intestines; the mesentery being stretched, and the omentum occupying any vacant space.

The descent of the womb, even in the first or slightest degree, is attended with much pain and constitutional irritation, the cause of which may readily escape notice. These symptoms are soon followed by those induced by mechanical pressure, constituting prolapsus, difficult micturition, which is performed most easily when in the recumbent position; a feeling of sinking of the abdominal contents, accompanied with a painful bearing down when walking or standing, which are immediately relieved by lying down; and leucorrhœa. In actual procidentia, the tumour is sometimes of immense size and altogether irreducible. I have seen a permanently protruded uterus forming a tumour as large as a child's head. Another occurs to my recollection in which the uterus protruded beyond the vulva, and exposed to friction, became ulcerated to the extent of a crown piece, and of course was productive of long-continued and grievous suffering.

This infirmity is most frequent amongst the lower ranks of society, with whom it is induced by exposure to hard work and privation. Such patients, believing that their malady admits of no remedy, seldom complain, and thus they pass through a life of suffering, embittered by concealment, often without medical aid, and deprived even of the soothing sympathies of friendship. Persons, however, of all ranks, are more or less subject to this disease, especially those who have borne many children, and even virgins are not exempt.

*Causes.*—These are:—weakness and undue expansion of the broad and round ligaments, together with relaxation of the levator ani and perineal muscles; but particularly as observed by Dr. Ashwell, “and extension and slackness of the pelvic fascia in its connection with the uterus and vagina.” The principal cause, however, and which will account for most of its painful symptoms is, I conceive, the superincumbent weight of the abdominal viscera pressing on the uterus, deprived of its usual supports by the relaxation of the vagina and neighbouring parts. That such pressure is a powerful agent in producing the disease, is proved by the freedom from all uneasiness when the patient is in the recumbent position

and the immediate and great relief afforded by well-adapted means for supporting the abdominal parietes.

*Treatment.*—In prolapsus and procidentia, mechanical means for supporting the uterus have hitherto been alone depended upon by the profession generally, as affording the most approved mode of relief; and these supports have consisted almost exclusively of pessaries, modified in shape and the material of which they are composed, according to the ingenuity and fancies of different practitioners. The inconveniences, however, produced by pessaries, the untoward symptoms which they sometimes induce, and the inefficient relief they afford, render their use exceedingly unsatisfactory. Sir Charles Clarke, who is a strenuous advocate for the use of the pessary, relates the following case:—

“A lady, seventy-five years of age, who had borne children, came under the care of the author, on account of considerable pain in the vagina, attended by a very offensive discharge. The pain was constant, and was compared to that produced by a sharp instrument. Thirty-five years before she had a prolapsus uteri, for which a pessary had been introduced, and which had never been removed. The author having reason to fear that some diseased structure existed, examined the patient and found that the pessary had lost its original form, being corroded in several places, and that many irregular portions of it were left, which pressed upon the vagina, and had produced ulceration of its internal surface. This lady having, as she said, suffered exceedingly in the introduction of the instrument (became, perhaps, it was incautiously performed) would not consent to its removal, particularly after some of her symptoms had been relieved by fomentations and injections.”

The great inconveniences attending the use of pessaries have induced some practitioners to discard them altogether, and to substitute for them a painful if not dangerous operation, for the purpose of contracting the vagina, so as permanently to prevent the descent of the uterus, and thus effect a radical cure. Dr. Marshall Hall is amongst those who advocate this mode of treatment. It is, however, too formidable an operation to be generally adopted, and to which few patients would be willing to submit, more particularly as the results are not always satisfactory, and, at least, partial relief can be obtained by less severe means.

Some years ago Dr. Hall invented an instrument for the purpose of keeping *in situ* the procident uterus by external pressure, and thus to supersede the use of pessaries. Dr. Ashwell gives the following description of it:—“A pad, elastic but firm, is made to bear upon the perineum, without interfering either with the rectum or vulva. A belt round the waist, and a connecting strap, passing from before to behind, aided by springs and hooks, secures sufficiently firm compression to prevent the descent of the replaced womb. Several of my patients have worn this pad comfortably, and with tolerable success; but in most cases the pressure has induced pain, heat, and leucorrhœa; and they have gladly exchanged it for the pessary. The expense of these more elaborate instruments is to poor women, in

whom the disease is most common, a serious matter, especially as they frequently want repair. On the whole, I regard the pessary as by far the most applicable, and generally the most efficient remedy for proidentia."

In the early part of my practice I met with a very painful case, in which a pessary had been worn for a long time, with considerable relief; but at length it produced pain and great discomfort, so that its removal became necessary. It was a common circular ring-pessary, and so firmly fixed that I was unable to move it by the utmost force I could use with my bent finger, and was obliged to pass a ligature through the ring, and pulling with great force, at length extracted it. Since that time, now upwards of twenty years, I have generally recommended the application of two pads attached to a belt, one to be applied to each side of the lower part of the abdomen, so as to press upwards, with the view of supporting the abdominal viscera. From the great relief afforded by this simple plan, I felt confident it was fulfilling an important indication; and from that time have availed myself of every opportunity of improving the belt, and rendering it more perfect in its adaptation and efficiency.

The belt, or uterine truss (which is its appropriate designation), supplies a most important desideratum, by entirely superseding the necessity for the use of the pessary—an instrument which has hitherto been considered by the profession generally indispensably necessary in the treatment of prolapsus uteri. By supporting the perineum, and at the same time preventing the pressure of the abdominal viscera, it fulfils two important indications,—that of strengthening those parts which by their relaxation have allowed the descent of the uterus, and removing the pressure on the uterus produced by the superincumbent weight of the abdominal viscera. In cases of pregnancy occurring during prolapsus, if the recumbent position is continued sufficiently long after labour, the disposition to descent of the womb is greatly diminished, and sometimes the disease completely removed. In these cases the relaxed parts are allowed time to recover their natural healthy tone before they are again exposed to the pressure of the descending uterus. The application of the belt greatly assists in retaining the uterus *in situ*, and preventing a return of the disease; and in all cases of descent of the womb it not only gives great and immediate relief, but, by removing the pressure of the uterus from the relaxed parts, it tends to effect a permanent cure.

The following interesting case recently occurred to me, in which the belt was found very useful:—A. D., about 30, is suckling her second child, eleven months old. In her first pregnancy she was affected about the fourth month with retroverted uterus, which I reduced, and she went to the full period of gestation. She believes she is not now pregnant; but the catamenia have not appeared since her confinement. For a week or two before I saw her she had been affected with symptoms of retroversion, and walking or standing produced great pain. On examination, I found the

fundus uteri pressing very low, about the size of a small melon, somewhat flaccid, and projecting between the rectum and vagina. The os uteri, which I could with difficulty distinguish, was situated on the symphysis pubis; the cervix was completely bent upon itself, like a bent finger. I returned the uterus without much difficulty, and passed it beyond the promontory of the sacrum, and afterwards applied the belt, since which she has been completely relieved from all her distressing symptoms.

I consider the above case an instance of *retroflexion* of the unimpregnated uterus, the possibility of which is denied by some practitioners, and others believe that it can only occur soon after labour. The application of the *belt* I consider of great importance in preventing the recurrence of such an accident.

#### DESCRIPTION OF THE UTERINE TRUSS.

It consists—1, of a belt with two pads, to support the abdominal parietes; 2, a bandage with one pad, to support the vulva and perineum.

The belt, four inches and a half broad, is made of strong holland, lined with wash leather, and padded with horse-hair. Two pads, united by a strip of vulcanized India-rubber, one inch and a half broad and three inches and a quarter long, are placed between the end of the belt and a leather strap, which buckles on one side. The belt is strengthened by five sticks of whalebone placed obliquely at equal distances of about four inches. The pads, three inches and a half in diameter, consist of two convex circular plates of tin, the inner rather smaller than the outer one, made to act upon each other by an interposed spiral spring. The whole is padded with horse-hair and covered with mackintosh. In the centre of the outer plate of each pad is a button for the attachment of the perineal bandage. A laced gusset is formed on each side of the belt, for its easy adaptation to the hips; and loops of tape are placed at the top, to attach it to a waistcoat, which, however, is seldom required.

The perineal bandage consists of an anterior and posterior flap, united by a strip of vulcanized Indian-rubber, one inch and a half long and half an inch broad. Within the anterior flap is a pad four inches long, stuffed with horse-hair, and covered with mackintosh, intended to support the vulva and perineum. Each flap, four inches broad at the top, has six button-holes, in two rows, one above the other, corresponding with buttons on the belt; these give considerable scope for the lengthening or shortening of the perineal bandage. The flaps are made gradually to become narrower, to be joined to the interposed strip of Indian-rubber.

The resiliency produced by the horse-hair stuffing, and the elasticity afforded by the Indian-rubber, render the belt easy to wear, and efficient in its application.

## FRACTURE OF THE HUMERUS AT ITS LOWER-THIRD.

By ROBERT E. JONES, Esq., LONG MELFORD.

On the 6th of September, in consequence of the absence of Mr. Mason, of Sudbury, I was hastily summoned to visit Eliza Harrington, aged 15 months, the child of poor parents, residing at Wickham St. Paul's, Essex, who had been knocked down by a waggon, the wheel of which had passed over her left arm. On examination I found a fracture of the humerus at its lower-third, the bone protruding denuded of its integuments, and the soft parts lacerated nearly to the shoulder-joint. The little patient was much exhausted from loss of blood. I administered small quantities of brandy and water, which had the effect of producing reaction; and feeling there was no time to be lost, I at once amputated just below the shoulder-joint, being just able to save sufficient integument to form a good stump. I was ably assisted by Mr. Mason, jun. Very little blood was lost during the operation, and but one artery required a ligature. The child had severe convulsions the following day, which were relieved by small doses of tincture of opium, after which it progressed most favourably, and at the end of a month was perfectly recovered. I am induced to publish this case, thinking it rare for a child of such a tender age to recover from so severe a proceeding.

Long Melford, Suffolk,  
November 20, 1831.

## Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CASES ADMITTED UNDER DR. DAVID NELSON.

*Reported under the terms proposed by the Association.*

By OBSERVATOR.

### *Case of Inflammation of the Brain.*

THE following case affords a striking illustration of the insidious manner in which so formidable and mortal a disease commences and progresses, fully showing the necessity of a careful and guarded diagnosis in all head affections. The preceding case of Barrett, in which the symptoms were similar, affords, as to the result of the cases, an instructive contrast, probably to be, in a great measure, accounted for by the fact, that Barrett had the advantages of being a young man, and of receiving timely medical aid, which two advantages experience proves to be of vast importance in the successful treatment of such cases.

Daniel Yates, aged 58, of nervo-sanguineous temperament, became an in-patient of the Queen's Hospital, Birmingham, under Dr. Nelson, on the 18th of January,

1831, having been an out-patient for a week previous to admission.

**History.**—He was a gardener in a private establishment, and one night, about two months prior to his admission as an in-patient, he was summoned to extinguish a burning hayrick; whilst thus engaged he said he felt as if "roasted to death, and very much excited." When he had worked an hour or two he became completely exhausted, and on reaching home felt pain in the head, with shivering and loss of appetite. Throughout that night he had fearful dreams, and on waking next morning experienced a deficiency of muscular power, which he and his friends attributed to mere exhaustion, and thought he would get right in time. Time proved that his mental and muscular powers were gradually failing, when his friends took him to the hospital for advice.

On entering the physician's room his head and knees bent forward, inclining a little to the right side. His gait was staggering and unequal, and he exhibited an indifference of manners, and appeared like a man half asleep, or stupified by intoxication. When desired to put out his tongue or move his lips, he obeyed, and continued the acts until told to cease them. His replies were intelligent and respectful, but his mind soon wandered from the point. His head was hot, and tongue furred. The application of cold to the head, the insertion of a seton in the nape, and the use of purgatives, were ordered; but he became worse, and being unable to walk to and from the hospital without support, he was desired to become an in-patient.

**Symptoms.**—On admission his mind was evidently impaired; there was great heat of scalp; the countenance flushed; the tongue was much coated; his appetite was bad; bowels obstinate; and the left extremities were somewhat rigid.

**Indications.**—To abate inflammatory action, and restore tone, if possible.

**Treatment.**—The seton was ordered to remain, and he took colocynth pills at night, and a saline purgative in the morning, and pills of sulphate of zinc and extract of gentian thrice a day.

21st.—He was reported to have gone on well, but on the previous night had fallen out of bed, and the pain in the head had returned; he slept very little; his appetite was very keen. Continued the medicines, and applied six leeches behind the ear.

24th.—He was in bed, and drowsy, having had another fall, striking his head against the bed-post; seemed to be getting worse and worse. Continued the medicines.

31st.—His powers of intelligence and motion seemed to be rather improved, and he did not complain of pain, whilst the bowels were regular. Continue medicine.

February 4th.—It was reported that he had been tolerably well until that morning, when he had had another fall on his head, which compelled him to go to bed. He lay drowsily, with his feet drawn upwards, and his head inclined downwards. The bowels were very costive. Continued the medicines, with the addition of one drop of croton oil every morning.

11th.—His intellectual and muscular powers were again a little improved, and his bowels were open, but he was drowsy and weak. Instead of sulphate of zinc he took phosphate of iron, and continued the other medicines.

14th.—It was reported that he had been better, having walked about the ward, and taken his meals at table for three days past. Continued the croton oil and phosphate of iron.

18th.—He continued to go on favourably as before.

21st.—He was still walking about, and talking, not having had a fall for several days. Continued the medicines.

28th.—It was found that he had continued as above until the morning of that day, when he had bilious vomitings. He had four drops of hydrocyanic acid, and after that a dose of calomel.

March 4th.—His intellect was tolerably clear, and the bowels were regular, but he staggered in walking. He was now ordered blue pill and colocynth every night, and Epsom salts and magnesia in the morning, while he continued the phosphate of iron.

14th.—He was going on much the same, but on that day drowsiness came on, with torpidity of the bowels, though the urine was plentiful. This state proceeded on to coma, not preceded by any degree of convulsion or delirium. He lay quietly, with the left pupil at first dilated alone, with easy respiration, and a full steady pulse of 60. There was a slight general rigidity of the body, both pupils became dilated and were directed upwards, and he died, but without any stertorous breathing.

*Post-mortem appearances.*—On opening the head the skull-cap and dura mater were found to adhere more strongly than usual, but was otherwise healthy. There was congestion of the sinuses and all the superficial veins. The left hemisphere was perfectly healthy, but a very extensive portion of the posterior part of the right hemisphere was completely softened into a pulsataceous mass, very much resembling thick cream, coloured with strawberry. This mass had fluctuated so as to form a kind of pouch, which pushed the lateral ventricle toward the left side, but had not opened into it. The softened part was about four inches and a half by two inches and a half, and no other lesion of importance could be found.

The anomalous and uncertain symptoms which so often attend such lesions are in this case well illustrated. The alternations of stupor and watchfulness were very remarkable, and indeed the whole history is highly characteristic of the insidious rise and progress of the disease.

#### *Case of Syphilitic Rheumatism.*

SIMPLE rheumatism is generally a tractable disease, and soon yields to treatment when occurring in a healthy subject, but when it affects a constitution already debilitated and vitiated, it is frequently very obstinate and troublesome, as the following case will prove:—

John Bradnock, aged 28, of nerve-lymphatic temperament, was admitted an in-patient of the Queen's Hospital, Birmingham, under Dr. Nelson, on the 21st of October, 1850. He stated that he had formerly suffered severely from syphilis. About four months prior to admission he took cold, (of which he was very susceptible,) which was followed by an attack of rheumatism, at first in the right ankle, and then in other parts of the body.

*Symptoms.*—He was tall, pale, thin, and haggard, the countenance indicating a syphilitic taint; the tongue was covered with a white fur; the urine clear, and no pain in his back; the ankles were rather swollen, and all the joints painful; sounds of the heart natural; pulse 130, very weak.

*Diagnosis.*—Rheumatism, arising from syphilitic debility.

*Indications.*—To produce healthy secretions, and improve the general health.

*Treatment.*—He took colchicum, hyoscyamus, and tartrate of antimony, with an alkaline draught, thrice a day, and was ordered a warm bath at bed-time.

22nd.—There was no change; the bowels were costive, and sleep disturbed. Continued the medicines, and was ordered calomel and hyoscyamus every night.

25th.—He was easier, but the right hand and knee were much swollen. Continued the medicines. The swollen parts to be punctured with a lancet, and placed in warm water.

28th.—The pain had diminished, and the swellings subsided. Continued the medicines.

November 5th.—The pains had become more severe; tongue still furred. Aconite was added to the mixture. The other medicines to be continued.

8th.—The pains were again easier, and they remained so to the 15th, when he could move his joints tolerably well; pulse 96. He continued the mixture thrice a day, and took a Plummer's pill every night.

19th.—He had only slight pains in the shoulders; the urine deposited a red sediment; and he had several dark blotches on his body; his aspect continued pale and ghastly. To continue the medicines, and take two drachms of cod-liver oil night and morning.

He continued to improve slowly, with occasional returns of deep-seated gnawing pain, and on the 29th ceased taking the colchicum, but continued the Plummer's pill every night, and took a draught, consisting of iodide of potassium, conium, saffrafr, and scopolarium, thrice a day.

December 13th.—The blotches had become paler, and on the 27th he was convalescent, and left the hospital pale and thin, but free from pain, blotches, &c.

In this case there were persistent gnawing pains for about three months, which gradually diminished, but were not eradicated till near the end of the treatment. Their gradual yielding was no doubt due to the continued use of colchicum and diaphoretics.



## Provincial Medical & Surgical Journal.

WEDNESDAY, JANUARY, 21, 1852.

WE have great pleasure in publishing a draft of a bill entitled "A Bill to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine," which has been for some time in course of preparation by a small number of the members of this Association; these gentlemen, however, would of themselves have been unable to complete their task, but that it fortunately happened that the talented son of our Founder is by profession a barrister, and has been induced to lend his powerful aid in drawing the technicalities so essential to the success of the measure.

It will be unnecessary for us to explain the Bill, since it is so clear in its details that "he who runs might read." But we may remark, that it has been drawn up with a desire to comply with the previously expressed views of this Association, and also with the intention of avoiding, as much as possible, doing injustice to any existing Corporation, or individual, privileges. The grand principles of the Bill may be enumerated as follows, viz., uniformity of primary qualification, which should be sufficiently high to ensure protection to the public; reciprocity of practice; protection against quackery and irregular practice, by means of registration; and last, though not least, the establishment, by the same machinery as is required for these purposes, of a fund which shall ensure all medical practitioners who register themselves, against illness, or in case of death, their wives and families, and this not as a matter of benevolence but as a right.

Of course it must be obvious that this Bill can only come into operation after the granting of the proposed New Charters to the College of Physicians and Surgeons; but as these Charters only wait the sanction of the profession, they may be considered *in esse* for all practical purposes.

Our space will not allow us to go more into particulars, nor perhaps is it desirable at present to do so; we should be anxious to obtain and publish the opinion of our members on the subject, since the Bill must stand or fall, (as far as its present supporters are concerned,) by the fiat of the Association, expressed through the

Branches, or by individual members through the *Journal*.

The Worcester Council has desired us to publish the annexed resolutions, which are as follows:—

"At a meeting of the Council of the Provincial Medical and Surgical Association, held on the 17th day of June, 1851, a draft of a proposed Bill, entitled 'A Bill to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine,' was submitted for approval by a Committee composed of members of the Association, who have long given the subject their careful consideration. It was resolved, that the Bill, so prepared, seems to carry out the principles of Medical Reform so long advocated by the Association, and that it is, therefore, highly desirable that the same should be forwarded by the Secretary to the Branch Associations; and that they should be requested to report to him their opinions on the various clauses composing the Bill, with as little delay as possible."

"The Worcester Council consider that the Bill can only be satisfactory to the profession if accompanied by new Charters to the Royal Colleges of Physicians and Surgeons, and although they do not think themselves called upon to express any opinion on the proposed Bill, they cannot avoid impressing upon the members generally the importance of the measure, and the necessity of unanimity, if any progress is to be made in the ensuing Session of Parliament."

### DRAFT BILL,

"TO PRODUCE UNIFORMITY OF MEDICAL EDUCATION AND QUALIFICATION, AND FOR THE REGISTRATION OF THOSE LICENSED TO PRACTISE IN MEDICINE."

PREAMBLE.—Whereas it is for the good of all Her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge: And, whereas the laws now in force concerning the profession of physic and surgery require to be amended: Be it enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same: I. *Repeal of Statutes*.—[3 Hen. 8, c. 11.]—That an Act passed in the third year of the reign of King Henry

the Eighth, intituled, "An Act for the appointing Physicians and Surgeons;" and also  
 5 *Hen. 8, c. 6.*] another Act passed in the fifth year of the same reign, intituled "An Act concerning Surgeons to be discharged of Quests and other Things;" and also another Act passed in the Session of Parliament  
 14 & 15, *Hen. 8, c. 5.*] holden in the fourteenth and fifteenth years of the same reign, intituled "The Privileges and Authority of Physicians in London;" and also  
 32 *Hen. 8, c. 40.*] two Acts passed in the thirty-second year of the same reign,  
 33 *Hen. 8, c. 42.*] respectively intituled, "For Physicians and their Privilege," and "For Barbers and Surgeons; and also another Act passed in the Session of Par-  
 33 & 34, *Hen. 8, c. 8.*] liament holden in the thirty-third and thirty-fourth years of the same reign, intituled, "A Bill that Persons, being no common Surgeons, may minister Medicines, notwithstanding the Statute;"  
 1 *Mary, Sess. 2, c. 9.*] and another Act passed in the first year of the reign of Queen Mary, intituled, "An Act touching the Corporation of Physicians in London;" and also an Act passed in the Session of  
 6 & 7 *Wm. 3, c. 4.*] Parliament holden in the sixth and seventh years of the reign of King William the Third, intituled "An Act for exempting Apothecaries from serving the offices of Constable, Scavenger, and other Parish and Ward Offices, and from serving on Juries;" and so much of every other Act as continues the last recited Act; and also an Act passed in the tenth  
 10 *Geo. 1, c. 20.*] year of the reign of King George the First, intituled, "An Act for the better viewing, searching, and examining of all Drugs, Medicines, Waters, Oils, Compositions, used or to be used for Medicines, in all places where the same shall be exposed for Sale, or kept for that purpose, within the City of London or Suburbs thereof, or within seven miles circuit of the said City;" and so much of another Act passed in the  
 18 *Geo. 2, c. 15.*] eighteenth year of the reign of King George the Second, intituled, "An Act for making the Surgeons of London and the Barbers of London two separate and distinct Corporations," as does not relate to the separation of the said corporations, or to the master, governors, and commonality of the mystery of barbers of London; and also so much of an Act passed in  
 55 *Geo. 3, c. 194.*] fifty-fifth year of the reign of King George the Third, intituled, "An Act for better regulating the Practice of Apothecaries throughout England and Wales," as relates to the examination of apothecaries, or to the qualifications of persons intending to be examined or to qualify themselves under that Act to practice as an apothecary, or to the fees to be paid by apothecaries for the certificate of the Court of Examiners, or to the penalties for

practising as an apothecary without having obtained such a certificate; and also  
 6 *Geo. 4, c. 50, s. 2.*] so much of an Act passed in the sixth year of the reign of King George the Fourth as enacts, that all members and licentiates of the Royal College of Physicians in London actually practising; all surgeons being members of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, and actually practising; all apothecaries certified by the Court of Examiners of the Apothecaries' Company, and actually practising, shall be freed and exempt from being returned, and from serving upon any juries or inquests whatsoever, and shall not be inserted in the lists to be prepared by virtue of that Act; and also so much of any Act or Charter granted before the passing of this Act as prohibits any person from practising physic or surgery in any place without such license as is mentioned in such Act or Charter respectively, or as imposes any restrictions on the practice of physic or surgery other than is contained in this Act, shall be repealed and annulled.

II. *Interpretation Clause.*—[To be inserted when the Bill is completed.]

III. *Appointment of the Medical Council for England.*—That a Council shall be established, which shall be styled—"The Medical Council for England;" and that the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, and such one of the Medical Professors in the University of London as shall be from time to time designated by the Senate of the last-named University, shall be Members of the said Council in right of their several Professorships; and that the other members of the said Council shall be six persons, to be chosen by the Royal College of Physicians of England, (not more than three of such six persons being fellows of the said College,) six persons to be chosen by the Royal College of Surgeons of England, (not more than three of such six persons being fellows of the College,) and six persons to be chosen by the Society of the Art and Mystery of Apothecaries of the City of London, (not more than three of such six persons being members of the governing body of the Society;) each of the said appointments to be made within one month after the passing of this Act; and the powers and duties vested in the said Council by this Act, may be exercised and executed by any six members thereof.

IV. *Tenure of Office by Members chosen by the Colleges.*—That every member of the said Council appointed by the said College of Physicians, the said College of Surgeons, and the said Society of the Art and Mystery of Apothecaries, shall be entitled to be a member of the said Council for three years, and shall then go out of office, but may forthwith be re-chosen; and that upon every vacancy among the members of the said Council, appointed by the said College of Physicians, the said College of Surgeons, and the said Society of the Art and Mystery of Apothecaries, and

their successors, the said College of Physicians, or the said College of Surgeons, or the said Society of the Art and Mystery of Apothecaries, as the case may be, shall appoint another person to supply such vacancy.

V. *Appointment of the Medical Council for Scotland.*—[To be inserted hereafter.]

VI. *Tenure of Office by Members of the Medical Council of Scotland.*—[To be inserted hereafter.]

VII. *Appointment of the Medical Council for Ireland.*—[To be inserted hereafter.]

VIII. *Tenure of Office by Members of the Medical Council for Ireland.*—[To be inserted hereafter.]

IX. *Expenses of the Members to be paid.*—That there shall be paid to the members of the said several Councils, such reasonable expenses incurred by the said members in performance of their duties under this Act, not exceeding three guineas for each attendance, as shall from time to time be allowed by the said several Councils.

X. *Each of the said Councils to Elect a President and Vice-President.*—That the said Councils shall, as soon as may be after they shall have been appointed as hereinbefore provided, meet at the following places: that is to say, the Council for England at the building of the Royal College of Physicians in London, the Council for Scotland at the building of the Royal College of Physicians at Edinburgh, and the Council for Ireland at the building of the King's and Queen's College of Physicians in Ireland, and shall each of them elect one of their members to be their president, and another of their members to be their vice-president; and in all cases every question brought before any of the said Councils, shall be decided by a majority of votes, (the president, or, in his absence, the vice-president, having a vote,) and in the event of an equality of votes, the president, or, in his absence, the vice-president, shall have an additional or casting vote.

XI. *Each of the Councils to appoint an Examining Board.*—That each of the said Medical Councils shall, within a month after their first meeting, appoint such fit and proper persons as the said Councils may severally choose, to form an Examining Board for the purpose of carrying into effect the provisions of this Act; and every member of such Examining Board shall be paid such yearly salary as the Council by whom he shall have been appointed shall think fit, and shall hold office for such period as the said Council shall determine.

XII. *Provisions as to the appointment of a Treasurer, Registrar, and Secretary, and of Clerks and Servants, and for the making of a Seal by each of the said Councils.*—That each of the said Councils shall, within a month after their first meeting, appoint a fit and proper person to be their treasurer, and also another fit and proper person to be their registrar and secretary; and there shall be paid to each of such treasurers and registrars such yearly salary as the Council by whom he shall be appointed shall think fit; and each of the said

treasurers and registrars shall be removable at the pleasure of the Council by whom he shall have been appointed; and each of the said Councils shall also, from time to time, appoint such clerks and servants as they may deem necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Council by whom he shall have been appointed, and shall be paid such salary as the Council by whom he shall have been appointed shall think fit; and each of the said Councils shall cause to be made a seal for their use in the execution of this Act, and shall cause to be sealed or stamped therewith all licences granted or issued by them in pursuance of this Act, and all such licences and other documents purporting to be sealed or stamped with any such seal shall be received as *prima facie* evidence in all courts and places whatsoever.

XIII. *As to Registration of Medical Practitioners in practice before the passing of this Act.*—That the registrar of each of the said boards shall, within thirty days after his appointment, and shall from time to time, till the first day of February, one thousand eight hundred and fifty-three, proceed to register, in books to be kept for that purpose, on payment of a fee of five shillings, the name and place of abode, together with a description of the testimonials of every physician, surgeon, and apothecary who shall apply to be registered, and who, prior to the first day of November, one thousand eight hundred and fifty-two, shall have taken a degree in medicine in any English, Irish, or Scotch University, or who shall state his place of abode and apply to be registered, and shall produce his diploma, certificate, or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory to the said registrars, of his having obtained a diploma, certificate, or licence to practise as a physician, surgeon, or apothecary, dated prior to the said first day of November, one thousand eight hundred and fifty-two, and granted by any English, Irish, or Scotch College or Hall, or any corporation sole or aggregate in England, Ireland, or Scotland, legally entitled to grant the same at the time of the passing of this Act, and also to every person who shall apply for the same, and who was actually practising medicine in England and Wales prior to the first day of August, one thousand eight hundred and fifteen, and who shall sign a declaration according to the form in schedule (A) to this Act annexed, and also to every surgeon and assistant-surgeon of the Army and Navy who shall apply for the same, and whose warrant of appointment bears date prior to the said first day of August, one thousand eight hundred and fifteen, and to every person who shall have been registered as aforesaid the said registrars shall give a certificate according to the form in schedule (C) to this Act annexed, and which certificate shall be in force till the first day of February, one thousand eight hundred and fifty-three, and no longer.

XIV. *Every Person not Registered as aforesaid to present himself before the Council of his country for Examination. Licences to be granted to those duly qualified on payment of a Fee of £10.*—That each of

the said Councils shall meet at least once in every four weeks, for the dispatch of business; and every person not being registered under the provisions of the next preceding section of this Act, who intends to practise medicine after the first day of February, one thousand eight hundred and fifty-three, shall present himself before the Medical Council for the country in which he intends to practise, and if such Council shall consider the person so presenting himself to be properly qualified as hereinafter is mentioned, they shall direct their Registrar to grant to such person a licence according to the form in schedule (B), to this Act annexed, on payment of a fee of ten pounds; and shall also register, in books to be kept for that purpose, the name and place of abode of such person, and shall also give to such person a certificate according to the form in schedule (C), to this Act annexed; and which certificate shall be in force until the first day of February then next ensuing, and no longer; and every person to whom such licence shall have been granted as aforesaid, shall be entitled to assume the name and title of a licentiate in medicine, surgery, and midwifery.

**XV. Candidates for Licences to produce Testimonials to the Medical Council.**—That every person who may present himself before any of the said Medical Councils for the purpose of obtaining a licence to practise medicine, shall produce proofs to the said Council that he has attained the age of twenty-one years, and shall also produce such testimonials as shall be satisfactory to the said Council, that he has applied himself to the study of medical and surgical science during a period of four years, and that during the aforesaid period he has passed at least three years in some University or Medical School, approved of by the said Council; and that he has attended such courses of dissection, such clinical and other lectures, and such hospital practice, and has passed such several examinations before the Examining Board appointed by the said Council, as the said Council shall from time to time appoint.

**XVI. Triennial Medical Congress to be held.**—That once in every three years each of the said Medical Councils shall depute three of their members to form a Medical Congress, for the purpose of fixing an uniform curriculum of study, in accordance with the next preceding section of this Act, to be gone through by all candidates for licences to be granted by the said Councils respectively; and such Medical Congress shall meet in London at such place and time as the Medical Council for England shall determine; the first Medical Congress to be held as soon as may be after the election of the said several Medical Councils.

**XVII. Registrars to Issue Annual Certificates to Registered Practitioners, on payment of a fee of 20s.**—That the registrars of each of the said Councils shall from time to time issue a certificate, according to the form in schedule (C), to this Act annexed, to every person who shall be registered as aforesaid, and who shall apply for such certificate; and the said Registrars shall issue such certificates for the countries only for which they shall be severally appointed to act: and every person shall, upon his application for such certificate, pay to the

registrar a fee of twenty shillings; and such certificate shall bear date on the first day of February then next ensuing, and shall continue in force during one year, and no longer.

**XVIII. All Monies received by the Registrars to be applied for the purposes of the Act.**—That all monies received by the Registrars of the said several Councils shall be paid over to the Treasurers of the said several Councils; and shall be applied to defray the expenses of carrying this Act into execution, in such manner as the said Council shall direct; provided always that one half of the monies received on account of the certificates hereinbefore mentioned shall be applied to the formation of a Medical Provident Fund for England, Scotland, and Ireland respectively, under the direction of the said several Councils; and every person who shall have been registered under this Act, and shall have obtained a certificate during ten years, or, in case of his death, his widow or children, shall be entitled to claim relief from the Council of that part of the United Kingdom in which he shall have been registered, out of the monies of their Medical Provident Fund.

**XIX. Application of Surplus Income.**—That if, after paying the expenses of carrying this Act into execution, any surplus income, other than the monies hereinbefore directed to be applied to the formation of a Medical Provident Fund, shall remain in the hands of the Treasurer of any of the said Medical Councils, such surplus shall be applied for the founding or establishing of medical scholarships or prizes, or in promoting the advance of medical science and literature, in such manner as such Medical Council shall determine.

**XX. Each Registrar to keep a record of Certificates.**—That the registrar of each of the said Councils shall duly record an account of every certificate which he shall issue as aforesaid; and in the month of February in every year shall cause to be printed a correct register, according to the form in schedule (D,) to this Act annexed, of the names and places of residence, arranged alphabetically, of all persons to whom he shall have so issued certificates during the year then last past, according to the provisions of this Act, together with a description of the legal qualification or qualifications, with the date or dates thereof, of all persons registered under the thirteenth section of this Act, and specifying the date of the licence granted by the Council, and the degrees and diplomas with the date or dates thereof, possessed by all persons registered under the fourteenth section of this Act; and such registers shall be respectively called, "The Medical Register for England," "The Medical Register for Scotland," and "The Medical Register for Ireland;" and a printed copy of the register for the time being, so published as aforesaid, shall be evidence in all courts, and before all Justices of the Peace and others, that the persons therein specified have obtained certificates according to the provisions of this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person has not obtained a certificate according to this Act.

**XXI. Registered Persons Entitled to Practise where Certificates are Issued; and to Transfer their Names to the Register of other parts of the United Kingdom.**—

That every person who shall be registered, and shall possess a certificate in force, according to the provisions of this Act, shall be entitled to practise medicine throughout that part of the United Kingdom for which his certificate was issued; and every person who shall be registered in one part of the United Kingdom may transfer his name to the register of any other part of the United Kingdom in which he may be about to practise, on production to the registrar of the last-named part of the United Kingdom of his licence and certificate for the current year; and the registrar shall thereupon grant to such person so transferring his name a certificate which shall remain in force till the first day of February then next ensuing.

**XXII. No person to assume the Name of Physician or Surgeon who is not duly qualified.**—That no person shall be entitled to assume the name or style of a Physician who is not, in England, a member of the Royal College of Physicians of England, or in Scotland, a member of the Royal College of Physicians of Edinburgh; or in Ireland, a member of the King's and Queen's College of Physicians in Ireland; and no person shall be entitled to assume the name or style of a Surgeon who is not, in England, a member of the Royal College of Surgeons of England, or in Scotland, a member of the Royal College of Surgeons of Edinburgh, or in Ireland, a member of the Royal College of Surgeons in Dublin; and if any person shall, after the passing of this Act, assume the name or style of a Physician or Surgeon, without being entitled to do so as aforesaid, he shall, on conviction before any Magistrate having jurisdiction in the county, city, or place where the offence was committed, forfeit and pay a sum not exceeding five pounds, nor less than forty shillings, for every such offence, to be recoverable within three months next after the commission of the said offence.

**XXIII. Registered Persons Entitled to Charge for Advice and Visits.**—That all persons who shall be registered and possess certificates according to the provisions of this Act, shall be entitled to demand and recover in any Court of Law, with full costs of suit, reasonable charges for medical or surgical advice, visits, and medicines, rendered or supplied by them to their patients, without any other licence than such registry and certificates.

**XXIV. None but Registered Persons to Recover Charges.**—That after the first day of February, one thousand eight hundred and fifty three, no person shall be entitled to recover any charge in any Court of Law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine prescribed, administered, or supplied by him, unless he shall prove upon the trial either that he is in possession of a certificate in force, according to the provisions of this Act, or that he was legally practising in the capacity in which he claims such charge at the time when the debt was incurred.

**XXV. Persons not Possessing Certificates Incapable**

**of Acting as Medical Officers in Public and Other Situations.**—That, after the first day of February one thousand eight hundred and fifty-three, no person who does not possess a certificate in force, according to the provisions of this Act, shall be capable of holding any appointment in any part of the United Kingdom, in the capacity of a physician, surgeon, apothecary, or other medical officer, in any hospital, infirmary, dispensary, lunatic or other asylum, lying-in hospital, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse, or poorhouse, parish, union, or other public establishment, body or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age.

**XXVI. Summary Penalty against Unregistered Practitioners.**—That, if any person shall, after the first day of February one thousand eight hundred and fifty-three, act or practise as a physician, surgeon, apothecary, or licentiate in medicine, surgery, and midwifery, in any part of the United Kingdom, without being duly registered according to the provisions of this Act, and without having a certificate as aforesaid in force at the time of his so practising or acting as a physician, surgeon, apothecary, or licentiate in medicine, surgery, and midwifery, he shall, on conviction before any magistrate having jurisdiction in the county, city, or place where the offence was committed, forfeit and pay a sum not exceeding five pounds, nor less than forty shillings, for every such offence, to be recoverable within three months next after the commission of the said offence.

**XXVII. Expulsion of Registered Practitioners for Disgraceful Conduct, or Irregular Practice.**—That, if three registered practitioners shall at any time complain to the Medical Council of any part of the United Kingdom, or to the Council of any College or other governing body, that a person who had obtained his licence, diploma, or qualification from such Medical Council, College, or body, had been conducting himself in a manner calculated to bring scandal and odium on the profession, by publishing indecent advertisements or pamphlets, or immoral or obscene prints or books, or had been guilty of any other disgraceful and unprofessional behaviour, or of any irregular practice, the said Medical Council, Council, or other governing body aforesaid, are hereby empowered to cite the person accused before them, first giving him due notice, and a full statement of the charges against him; whereupon the said Medical Council, Council, or other body, having heard the defendant, and on being satisfied that the charges have been proved, or in default of his appearance, having decided that the charges have been proved, they are hereby required to erase the name of such person from the books or rolls of the said Medical Council, College, or other institution, as the case may be, and shall transmit forthwith to the registrar of that part of the kingdom to which such Medical Council, College, or other institution belongs, an official report of their decision, authenticated by the seal of such Medical Council or College; and the said registrar shall thereupon strike out the name of

the offending party from the register in his custody, and it shall ever afterwards be excluded from every register to be kept under the provisions of this Act, unless the Medical Council, Council, or other governing body by whom the name was first erased shall re-admit it into the books or rolls of such Medical Council, College, or other institution. Provided always that the name of no person who may be possessed of a licence granted by a Medical Council according to the provisions of this Act, shall be erased from the register, unless the registrar receive from such Medical Council an official decision to that effect, authenticated by their seal.

**XXVIII. *Penalty for the Wilful Falsification of the Record of Certificates by any Registrar.***—That if any Registrar under this Act shall wilfully make or cause to be made any falsification in any matters relating to any register, certificate, or record aforesaid, every such offender shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence; and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding six months.

**XXIX. *Penalty for Obtaining Certificate by False Representations.***—That if any person shall wilfully procure or attempt to procure a certificate from any Registrar, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, or shall, by any false or fraudulent means whatsoever, possess, obtain, use, or attempt to possess, obtain, or use, any certificate as aforesaid, every such person so offending, and every person aiding and assisting him therein, shall, upon being convicted thereof, be adjudged guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence; and thereupon it shall be lawful for the Court before whom such offender shall be tried and convicted to sentence such offender to be imprisoned, with or without hard labour, for any period of time not exceeding six calendar months.

**XXX. *Penalty for Falsely Pretending to be a Medical Practitioner.***—That every unregistered person who shall wilfully and falsely pretend to be, or take or use the name or title of, a physician, doctor, bachelor of medicine, surgeon, or apothecary, or any name, title, addition, or description, implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or apothecary, or a practitioner in medicine or surgery, shall, on being convicted of every such offence, before any Magistrate having jurisdiction therein, pay a sum not exceeding ten pounds, nor less than forty shillings, to be recoverable as hereinafter described.

**XXXI. *How Penalties are to be recovered: if not paid, the Offender may be Committed.***—That any Justice of the Peace acting in and for the county, city, or place in which the offence has been committed, or any Magistrate appointed by virtue of an Act passed in the second and third years of the reign of Her Majesty Queen Victoria, intitled "An Act for Regulating the Police Courts of the Metropolis," or one of the Justices of Peace Courts in Scotland, may hear and deter-

mine any complaint charging any person with practising medicine, without a certificate, as aforesaid, on the oath of one or more witnesses, or by the confession of the accused party, and shall award the penalty or punishment herein provided for such offence; and in every case of the adjudication of a pecuniary penalty under this Act, and of non-payment thereof, it shall be lawful for the said Justice or Magistrate to commit the offender to any gaol or house of correction within his jurisdiction, for a term not exceeding one calendar month, when the sum does not exceed forty shillings, and for a term not exceeding three calendar months when the sum does not exceed ten pounds, the imprisonment to cease on payment of the sum ~~due~~.

**XXXII. *Application of Penalties.***—That any sum or sums of money arising from conviction and recovery of penalties for offences committed against the authority and provisions of this Act, shall be paid to the Medical Council for that part of the United Kingdom in which such conviction shall take place.

**XXXIII. *Examiners may take Candidates to Hospitals, &c.***—That each of the said Examining Boards, or any members or member thereof, shall be empowered to attend with the candidates for licences in the public hospitals, or other public institutions containing sick and diseased persons, and also in any workhouse, with the view of ascertaining the practical knowledge of such candidate in the science of medicine.

**XXXIV. *Act not to deprive the Colleges of Physicians in London, Edinburgh, and Dublin, nor the Colleges of Surgeons of England, Edinburgh, and Dublin, of the privilege of conferring Degrees and Diplomas.***—That not anything in this Act contained shall deprive the Royal College of Physicians in London, the Royal College of Surgeons of England, the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, the King's and Queen's College of Physicians in Ireland, or the Royal College of Surgeons in Dublin, of their respective rights to grant degrees or diplomas in medicine or surgery; but such degrees and diplomas shall not, after the first day of February, one thousand eight hundred and fifty-three, confer on any person possessing them, or either of them, the right to practise as a medical practitioner in any portion of the United Kingdom.

**XXXV. *Provision for existing Students.***—That it shall be lawful for the said several Medical Councils to make regulations for dispensing with such provisions of this Act as to them shall seem fit, in favour of Medical Students who shall have commenced their professional studies before the passing of this Act.

**XXXVI. *Act not to affect the Trade or Business of Chemists and Druggists.***—That not anything in this Act contained shall extend, or be construed to extend, to prejudice or in any way affect the trade or business of a chemist and druggist in the buying, preparing, compounding, dispensing and vending, drugs, medicines, and medicinale compounds, wholesale or retail, without the giving of medical or surgical advice.

**XXXVIII. *Registered Medical Practitioners exempted from serving on Juries, Inquests, &c.***—That every person

who shall be registered and possess a certificate in force, under the provisions of this Act, shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and in the Militia, and that the name of such person shall not be returned in any list of persons liable to serve in the Militia, or in any such office as aforesaid; and no person shall be entitled to such exemption as aforesaid, on the ground of being a physician, surgeon, apothecary, or licentiate in medicine, surgery, and midwifery, who does not possess such certificate then in force as aforesaid.

**XXXIX. For certain Offences, names of Medical Practitioners to be erased from the Register.**—That if any registered medical practitioner shall be convicted in England or Ireland of any felony, or in Scotland of any crime or offence inferring infamy, or the punishment of death or transportation, or if it shall be found, by the judgment of any competent court, that any such medical practitioner shall have procured a certificate under this Act by any fraud or false pretence, or that any such medical practitioner has wilfully and knowingly given any false statement, evidence or certificate, in any case in which by law the evidence or certificate of a physician, surgeon, apothecary, or licentiate in medicine, surgery, and midwifery, is required, the registrar of each of the Medical Councils, on the production before him of an office copy or extract of the conviction or judgment of the court, duly certified under the hand of the proper officer of the Court, or other proof thereof, shall cause the name of such medical practitioner to be erased from the register; and every person whose name shall have been so erased after such conviction or judgment as aforesaid, shall thereby forfeit and lose all the privileges of a registered medical practitioner provided by this Act.

#### SCHEDULE (A).

Declaration required of a person who claims to be registered as a medical practitioner upon the ground that he was in practice as a medical practitioner before the first day of August, 1851:—

*To the Registrar of the Medical Council for England.*

I, [Samuel Baker,] residing at [6, Duke Street, Exeter,] in the county of [Devon,] hereby declare that I was practising as a medical practitioner, at [16, George Street, Hastings,] in the county of [Sussex,] before the 1st day of August, 1851.

(Signed) [SAMUEL BAKER.]

Dated this [6th] day of [November] 1852.

#### SCHEDULE (B).

*Licence to Practise Medicine, Surgery, and Midwifery.*

This is to certify that [Herbert Jones] has been carefully and deliberately examined as to his skill and abilities in the science and practice of medicine, surgery, and midwifery, and as to his fitness and qualification to practise the same, by the Examining Board appointed in pursuance of an Act of Parliament passed in the [ ] year of the reign of Her Majesty Queen Victoria, intituled "An Act to produce Uniformity of Medical Education and Qualification, and for the Registration of those licenced to practise in Medicine;"

and the Medical Council for [England] have, by virtue of the powers vested in them by the said Act, directed this Licence to be granted to the said [Herbert Jones,] certifying that he is duly qualified to practise medicine, surgery, and midwifery.

(Signed) [JOHN FAIRBROTHER,]

President of the Medical Council for [England.]

(Signed) [HENRY BROWN,]

Registrar of the Medical Council for [England.]

Dated this [3rd day of [March], 185 .

#### SCHEDULE (C)

*The Medical Register for [England].—Medical Registration Certificate for 185 .*

In accordance with the provisions of an Act of Parliament, passed in the [ ] year of the reign of Her Majesty Queen Victoria, intituled, "An Act to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licenced to Practise in Medicine," I hereby certify that [James Howard,] residing at [No. 15, Ormond Street, Manchester,] in the county of [Lancaster,] (having produced, before me, the Diploma of [the Royal College of Physicians of England] granted to him [April 18th, 1840], as [a Fellow of that College,]) or, (having signed, before me, a Declaration according to the form in Schedule (A) to the said Act annexed) or (having produced, before me, the Licence of the Medical Council for [England] granted to him the [4th] day of [May] 185 .) he has been duly registered, according to the provisions of the said Act, as a person who is qualified to practise Medicine in any part of [England and Wales], and that he is entitled to exercise all the powers and privileges conferred by the said Act.

This Certificate to remain in force until the 1st day February, 185 , and no longer.

(Signed) [HENRY BROWN,]

Registrar of the Medical Council for [England].

Dated this [1st] day of [February] 185 .

#### SCHEDULE (D).

The Medical Register for [England], consisting of the names and places of residence (arranged alphabetically), with a description of the qualifications, and the dates thereof, of all persons legally qualified to practise medicine in [England], in the year 185 .

*The Names of Registered Medical Practitioners, (arranged Alphabetically.)*

NAME.	Qualifications and their Dates.	Places of Residence.
ADDISON, JAMES	Diploma as a Fellow of the Royal College of Physicians of England, dated 9th August, 1836	No. 16, Tador Street, Manchester.
ADLARD, HUGH	Licence from the Medical Council for England, dated 3rd April, 1843	No. 7, Milton Street, London.
ADNEY, RALPH	Declaration, as required by law, of having practised as an Apothecary before the 1st day of August, 1851	The Grove, Cumberwell.
ADPART, EDMOND.	Licence of the Society of Apothecaries, London, dated 11th June, 1834	No. 40, Tolville Street, Leeds.
ADWIN, GILBERT	Licence from the Medical Council for England, dated 2nd May, 1843; Diploma as a Member of the Royal College of Surgeons of England, dated 5th July, 1844.	No. 19, Milcom Street, Manchester.

## Proceedings of Societies.

### BIRMINGHAM PATHOLOGICAL SOCIETY.

SEPTEMBER 4TH, 1851.

T. W. WILLIAMS, ESQ., IN THE CHAIR.

#### *Non-Vascular Polypoid Tumour of the Rectum removed by Operation.*—By Mr. HILL.

THE subject of this case was a woman, aged 51. The symptoms of the disease could not be traced further than five months ago, when she began to complain of burning in the rectum, and a slimy discharge soon afterwards appeared, and became very troublesome to the patient. Five weeks before the operation, portions of the tumour projected from the anus. She then suffered from constant tenesmus and discharge, and her health began to fail. In the operation the tumour was found to be attached to the posterior wall of the rectum, for about one quarter of the circumference of the gut, and extended from the anus to the height of four or five inches. The necessary examination brought on violent straining, and after the skin had been divided, a blunt hook was readily inserted, and the tumour was drawn out of the intestine, and its remaining attachments divided. It was little organised, and scarcely bled when torn by the hook. It was divided into two lobes, and was covered with thickened mucous membrane. Its substance was homogenous, tore readily, and was of a blackish brown colour.

#### *Fibro-Cartilaginous Tumour beneath the Angle of the Jaw.*—By Mr. HILL.

It was removed by operation from a healthy girl, aged 22, chiefly for the sake of appearance. It was situated against the body of the lower jaw, sinking below it, and coming in contact with the submaxillary gland. The platysma was stretched over it, but it had no further important attachment than its connection with the gland by dense cellular membrane, and when the skin and platysma had been divided, turned out, and was readily removed. It had been forming five years. It was the size of a hen's egg, though of greater transverse diameter. When divided, the cut surface presented a very close resemblance to the tissue of a turnip. It was very dense and firm; hardly any fluid could be expressed. It seemed made up of a pearly, semi-transparent, opaque white substance, in nearly equal proportions, disposed without any definite arrangement. There was entire absence of any of the white fibrous lines of scirrhus.

*Examined under the microscope by Dr. Russell.*—It had exactly the characters of *fibro-cartilage*, containing an abundance of cells, set in a firm, transparent, intercellular substance, at regular intervals, and was crossed in all directions by fibrous striation. None of the cells floated loose, but all were firmly connected by the intervening tissue, none being in contact. They all contained good-sized nuclei.

#### *Uterus, Fallopian Tubes, and Ovaries of a Prostitute.*—By Mr. HOARE.

The parts exhibited were removed from a young woman who died suddenly of heart disease. She led the life of a prostitute, and was addicted to spirit-drinking. The cavities on the right side of the heart were dilated, and their walls thin. Some milary tubercles were scattered through both lungs. The fallopian tubes were infiltrated and distended with a white cheesy matter, (tubercular,) as thick as a finger, hard, and tortuous. There was no appearance of healthy mucous membrane, but it was softened and yellowish; the outer coat was thickened and hard. Near to the left ovary the tube was distended into a tumour, of the size of an egg, its contents being of the same nature. At the posterior part of the uterus lymph had been deposited, and become organized.

OCTOBER 2ND, 1851.

W. H. PARTRIDGE, ESQ., IN THE CHAIR.

#### *Pelvic Abscess communicating with the Rectum and Bladder, and opening also externally: suddenly fatal by Ulceration into the External Iliac Artery.*—By Dr. ELKINGTON.

E. WYER, aged 29, was admitted into the Lying-in Hospital, September 10, 1851. She stated that she had been married nine years, and had had one child, which was eight years old. About last Christmas she had an attack of acute rheumatism, to which she had been subject for several years in the upper and lower extremities. In February, and soon after the rheumatic inflammation had left the extremities, she suffered an attack of pain in the pelvis and hips. This was followed by a purulent discharge from the vagina, but without any permanent relief. She has been in a bad state of health ever since, and suffered almost constant and severe pain. Has had great pain, and, at times, difficulty in making water. Lately her urine has escaped every now and then, involuntarily, and has been at times mixed with pus. She is much emaciated; pulse quick and feeble; no hectic. Complaints of great pain and tenderness over the lower part of the abdomen and constant inclination to bear down.

On making an external examination I found a fullness of the right iliac region, and immediately above Poupart's ligament, and midway between the anterior superior spine of the ilium and pubes, an oval swelling, nearly two inches long, the integuments covering it being thin, red, and about to ulcerate. There was fluctuation, but the pain on pressure was so great, over the whole of the lower part of the abdomen, that it was impossible to make a careful and minute examination.

On making an examination per vaginam, the uterus appeared about its normal size but was drawn upwards, the vagina relaxed, and its surface, anteriorly, puckered or irregular, and thickened. She gets very little sleep. Ordered Pil. Anod. omni nocte. Mist. Tonic. ter die. A warm linseed poultice, and a generous diet. The poor woman became alarmed at her state and left the



hospital on the 12th. She returned, however, on the 15th. She was worse, and the swelling in the groin larger. In the course of the night the abscess broke, and there was a large quantity of very offensive pus discharged. She had previously refused to allow the abscess to be opened. She was directed to lie upon the right side to facilitate the escape of the pus, to continue the poultice and her mixture and pill, and to take a pint of porter and two glasses of port wine daily.

On the 21st of September she was better, had less pain, and less discharge. During the night she got out of bed, and soon after she had lain down again, she called to the nurse and said she was bleeding, and died almost immediately. The nurse states that she lost a pint of blood in two minutes, and that "it came out like a fountain."

*Post-mortem examination.*—A large cyst was found occupying the right half of the pelvis, its outer wall being bounded by the bones of the pelvis. It communicated by a small opening with the bladder, with the cecum, and with the external opening in the groin. It appears to have had its origin in the ovary. The integuments about the groin were completely separated from the muscles, which were bared to the extent of two or three inches. The external iliac artery, about an inch below the bifurcation of the common iliac, was opened by ulceration, and its coats for some little distance appeared in a sloughy state. The artery was surrounded for some distance by partly-organized lymph, which firmly connected it with the vein, but at the point of ulceration there was no deposit of lymph nor any attempt at protection or repair.

*Monstrosity.*—By Mr. BASSETT.

The specimen consists of the lower portion of the body of an infant, consisting apparently of a single extremity, expelled about the full period of gestation. The umbilicus is found issuing from near the median line. Passing downwards and backwards from this point we notice, on the one side, a dark mark, indicating the anal aperture, which was not patent; on the other side, furrows, and a small portion of pendulous integument, as if some intra-uterine amputation had taken place. From the knee the single lower extremity diminishes, until it terminates in a crooked, shrivelled, proboscis. The bones which have been dissected, will be observed as follows:—The spinal column terminates in front of a rudimentary sacrum; this, with the lower part of the spine, is attached to the innominate bones, which consist merely of the ilia, coalescing to form a single, irregular, fan-shaped bone, terminating in front in a sharp point; the true pelvis is, consequently, quite deficient. The femur presents a large head. Two great trochanters on opposite sides of the bone; a small shaft, the lower end expanded into two pairs of condyles, separated by a broad groove. The periosteum is detached. A quantity of dark coloured fluid was found between it and the shaft of the femur, as also in the knee-joint. There are two patellæ adapted to each pair of condyles. Below the knee a single tibia only is found, which terminates in a point. The muscular

development is irregular. No urinary bladder was observed. The genitals were entirely absent. The bowels were naturally developed, and were full of healthy-looking meconium. All the other parts of the child healthy.

From the mother's statement the child appeared to have been dead about ten days. She had been the subject of no peculiar mental impression; but from having perceived so little of the child, she thought "something was wrong." She afterwards informed me she had frequently noticed, and regarded with feelings of pity, a man who had lost one of his legs, but she never felt any fear.

*Large Bony Tumour Connected with the Pelvic Bones, lying partly in, and partly projecting through, the Pelvis and Thyroid Foramen.*—By Mr. SAVAGE, West Bromwich.

Mr. B., aged 58, of strumous habit, a saucepan-handle maker by trade, was seized with acute rheumatism in February last, after a continued exposure to wet and cold. The attack was a very severe one, and after a time became chronic. He so far recovered as to be able to get down stairs in April. About this time he began to complain of severe pain over the sacrum, no tenderness, and considerable difficulty in walking, his general health remaining very bad. By my advice he had change of air, and went to the salt wells near Dudley, and had several warm baths, with the hope of relieving the pain in the back and the general stiffness about the joints. After staying a fortnight, he came back worse than he went, with loss of flesh, impaired appetite, profuse sweats, increased pain in the back, which he described as being internal, (it was unaccompanied by external tenderness,) and an entire inability to walk; there were several strumous enlargements about the ribs, the whole inguinal glands became enlarged and tender, and a small hard tumour, pushing itself down under the adductor muscles of the thigh, made its appearance; the feces became somewhat flattened; a frequent desire to make water. The tumour in the thigh increased rapidly, eventually becoming as large as the doubled fist; and the upper extremity pushing the bladder above the pubes; he was now unable entirely to empty the bladder, and I was obliged now and then to pass the catheter. He gradually got worse, emaciated very much, and died in the latter part of August.

On making a *post-mortem* examination, thirty-four hours after death, the body was found to be extremely emaciated, enlargements on about half a dozen of the ribs, and the inguinal glands enlarged. I was only allowed to examine the region of the tumour; and in order to expose the contents of the pelvis well, I made a semilunar incision from the superior anterior spinous process of one ilium to the other, and on the right side joined this to another extending by the inner side of the sac round the tumour; these gave us a complete view of the contents of the pelvis and the projecting part of the tumour. The bladder was found

thickened on its under surface, arising from pressure of the tumour, otherwise healthy; ureters natural, kidneys healthy. The anterior surface of the rectum was adherent to the posterior part of the tumour, which three parts filled up the cavity of the pelvis, and was firmly attached to the rami of the pubis and ischia. It had projected into the thigh, through the obturator foramen; it was connected with the bones of the pelvis, apparently by the periosteum. On section, it was found composed of cancellated bony tissue, which was covered externally by a layer of compact tissue.

*Cancerous Tumour connected with the Stomach.*—By Mr. SAVAGE, West Bromwich.

Mary Ann H., aged 52 years, married, the mother of four children, of thin spare habit of body, had an attack, about two years ago, of inflammation of the liver; since then she has been subject to dyspepsia in various forms, and in March last had another of her attacks of inflammation of the liver in the acute form; this was relieved by leeching, blistering, and mercury, leaving an enlargement and hardness over the liver. After a little time both these symptoms increased, accompanied by tenderness and low fever, with a doughy feel of the part, giving an idea of abscess of the liver forming. General peritonitis afterwards came on, which was met with the usual treatment; ascites afterwards supervened, and in April last I tapped her, and drew from her nineteen pints of serum. After this she somewhat rallied, and was able to get down stairs again, the swelling and hardness of the liver still continuing, rather increasing in size, accompanied at times with great pain, and some tenderness generally over the abdomen. Her secretions were generally natural, and her appetite failed. She became emaciated, and finally sunk in the early part of September.

On making a *post-mortem* examination about fourteen hours after death, the body presented externally extreme emaciation, with great hardness and enlargement over the liver, and some fluctuation was felt in the abdomen. On opening the abdomen, about two quarts of serum escaped from the cavity of the peritoneum; the right side over the liver was occupied by a large substance, strongly adherent to the walls of the abdomen, and extending over the transverse colon, duodenum, and large curvature of the stomach, to all of which it was strongly adherent; it had the appearance of scirrhus; the liver was enlarged, softened, and presented the nutmeg appearance; the intestines were generally pale throughout; the spleen and pancreas both healthy; the whole of the contents of the abdominal and pelvic viscera were strongly adherent throughout, and thickly studded over with tuberculous deposit; the kidneys were healthy; the examination was not carried further.

## MANCHESTER MEDICO-ETHICAL ASSOCIATION.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—We are instructed by the Committee of the Manchester Medico-Ethical Association, to forward to you the accompanying correspondence for publication in the *Provincial Medical and Surgical Journal*.

Having in a previous instance of the same kind remonstrated with Mr. Windsor without any success, the Committee consider that they have no other means of dealing with the case, than by bringing the facts to the knowledge of the whole profession.

We are, Sir,

Your obedient Servants,

JOHN AIKENHEAD, } Hon. Secs.  
W. C. WILLIAMSON, }

112, Oxford Street, Manchester,  
December 27, 1851.

### CORRESPONDENCE.

Manchester, Piccadilly, December 24, 1851.

DEAR SIR,—I forward to you the enclosed correspondence, which, as one of the Secretaries of the Medico-Ethical Association, you will deal with in the manner you deem best. The statements contained in Mr. Windsor's last communication I know to be incorrect. He has been misinformed. The facts are precisely as stated in No. 7 of the series. I felt, however no necessity of replying further, as their bearing is purely personal, not professional. On every other ground but this latter one, I should have treated Mr. Windsor's conduct with contemptuous disregard. I am sure that in this case you will, on Mr. Windsor's account, feel with me more of sorrow than of anger. Yet, when such flagrant infractions of professional morality, as those disclosed in the accompanying correspondence, obtain with a practitioner of forty years' standing, an Honorary Fellow of the College of Surgeons, and Senior-Surgeon to an hospital, I think it becomes a duty to notice such conduct, in some form or another; and it is in this view of the case that I send you the correspondence.

I am, dear Sir, yours faithfully,

Dr. Aikenhead.

DANIEL NOBLE.

No. 1.

Piccadilly, Sunday afternoon.

DEAR SIR,—Last evening I was sent for to see Mrs. —, of — Road, after being with whom for nearly an hour, I prescribed and left word that I should call again early this morning. I had already told them I could not recognise or in any way act with the previous attendant, who I understand possesses no qualification for the duties he has undertaken, nor the title he has assumed. I have to-day received an intimation that my further services are dispensed with, because you, less scrupulous than myself, see no difficulty in sanctioning, and in co-operating with, the person I had declined to meet; and, in fact, that you had entered upon an attendance under

the circumstances in question. I do not complain of this conduct in reference to myself; I ask for no explanation; but I deem it right that you should not be unacquainted with any of the circumstances of the case, and I regret exceedingly that so flagrant a disregard of the first principles of medical ethics, should have been shown by you, one of the oldest and most successful members of the profession in Manchester.

Yours truly,  
DANIEL NOBLE.

J. Windsor, Esq.

No. 2.

Piccadilly, Sunday evening.

DEAR SIR,—I have just received your note, and am sorry that anything should have occurred unpleasant to yourself. The circumstances are these:—After I had gone to bed late last evening, I received an urgent message to visit Mrs. —, of — Road. On arriving there, I found Mr. Hughes in attendance at the house, that he had attended her in her confinement about a week previously, and had subsequently been in regular attendance. I knew nothing of your attendance until I had been some time in the house, when I was informed of it, and your prescription was shown to me. You had prescribed, I believe, Tra, Opei. Sp. Ammon. Foetid, and Mist. Camph., but I am not quite certain, and I was informed of your having stated to the family that you did not consider the case as one of any danger. I must confess that I had a very different impression of it, and cannot but suppose that it must have considerably changed its character in the interval of our respectively seeing it. She had been wildly delirious, with screaming and restlessness, her pulse 130 a minute, and of a strong and bounding character. Under these circumstances, though I should have been truly glad to have done so, I could not sanction the immediate propriety of your prescription. Although I had not had any professional or other communication with Mr. Hughes for a very long period, I knew nothing, whether or no, he had yet become a qualified practitioner. I stated my opinion of the case to him, and that the only safe treatment of it should be at once actively and decidedly antiphlogistic. Though I found her rather better this morning, and by no means out of danger, I am of opinion that any other plan of treatment than the one I thought right to suggest, would have involved the greatest risk of her life, and I could not, under the circumstances, conscientiously decline interfering, as otherwise I should have been glad to have done.

Yours truly,  
J. WINDSOR.

D. Noble, Esq.

No. 3.

Piccadilly, Monday morning.

DEAR SIR,—Permit me to ask you, with the respect due to one so much my senior as yourself,—Whether a difference of opinion concerning a case, constitutes a sufficient reason for setting aside a regular practitioner and taking up with one notoriously disqualified? I do not complain that your *opinion* was different from mine, but of the *conduct* which ensued. I submit that you should have procured my personal attendance once more, ignoring the person you consulted with; when, if I had failed to convince you that the prominent features of

the case were hysterical and adynamic, rather than inflammatory, or contrariwise, it would have been for one of us to retire by common consent, unless a third had been called in to reconcile our differences or to give preponderance to the opinion of one of us. I only regret this circumstance on personal grounds; had it occurred with one to whom I was a comparative stranger, I never should have noticed it. That you should so have acted is yet past my comprehension.

Yours truly,  
DANIEL NOBLE.

J. Windsor, Esq.

No. 4.

15, Piccadilly Dec. 22nd, 1881.

DEAR SIR,—I received your second note this morning, but considering my former reply sufficiently explanatory. I have little to add. I consider the case of Mrs. —, to which I was called up after midnight, to be one of a very dangerous character, requiring very prompt and active remedial means. I have seen her twice since, and have yet observed nothing inducing me to alter my first impressions. Your own, both as stated at the time, and since in your note to me, appear to have been very different, and I could only explain this as stated before, by some change in the interval elapsing between our respective visits; and as Mr. —, decided upon retaining me, although the choice was freely offered to him, as I had no wish to supersede you, and should have been glad not to have been called in at all, I submit that under the circumstances I was not only justified in doing so, but imperatively called upon to prescribe. You mentioned that you considered it a case of anemia combined with hysteria, but since my attendance she has exhibited no symptoms of either the one or the other, but pretty unequivocally those of puerperal mania.

Both the patient and her husband, I am informed, had long been particular acquaintances of Mr. Hughes, who was very anxious about the case, and suggested my advice upon the occasion, which I have endeavoured to give, at least, conscientiously, and, if I could have helped it, without offence to any one.

Yours truly,  
JOHN WINDSOR.

No. 5.

Piccadilly, Monday evening.

DEAR SIR,—Please to refer again to my second note, and you will find that I say nothing of anemia; *adynamic* was the word I used. *Atactic*, probably, is the term which would best have conveyed my idea. I, too, deemed the case to be one of "puerperal mania," and by that very term have entered it in my case-book. But I need not remind you that the phraseology is applicable to very different pathological conditions, as with mania occurring under other circumstances.

My previous remarks upon Mrs. —'s case, have had reference to the state of her system as demanding treatment; and considering that it bore an affinity rather to the hysterical and adynamic condition, than to that of inflammatory action, I prescribed the remedies, which do not appear to have met with your approval. I never said that there was no danger, but that the patient was not *dying*, as the bystanders imagined.

But, once more, I must urge upon you, that about any difference of opinion, or any question of personal grievance, I repudiate all concern. My complaint is, of the grave offence which you have committed against the profession to which we respectively belong, and I must really insist, that the actual point at issue you entirely evade.

I presume that this most unpleasant correspondence must now close. I think it right, however, to inform you, in conclusion, that I purpose placing it in the hands of the Secretaries of the Medico-Ethical Association, remaining meanwhile,

Yours truly,

J. Windsor, Esq.

DANIEL NOBLE.

No. 6.

Piccadilly, Tuesday afternoon.

DEAR SIR,—I received your third note this morning, and, in conclusion, will make a few observations, chiefly as a brief recapitulation of the whole affair. It appears that you were called on Saturday evening to visit a patient who had been attended in her confinement, and subsequently for about a week, by Mr. Hughes, but you did not choose to recognise him in the matter, but by yourself prescribed for the patient; that, in the course of the same night, I was sent for, and after visiting Mrs. ———, I was, for the first time, informed that you had also seen her, and your prescription was shown to me. Having particularly examined the symptoms, and inquired into the previous condition, (one of great excitement with delirium,) and a very frequent, strong, bounding pulse, I did not feel justified in then adopting your plan of treatment. I can sincerely add, that I thus differ from you with very great reluctance, and should have been very glad to have either concurred with you, or to have given up the case altogether, if I could have done so with propriety, but considered that my professional duty to one placed under my care, should be paramount to every other consideration. In your note to me you mentioned that you considered the case one of an hysterical and adynamic nature, (I had certainly misread the latter word anemia,) and had from the first considered it as puerperal mania. I was informed that you had pronounced it to be unattended with any particular danger, and on further inquiry to-day your observation to that effect has been reasserted. I, on the other hand, considered it a case of very urgent character, and fraught with the most imminent danger. With regard to my conference with Mr. Hughes, the regular attendant in the case, which you seem to consider the gravest part in the matter, I must frankly acknowledge that I saw no objection in receiving from him, one who had gone through a regular professional education, though not yet possessed of a diploma, the history of the case, and the treatment hitherto pursued.

On the day following my first visit I might have called upon you, to explain verbally, the circumstances which had occurred, but was excessively hurried, as, indeed, I have been ever since, and your first note on Sunday evening seemed to supersede that, perhaps, more satisfactory mode of explanation.

Yours truly,

Daniel Noble, Esq.

JOHN WINDSOR.

No 7.

Piccadilly, Tuesday evening.

DEAR SIR,—Respecting the *pathology* of Mrs. ———'s case, I will enter into no dispute; the greater your difference of opinion with me, the more weighty, I maintain, were the reasons for your requiring my attendance in consultation, before you offered an opinion, or prescribed. I have only this afternoon been informed, upon unquestionable authority, that the family did not call you in at all, but the irregular practitioner before referred to; that Mr. ——— knew nothing of your coming until he saw you in his house in company of the person who had been virtually dismissed; that, upon learning the immediate antecedents, you asked to see my prescription, and, upon its being shown, pronounced at once a decidedly unfavourable judgment upon what I had done. Is it wonderful that, upon this, you should have been chosen to continue in charge of the case—you, upwards of twenty years my senior? If you see nothing objectionable in the practice of meeting in consultation persons unqualified, you are simply at issue with the worth and respectability of the whole profession.

Yours truly,

J. Windsor, Esq.

DANIEL NOBLE.

No. 8.

Piccadilly, Tuesday evening.

DEAR SIR,—I have received your note this evening, and although I intended my last to you to be a concluding one, I am induced by yours to add one or two remarks. I have had an opportunity since receiving it of making some inquiry, and am assured that Mr. Hughes had the sanction both of Mr. ——— and other parties before I was sent for. I was also informed, at the same time, that your own visit was not known to the family before you arrived; that, from the great suffering of the patient, the opinion of Mr. ———, druggist, had been asked, and he, of his own accord, had sent for you.

In conclusion, I may say, that I choose to make a considerable distinction between those who have been educated regularly, and pursue a regular practice, and those who are mere charlatans, or practise irregularly, as homoeopaths, hydropaths, etc.

Yours truly,

Daniel Noble, Esq.

JOHN WINDSOR.

## Foreign Department.

### FRANCE.

#### *Sanguineous Pelvic Tumours in the Female.*

These tumours are formed by extravasation of blood in the sub-peritoneal tissue surrounding the uterus. Their history has already been written by MM. Langier, Bourdon, and Velpeau, who recently brought the subject before the Surgical Society of Paris.

In most cases there are certain precursory symptoms. After some days' illness menstrual disturbance declares itself, such as sudden suppression or menorrhagia, which recurs every three or four days. This subsides,

and is followed by pains in the pelvis, with sensation of weight and bearing down. At the same time the general functions suffer, the appetite is lost, there is frequent bilious vomiting, and obstinate costiveness. The abdomen, if examined after evacuation of the rectum and bladder, is found to be somewhat tympanitic and tender on pressure. A tumour will be perceptible in one or other inguinal region, round, smooth, and indistinctly fluctuating. The finger introduced into the vagina will discover a tumour in the recto-vaginal septum, which gives a sensation of fluctuation, more distinct than that of the abdomen. It generally causes more or less displacement of the uterus, pushing it sometimes so high that the os uteri is beyond the reach of the finger. That the swelling above the pubes is connected with that of the vagina is clearly ascertained by the mobility and fluctuation which is perceived by the alternate movements of the finger in the vagina, and the hand placed on the abdomen.

The progress of these tumours depends upon the course of treatment pursued. If they are opened early the tension of the abdomen declines, the vomitings cease, and the bowels resume a natural action; but if the incision be not sufficiently free fresh accumulations take place, and the relief is but partial. M. Vignes, who has published the above remarks, (*Theses de Paris*, 1830,) advocates the early puncture of the tumour in the vagina, with a large sized trocar, and the frequent use of injections of warm water, to facilitate the expulsion of the coagulated blood.

The etiology of these tumours is very obscure. They occur during good health, and in robust as well as in feeble women. The author considers it most probable that they are connected with the ovarian congestion which occurs at the catamenial period.

#### *Treatment of Leprosy and Psoriasis.*

M. Casenave has published some observations on the successful treatment of leprosy and psoriasis by sesquicarbonate of ammonia. The dose is about five grains three times a day in some diaphoretic mixture.

#### *Nasal Articulation in Children.*

In the *Union Médicale* M. Trousseau speaks of an affection to which children are subject, which is principally characterised by a nasal intonation of the voice. The complaint frequently dates from an antecedent attack of angina, with difficulty of swallowing, and often leads, at first sight, to the suspicion of imperfection in the palate. The chief appearances found on inspecting the throat are patchy congestion of the pharynx, enlarged tonsils, and pendulous uvula, which latter the author believed to be due to a species of paralysis. His treatment consists in the topical application of the nitrate of silver.

#### *Pyelitis followed by Renal Abscess during Pregnancy; Nephrotomy; Urinary Fistula.*

M. Reimoneng (*Journ. de Méd. de Bordeaux*) narrates the case of a woman, who, after frequently passing gravel for several months in succession, was seized with fever. When seen the pulse was quick, she

had profuse perspiration, frequent vomiting, and had emaciated to a marked degree. On examination of the abdomen two large tumours, were found, separated by a furrow in the median line. That on the right side was solid and of a round shape; that on the left was oval. In the right iliac fossa a distinct intermitting *bruit* was heard *per vaginam*. The neck of the uterus was discovered to be high up, and turned to the left; the os was patulous, readily admitting the tip of the index finger. The patient, who had borne several children, believed herself pregnant, so that little difficulty was found in referring this tumour to the gravid uterus.

But what was the nature of the large tumour on the left side? After due deliberation the author pronounced it to be a renal abscess, the result of calculous pyelitis and obliteration of the ureter. This opinion was based upon the evidence of frequent nephritic attacks, with the passage of concretions prior to the commencement of the swelling.

Having determined to evacuate the abscess which projected in the lumbar region, the potassa fusa was applied, and two days after a bistoury was plunged through the eschar, and gave issue to a large quantity of sero-purulent fluid. After this the abdominal tumour subsided, and the boundaries of the enlarged uterus became plainly defined; at the same time the perspirations diminished, and the woman recovered her health and strength, with the inconvenience only of an urinary fistula in the loins. She was delivered four months subsequently.

## General Retrospect.

### ANATOMY AND PHYSIOLOGY.

#### *On Impregnation.*

Two papers have been read before the Royal Society, having for their object the elucidation of the mysterious process of generation. In one by Mr. Newport, the author has recourse to a new force which he calls *sperm force*, residing in the spermatozoon, to explain the phenomena appertaining to the process. This force is, he thinks, peculiar, and quite distinct from that by which the spermatozoon itself originates and is developed. He also distinguishes it from *muscular* and *nervous* force. In proof of his views he endeavours to show that the spermatozoon has a definite anatomical as well as chemical composition, which differs in different animals. He has ascertained that motion of the spermatozoa is a necessary element in fecundation, as they were unable to impregnate after motion had ceased.

Dr. Henry Nelson studies the same subject in a paper on the reproduction of the *Ascaris Mystax*, a parasite which infests the intestines of the common cat; in which the important fact is noticed, that the spermatozoa gain direct admission into the interior of the ova. In this paper, with reference to the male, the author traces the gradual formation of the semen, its development into a cell, its investment with an envelope, the solution of the latter, and the appearance of granular structure in the nucleus of the seminal cell. The ex-

ternal granules are then seen to coalesce, to form a membrane, which ultimately becomes a curved coecal tube.

In the female the author draws attention to a narrow portion of the coecal extremities of the generative apparatus, which is the oviduct, and the tube in which the ovule encounters the seminal particles. The coecal extremity of the ovary also, according to his observations, throws out a solid particle which forms the germinal vesicle. In watching the application of the spermatic cells to the ovule, as we have stated, he observed distinctly that the spermatic particles became embedded in the vitelline structure. — *Proceedings of the Royal Society*, 1851.

## SURGERY.

### *Tracheotomy as a Remedy for Epilepsy.*

A second case, in which tracheotomy has been performed in epilepsy according to the suggestion of Dr. Marshall Hall, has been reported by Mr. Anderson, the results have hitherto proved most satisfactory.

The woman, aged 36, had been epileptic 24 years, and her father had been afflicted in the same manner. The operation was performed three months ago, since which time she has had no formidable access of the disease.

It is satisfactory to be able to state that Mr. Cane's case has been completely successful. The patient, when seen in October, had not the slightest return of epilepsy. The operation was performed in March.

In reference to the easiest way of performing tracheotomy, Dr. Marshall Hall proposes a free incision through the integument, then a separation of the cellular tissue, with a director or other blunt instrument, and lastly to open the trachea with a trocar, the tube of which has a cutting edge. Instead of a tube to breathe through, he proposes an instrument made of wire. — *Lancet*, December 6th, 1851.

## MIDWIFERY.

### *On Laceration of the Perineum and its Treatment.*

By Mr. S. B. BROWN.

A paper on this subject has been recently presented to the Medical Society of London. The author classes the accident under four varieties, the first and second being different degrees of rupture of the perineum, without laceration of the muscles; the third consisting in rupture between the sphincter vagina and the sphincter ani, a fissure being thereby formed, through which the author stated the child might, if small, pass. In the fourth, the muscles just named, together with the recto-vaginal septum, were torn, and thus the bowel and the vaginal tube were laid into one. In the first three varieties, drawing off the water frequently by the catheter, close apposition of the thighs, and the application of a suture or two, generally sufficed to cause union of the edges of the wound by the first intention. The last and severest requires a more complicated surgical procedure. The causes of the laceration are said by Mr. Brown to be three.

1. Sudden and violent contraction of the uterus, taking place whilst the os externum is still undilated.

2. An unusually weak and yielding construction of the tissues composing the perineum.

3. Improper and injudicious employment of instruments.

The results of rupture of the fourth variety Mr. Brown stated to be loss to a greater or less extent of the retentive power of the rectum over its contents; deprivation of the natural support offered to the pelvic viscera by the floor of the pelvis, causing great dragging pain from the hips, and sensation of hollowness; prolapsus of the uterus and bladder, the patient being unable to stand or use exertion of any kind.

The obstacles in the way of a cure are, the mobile nature of the structures; the necessity for functional action; the length of time that perfect quiet has to be maintained; the retraction of parts which has usually taken place before the operation has been attempted; the liability of irritation to internal organs; inflammation and sloughing; and the difficulty of regulating the action of the bladder and rectum. — *Reported in Medical Gazette*.

## TOXICOLOGY.

### *A New Test for Mercury.*—By ARTHUR MORGAN.

The following seems to be a novel and hitherto undescribed method of detecting the salts of mercury either in substance or solution :—

If a strong solution of iodide of potassium be added to a minute portion of any of the salts of mercury placed on a clean bright plate of copper, the mercury is immediately deposited in the metallic state, appearing as a silvery stain on the copper, which cannot be mistaken, as no other metal is deposited by the same means.

By this method corrosive sublimate may be detected in a drop of a solution unaffected either by caustic potash or iodide of potassium. In a mixture of calomel and sugar in the proportion of one grain to two hundred, a distinct metallic stain will be obtained with one grain, which of course contains 1-200th of a grain of calomel; in like manner 1-400th of a grain of peroxide of mercury may be detected, although the mixture with sugar is not in the least coloured by it.

With the preparations of mercury in the undiluted state, this process acts with remarkable accuracy, the smallest possible quantity of calomel or peroxide of mercury, such as would almost require a magnifying lens to perceive, placed on copper, and treated with iodide of potassium, will give a distinct metallic stain.

The advantages of this test may be briefly stated as follows:—1st. It is a delicate test, inferior only to chloride of zinc and the galvanic test of zinc and gold. 2nd. It is easy of application. 3rd. It requires a very small portion of the substance to be examined—a matter of no small import. 4th. Acting on the insoluble as well as the soluble salts, it obviates the intermediate process of solution. 5th. When it acts its indications are decisive.

As to the disadvantages, the only one which seems tenable is, that although it acts on minute portions, still that must be in a concentrated condition. For instance, though we may detect the 1-1000th of a grain of corrosive sublimate in a drop of water, we cannot

detect it in a drachm, but this may of course be remedied by evaporation.

Now, with regard to the theory of this process, the following seems most satisfactory, that the iodide of potassium forms a soluble and easily decomposed salt with the various salts of mercury,—that is, an iodide soluble in excess of the iodide of potassium.—*Dublin Medical Press*, December 24th, 1851.

## Correspondent.

### ON THE USE OF KOUSSO.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—Upon looking over some works upon Ethiopia and Abyssinia, I find the following accounts of the Koussou, and have extracted them under the impression that they may be of interest to some of your readers.

The first is taken from "A New History of Ethiopia. By the learned Job Ludolphus, Counsellor to his Imperial Majesty of Saxony, &c." The date of this, the second edition of the English translation, is 1684.\*

"There is another Tree which Godignus praises, most excellent against the Worms in the Belly: a Dis temper frequent among the Abessines, by reason of their feeding upon Raw Flesh. For remedy whereof the Habessines Purge themselves once a moneth with the Fruit of this Tree, which causes them to void all their worms."

In the appendix upon natural history, published in 1790, with the large edition of Bruce's travels, there is a minute account of the tree which he calls *Cusso* or *Bankesia Abyssinica*.

"The Cusso is one of the most beautiful trees as also one of the most useful. It is an inhabitant of the high country of Abyssinia, and indigenous there; I never saw it in the Kolla, nor in Arabia, nor in any other part of Asia or Africa. It is an instance of the wisdom of Providence, that this tree does not extend beyond the limits of the disease of which it was intended to be the medicine or cure."

"The Abyssinians of both sexes, and at all ages, are troubled with a terrible disease, which custom, however, has enabled them to bear with a kind of indifference. Every individual, once a month evacuates a large quantity of worms; these are not the tape-worm or those that trouble children, but they are the sort of worm called ascarides, and the method of promoting these evacuations is by infusing a handful of dry Cusso flowers in about two English quarts of *bouza*, or the beer they make from *Teff*; after it has been steeped all night, the next morning it is fit for use. During the time the patient is taking the Cusso he makes a point of being invisible to all his friends."

"\* \* \* \* \* The Cusso is planted always near churches, among the cedars which surround them, for the use of the town or village. \* \* \* \* \* The whole cluster of flowers has very much the shape

of a cluster of grapes, and the stalks upon which it is supported very much like the stalk of the grape. The flower itself is of a greenish colour, tinged with purple; when fully blown, it is altogether of a deep red or purple."

Bruce gives two plates of the tree, and thinks it probable that it may be found in 11° or 12° north latitude in the West Indies or America. He also says:—"It is alleged that the want of this drug is the reason why the Abyssinians do not travel; or if they do, most of them are short lived."

The fact that both these writers allude to the monthly discharge of worms is very curious, and of course founded upon the truth, as they record it independently of each other, at an interval of more than a century, upon their own personal observation; and it is scarcely necessary to add, that if the plant was a cure for worms, there would be no occasion to take it so frequently; and, moreover, if the supply was as plentiful as described, the disease might have been destroyed, supposing it to have been curable by the Koussou.

Recent hospital records, founded upon long experience in this country, have proved that it is a useful remedy, but not more to be relied on as a means of radical cure than many others we have nearer at hand.

I remain, Sir,

Your obedient Servant,

AUGUSTIN PRICHARD.

Bristol, December, 1851.

### WHAT OUR ASSOCIATION MIGHT DO.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—I am sure that the readers of your *Journal* must have felt highly gratified with the perusal of the very able papers by Dr. Radclyffe Hall, of Torquay. I fear, however, that the excellent remarks and advice which they contain, will not produce the benefit which ought to accrue from them unless they appear in a form better calculated for occasional perusal. Doubtless the efficiency of this great Society, (the Provincial Association) is intimately connected with a proper understanding of the reciprocal duties of its members, and on the unanimity with which they carry out whatever tends to elevate and support the legitimate profession of medicine. As far as I am aware, Dr. Hall's is the first effort to call upon the Association in the way of friendly admonition, to remember its existence as a *collective body*, and bear in mind the capabilities of so large and respectable a number of professional men. The suppression of quackery would be best achieved by attention to such admonition. It is, as Dr. Hall well observes, the *grafting* of irregular practices on orthodox medicine which can alone support such follies; as soon as a broad division is made, they must fall to the ground. To make that division the regular practitioners must be united and firm in discountenancing any connexion whatever with quackery.

I think, moreover, that many medical men would find Dr. Hall's papers very useful for distribution amongst such patients as are willing to receive informa-

\* This Ludolphus was the friend and pupil of the famous and learned Abyssinian Monk, Abbas Gregorius, whose life is shortly narrated as a preface to the work itself

tion respecting prevailing popular doctrines. It is to be hoped, then, that the Association will meet Dr. Hall in the spirit in which his papers are written, and show the importance they set on good counsel, by receiving it with general acclamation. This will be best accomplished by the republication of the papers in question, and the distribution of them throughout the body of the Association.

JOHN BOWER HARRISON, M.R.C.S.E.

Higher Broughton, Manchester,  
Dec. 1, 1851.

## ON PRIVATE LUNATIC ASYLUMS.

*To the Editors of the Provincial Medical and Surgical Journal.*

SIRS,—I am the proprietor as well as medical superintendent of a Private Lunatic Asylum, and my attention having been excited by the perusal of some correspondence lately published in your excellent journal, I feel inclined, with your permission, to follow the example of your anonymous contributor, E.B., and make a few observations on a question which has certainly occupied a large share of professional, as well, indeed, as public attention, during the last few years. Indeed, it has more than once occurred to me, that the much abused, maligned, and egregiously suspected class of men, the proprietors of private asylums, might some day feel called upon to take the field in self-defence; but whether that day has opportunely arrived, my judgment is not so clear, and had it not been for the remarks of your able correspondents, I might possibly have watched events a little longer before committing any of my poor reflections to paper. An old writer has somewhere said "that opinion is oftentimes stronger than truth;" and considering that public feeling has been openly, and, it must be admitted, rather hostilely set against proprietors of private asylums, that this feeling has been aroused and is still fanned by eloquence and talent of no ordinary character, I repeat, it is perhaps venturesome in any one of the accused body attempting to enter the lists with such practised and zealous advocates; and besides, when the feelings and passions are more especially engaged, experience tells us that it is only one side of the question which can gain a patient and attentive hearing. And although it may be true that the reign of feeling and passion is apt to be temporary, and will ultimately succumb to the control of reason; yet too long silence might be misconstrued—for silence, says the proverb, becomes the guilty—and too great forbearance might possibly embolden, even to rashness, those who have undertaken to show up our delinquencies.

Fortunately for us, on this, as with many of the great and absorbing questions which have from time to time been debated in the social history of mankind, there are two sides to be considered; and possibly some little sprinkling of truth may be found on both; and as the reformers have long taken pretty exclusive possession of the one, it is very excusable in us trying to make the best of the other, notwithstanding the many disadvantages we labour under in the attempt. But as we are

moderately endowed with the "*mens conscia recti*," we beg to state in *limine*, that we have not the slightest intention to avail ourselves of an appeal to the sympathy "*ad misericordiam*" of those who have belaboured us; on the contrary, we merely invite a few moments' attention whilst we essay to bring under review a few facts, which may at least extenuate the enormity of the crimes with which we are charged; and as your pages might possibly be occupied (although the question is one of decided importance) with matter more generally interesting, we will endeavour to condense our remarks into as concise a form as possible.

And, firstly, we must take up the grand and leading objection, the uppermost, no doubt, in the mind of every member of "The Alleged Lunatic Friend's Society," viz., "private gain." Private gain is asserted to be the great stumbling block in the way of the public securing good and efficient private asylums; and this arises from the temptation it holds out to proprietors to stint their inmates in medicine, food, accommodation, exercise, amusement, or attendance, in order to make a greater profit out of the salary allowed by their friends. Now we are well aware of human weakness, and too often experience it, but we appeal to every reader of your journal, what amount of pure logic is to be found in the above specimen of reasoning? Can the authors of it have even really reflected on the subject at all? Or rather, have they not, after listening to some vociferous orator, or reading at midnight some musty lucubration of the writer in "*Household Words*," allowed their feelings to become enraptured and carried away by thoughtless enthusiasm, and thus adopted the sentiment on trust? This latter alternative is certainly the most merciful and least reflective conclusion. If we cast them on the other horn of the dilemma, their position seems by no means enviable, for when they affirm that private gain tempts the proprietors to stint their patients in medicine, food, &c., it would have been more satisfactory had they shown at the same time in detail how this cupidity operates. We are, however, left to hypothesis; but we must follow the consequences of their argumentation, and suppose cases for the purpose of elucidating the subject. Let us instance, then, the case of some old gentleman long afflicted with incurable insanity, and paying a salary at the rate of £200 per annum, he is seized with dysentery; the proprietor of the house, being afraid of a Doctor's bill, and anxious to secure "a large profit out of the salary," allows the poor sufferer to remain in agony for two or three weeks, when death kindly comes to his relief. Thus the proprietor, weak and fond of gain, but ever regardless of calculation, has saved the Physician's fee, but has lost, it may be, £150 per annum.

Alas! what a poor specimen of a stock-jobber. How unqualified "to exercise those acts of duplicity and plausibility so necessary for success in these matters." We will just try the patience of your readers with another instance:—Influenza stalks through the land, invades a private asylum, and through fear of the Physician and Apothecary's fee, four or five of the oldest and most profitable cases are carried off.

But, to proceed no further, I suspect these cases will hardly answer the object intended. Private gain here either sadly miscalculates its own ends, or else our accusers are wrong in some, at least, of their bold



aseverations. Possibly we are unfair towards them; they might never intend to deny that private gain would not sufficiently protect these cases, and secure every remedial aid that was calculated to prolong such profitable lives. It is, perhaps, another class of cases to which they allude, viz., the recent and acute, where medicine is denied to prolong the case. Surely we have hit the right nail on the head now, and I can imagine the whole fraternity of "Members of the Alleged Lunatic Friend's Society" crying out, these are the cases which dwelt in our mind's eye when we made the accusation. We will then endeavour to put the case fairly and justly in review. Here is a temptation too enticing for human weakness:—An acute and profitable case is admitted; private gain at once says,—let the healing balm alone, keep leeches, salts, senna, and nitre from him, and the disease will soon grow inveterate in our hands. We have touched them on one of their strongholds. This impeachment has been plainly and directly made, and its wisdom or folly is involved in a solution of the very important question,—Whether, in the long run, and on the average, it is the interest of a proprietor to cure or confirm the maladies of those who are entrusted to his care. We fear your serious medical readers will hardly await a patient discussion of this point; and with wit and satire we have no wish at present to deal. We may observe that it is an impeachment to which the whole medical as well as legal profession are liable at the hands of calumny, abuse, and ridicule, and we do not think it entitled to any further reply for the present.

In this wise we might proceed with the other items in their thoughtless allegations—*food, accommodation, &c.* "Private gain" suggests, reduce your diet to the lowest possible scale compatible with existence, not knowing, like Pinel, that good diet renders asylums more tranquil and manageable by fewer attendants;—that it leads to much less destruction of property and necessity for restraint;—besides diminishing the mortality to a considerable extent. Further, "private gain" says,—crowd your patients together in small, confined, ill-ventilated apartments;—deny them exercise in the open air;—deprive them of all sources of amusements;—rob them of humane attendants. These simple and no doubt well-meaning men, our accusers, never dreaming of or suspecting the accidents and diseases, and even deaths, which result from such unwise proceedings. It would be easy to amplify these various charges, but such a course would be a work of entire supererogation for "private gain"—the great bugbear of these professing philanthropists, when fully tested and analyzed, seems likely to lead to results entirely different from what they have apprehended. I am ready to admit it is possible, that with some who are pennywise and pound foolish, whose mental vision is very limited and confined, that the desire of private gain may lead to some of the evils suspected and complained of; but it would be paying a very poor compliment to the sagacity and foresight of proprietors in general, to suppose that such treatment is the result of enlightened self-interest. It is very obvious our accusers have been wielding a two-edged sword, but they are answerable for the consequences of their own temerity. They seem to have concluded that the condition and

position of the lunatic proprietor is so peculiar, so special, that the ordinary rules of economy and worldly policy will not apply to them; but we demand of them to explain clearly how it is that those principles of action and conduct which ensure success in general medical practice, will not effect the same ends when exercised in the treatment of lunacy.

In the above observations are evidently embodied many of the views of those who have undertaken the crusade against private asylums, who look upon their existence as a nuisance; and as they are participated in by some well-meaning individuals, they are entitled to consideration. There may possibly exist some little substratum of truth to justify such impressions, but their denunciations have gone too far, and tend to impart the idea to the public mind that all private institutions are to be viewed with the greatest distrust, that they are essentially rotten at the core, and unfit to be trusted with the care of lunatics. Of course, as might be expected, we differ greatly from many of these sweeping conclusions. We have endeavoured to shew that enlightened self-interest is calculated to lead to entirely opposite results to what the reformers affirm; and we are inclined now to assume the aggressive and go a step further, and boldly enunciate the principle that self-interest—in other words, private gain, for the future, constitutes the best safeguard, the surest and only guarantee that the true interests of those afflicted in mind shall be duly and properly attended to. Adam Smith, no mean authority on most points of abstract, as well indeed, as practical inquiry, says:—"That the promptings of self-interest generally lead, in the long run, to the best results; and common sense and experience give much support to this doctrine." But certainly in the eyes of some gentlemen it will be sadly heterodox to attempt to apply such doctrine in justification of private asylums. Now, private asylums have existed, do exist, and despite of all the exertions of the Society, we venture to predict, will continue to exist so long as the principles of human nature continue as they are, and we have confidence that no external influences can easily extinguish them. They are a necessity of the times, created and called into existence by the requirements of civil society, and if properly conducted, under proper and judicious surveillance, they answer a purpose which neither private charity, nor public funds, nor joint-stock companies, will ever supply in this department of the healing art; and the present proprietors of licensed houses, if true to themselves and to the interests of their patients, may take courage, and rest perfectly assured that eleemosynary establishments will not soon supersede them.

Men, especially Englishmen, love freedom in all their actions, and prefer to deal with individuals rather than collective bodies,—enjoy much more the idea of being treated as units than as aggregates; and these feelings, so common to humanity, like the great principle of gravitation in physical science, may be calculated on as always operating and producing their legitimate results.

Let us inquire what proportion of men, with money in their pockets, apply at public hospitals for relief, no matter what talent and skill may distinguish the medical staff; how many employ the union surgeon, no matter what his abilities, but those who have no other resource.

How often do we hear of the club doctor, with a fixed salary, being suspected of apathy and indifference as to the result of his cases. Do not such instances decidedly show that mankind in general prefer to deal with those individuals who practise their profession for private gain, in other words, who are rewarded in proportion to the skill, talent, and industry which they bring to bear on each particular case; for when remuneration is mainly conditional, common experience has taught mankind that greater exertions are put forth, in order that a larger share of it may be realized.

Now, it is immaterial to our present argument, whether these feelings and prejudices have reason and justice for their basis, and our allusion to them does not necessarily pledge us as participators in them; suffice it to say, that we find them in active and constant operation in all such circumstances, and it is very doubtful to us if these suspicions will not operate in a still higher degree in reference to lunatic institutions established on charitable foundations. True, the public will have greater confidence in some of these salaried superintendents than in others, just as they have in some union and club doctors, when these officers happen to be endowed with a larger than ordinary share of humanity, conscientiousness, and industry.

I feel free to admit at once that, in addition to a scientific interest I have in the study of this department of medicine, it is private gain alone—self-interest, which has induced me to become the proprietor of a licensed house, and at the risk of subjecting ourselves to the most mercenary imputations, I must again express my greatest apprehension, whether any other motive in the long run will be adequate to secure sufficient accommodation and attention for private, or indeed public patients, afflicted with mental disease. Pure, disinterested philanthropy, we fear, could not be trusted where so much time, forbearance, and patience are required. Too few Howards have yet visited the world for the consummation of this delightful dream, and mental invalids must still be trusted to the guardianship of those with whom private gain is the chief motive. There is no concealing this most obvious truth, and it is idle romance to indulge in any other train of fanciful speculation.

To conclude this great *questio versata*, I must reiterate most decidedly my candid opinion, grounded on some reflection and a little experience, that enlightened self-interest, guided by science, and spurred on by a moderate competition, will eventually accomplish a larger measure of interest and attention to be devoted to cases of insanity than can ever possibly result from purely eleemosynary means.

I feel that in arguing this point I tread upon very delicate ground, but as the great moralist Johnson has said, argument is argument after all, notwithstanding it be used by interested parties, and no fear of senseless reproach shall deter me from uttering my sentiments on so important a point. There is no question that public sympathy has been unfairly appealed to, that the matter has been only very superficially examined by declaiming writers,—for instance, such as those who figure in "Household Words," &c.; but these appeals have had more or less effect in begetting prejudice against private institutions, and what has alarmed me

more, have even influenced men of great learning and experience, I mean the Commissioners in Lunacy, for I imagine I already perceive in them a slight tendency to discourage private asylums. And whilst touching upon this topic I cannot withhold expressing my general approval of the conduct of Her Majesty's Commissioners in Lunacy. I consider the Commissioners—barring a little over fastidiousness on some points, and which has rather grown upon them of late—are impelled by a strong desire to do their duty to the public, and my own experience says that they faithfully execute this duty so far as the very difficult and delicate circumstances in which they are placed will admit of. I also consider the last Act of Parliament on the subject about as perfect as human laws in the present state of the world can be made. If the legislators should attempt to be over stringent, and refine too much, and the Commissioners in Lunacy wax more and more exacting, and not be careful to exercise a large amount of cautious discretion in their proceedings, I fear the surveillance of these institutions will become such an intolerable nuisance, that few upright, scientific, and honourable men will be found ready to undertake their superintendence. Candour and justice, however, I must repeat, compel me to speak of the Commissioners with respect, and although their visits are hasty and rapidly accomplished, yet their great experience and tact in knowing what they are about, permit few things to escape their notice; and in nothing, perhaps, is their penetration and discernment more conspicuous than in their perceiving and sifting out convalescent patients. Probably it would not be difficult to find fault with some parts of their system of inspection, but as my letter is already too long, I must refrain for the present. Perhaps at some future time I may feel inclined to resume the subject, as there are still many very important points left perfectly untouched; and, in the mean time, I beg to say, that I have full confidence in entrusting our interests and motives to the care and guardianship of the members of the medical profession, who constitute the ablest and most impartial tribunal on this subject of inquiry.

I remain, yours very obediently,

AN ADMIRER OF TRUTH.

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#### ABSCESS OF THE CEREBELLUM, WITH CARIES OF THE PETROUS BONE.

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*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—The readers of your *Journal* must, I am sure, in common with myself, have been much interested in the very important "Case of Abscess on the Cerebellum, with Caries of the Petrous Bone," which is so ably related by Dr. Budd, of Bristol, in a late number. The very significant but temporary improvement which a second and third time excited false hopes in the friends of the patient, and might easily have deluded a less observant practitioner than Dr. Budd, is not an unusual occurrence when matter is forming in the cerebellum; and it is in this critical stage of temporary

reaction, that I take leave to offer a few observations. The marked improvement in the case on the 17th and 19th of June, and on the 7th of July, especially on the two former occasions, may be fairly attributed to the active and most judicious treatment of the case; and the lesson taught by the fatal termination of the case, and the well-described *post-mortem* examination, is evidently this:—that we are not to conclude that we have placed our patient on safe ground, when we have successfully combatted the most alarming symptoms.

Several cases of this kind have fallen under my notice. In three of them the symptoms were so perfectly parallel with those of Dr. Budd's, that I cannot but conclude that mischief of a similar kind was going on. Not feeling satisfied with the temporary abatement of the symptoms, I ordered the treatment, which was essentially the same as in this case referred to, to be pushed still farther. After the use of leeches, mercury, and blistering, a more permanent drain was established by a seton inserted in the nape of the neck; and I can speak with the greatest confidence of the value of this simple expedient, in cases where there has been a discharge from the meatus, alternating with intense headache, and other marked symptoms of internal mischief. In such cases the effect of the seton appears most beneficial.

It appears to have a marked control over the cerebral symptoms, more particularly in those cases that have a *benumbed sensation over the side of the head and face*, which generally precedes the paralysis. In other cases, where there had been a chronic discharge from the meatus, suddenly subsiding with internal symptoms, the seton is also found most useful, not only in relieving the severity of the cephalic affection, but in restoring the discharge from the meatus.

I am, Sir, your obedient Servant,

WILLIAM HARVEY,

2, Soho Square.

# ABSORPTION OF THE MAMMÆ OR TESTES UNDER THE USE OF IODINE

To the Editors of the *Provincial Medical and Surgical Journal*.

GENTLEMEN,—A perusal of the literary periodical called "Notes and Queries" has suggested to me that a page of the *Provincial Medical and Surgical Journal* might be very usefully devoted to queries and answers on professional subjects.

If this suggestion meets your approval, I send a query to begin with:—

Have any instances been observed and noted, by any readers of the *Journal*, of absorption of the mammæ or testes under the use of iodine? If any, what preparation was used, in what doses, and for how long continued?

I am, Gentlemen, yours obediently,

A. CRISP GALL.

Ripley, Dec. 1, 1851.

## QUACKS AND THEIR ADVERTISEMENTS.

[We extract the following from *The Critic*, of January 1, 1852. It would be well for the public if other journals would follow so laudable an example.—Ed. P. J.]

To the Editor of *The Critic*, the *London Literary Journal*.

SIR,—From the enlightened views and excellent tone which pervade your paper, I feel confident that you will not be inattentive to a remonstrance which I now make against *The Critic* being rendered instrumental in fleecing your incautious readers by the luring advertisements of quacks. The admirable and comprehensive summary which you give, of all that is passing in the literary and scientific world, makes your paper an invaluable medium of family instruction; and it cannot be a matter of indifference to you that, from any oversight in the commercial department, your work should sometimes be made the medium of presenting to the public the cheating baits of impudent empirics. I know that you do not desire to give place in your columns to such announcements; for some time ago, when I stated that Holloway's advertisements were inconsistent with the character of a high-toned literary and scientific journal, you not only listened to my expostulation, but took such measures as prevented their being again inserted. I wish that cheating advertisements of pills, ointments, and nasty books were regarded by members of the medical profession, and by fathers of families, with the abhorrence which they deserve; but so long as some London, and many provincial newspapers, teeming with the worst and most indelicate matter of this kind, are allowed to lie on the drawing-room tables of our gentry, the conductors of these papers are certain not to refuse them a place. It is, therefore, because I believe *The Critic* to belong to a higher class of periodicals, that I now address you; and as illustrations are often better than abstract arguments, I subjoin for your information a brief statement.

The following advertisement appeared in *The Critic*:

"A speedy cure for Stone and Gravel will be sent to any person by enclosing thirteen stamps to Thomas Wilkinson, Land Agent, Gainsborough, Lincolnshire."

A patient of mine, who is an intelligent gentleman, and one of your subscribers, sent thirteen stamps to Thomas Wilkinson, and received the following reply:—

"Dear Sir,—Your 13 stps are reced beg to say Instead of a Dose of Egyptian Drops, I will send the recipe for 36 stamps more and full directions how to Mix and Take it. Drops will dissolve the Stone and bring it away in Sand Quiet easy speedy cure is certain your respy Thomas Wilkinson, Land Agent."

This reply so much incensed my patient, that he at once intimated to Mr. Wilkinson that he would publicly expose him if he did not give the "speedy cure" in an available form, whereupon, in reply, the following evasive epistle was received, which I may state has not induced the invalid to discontinue appropriate treatment.

"Dear Sir,—Yours is recd. recipe return'd. 1 oz Barbadoes Tar 1 oz Balsom Sulphur 1 oz Linseed oil 1 do. Spirits Turpentine. On receiving the stamps full

Directions will be returned. Yours respy Thomas Wilkinson, Land Agent."

I need hardly add, that the recipe is nonsense; and even were it a good prescription, the want of directions for its use would render it valueless to a patient. The offer of a cure therefore for thirteen stamps cannot arise from a delusion on his part as to the efficacy of his nostrum, and is simply a clever method of obtaining money—not certainly for value received.

I am, Sir, yours, &c.,

JOHN ROSE CORMACK, M.D.

Essex House, Putney, Dec. 23, 1851.

[We thank Dr. Cormack for his communication. Assuredly the advertisements of Mr. Wilkinson shall not again appear; and, as regards all advertisements vigilance as to their character shall be exerted.—ED. CARRIC.]

## Medical Intelligence.

### THE HUNTERIAN ORATION.

The Hunterian Oration will be delivered at the Royal College of Surgeons on the 14th of February. Mr. Luke, one of the Vice-Presidents of the Royal College, and Surgeon of the London Hospital, will be the orator on the occasion.

### STATISTICS OF THE PROFESSION IN PRUSSIA.

A statistical account of the medical profession has just been published at Berlin. According to that document, there are at present 287 district physicians, 3,266 practitioners, 962 surgeons of the first class, and 973 of the second class. Sum total, 5,488. These figures being put by the side of the amount of population, which was at the last census 16,216,912 souls, will give one physician or surgeon for about 3,000 inhabitants. The number of veterinary surgeons is 828, and the apothecaries amount to 1,478.

### KING'S COLLEGE HOSPITAL.

At the last meeting of the Committee of Management of this hospital a letter was read from Mr. W. H. C. Plowden, one of the Directors of the East India Company, announcing his intention of placing at the disposal of that body the appointment of an assistant-surgeon in the Company's service, to be conferred on one of the students of the hospital, who is to be selected for his professional merits and his correct and gentlemanlike conduct. Such a noble and judicious exercise of patronage reflects credit, not only on Mr. Plowden, but also on the Institution which he has thought worthy of his bounty. Were the disposers of the patronage of the East India Company to adopt a course like this more frequently, the result in a few years would be most favourable to the Service, and would exercise a beneficial influence on medical science in India, by introducing into it a number of highly-

educated young men, selected for the appointments specially for their diligence, industry, and medical attainments.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 9th inst.:—Henry Ayliffe, South Australia; Sydney Alder, Wakefield, Yorkshire; William Thomas Bell, Great Grimsby, Lincolnshire; Leonard George Boor, St. George Street, East; William Henry Brodbent, Manchester; William Coyle Dobson, London; Andrew Sexton Gray, Dublin; Thomas William Harle, Bishopstortford, Herts; Edward Coyleton Liddon, Devon; Wm. Geo. Lloyd Ingram, Midhurst, Sussex; Bernard Rice, Stratford-on-Avon, Warwickshire; Edward H. Swete, Bristol; Aldborough L. Williams, St. Helier's, Jersey.

**THE FELLOWSHIP.**—The next classical and mathematical examination for the Fellowship of the College will take place during the first week in March. The next professional examination for the distinction will take place in April next.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, Jan. 1st, 1852:—George Arthur Humble, Ludlow, Shropshire; Joseph Stead, Manchester.

### OBITUARY.

On the 3rd instant, James W. Fullerton, Esq., aged 37, surgeon of the *Amazon*, Royal Mail steam-ship.

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

#### NOTICE TO MEMBERS.

Gentlemen will observe that the Annual Subscriptions become due on the First of January, those who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association, Worcester.

Members who wish to propose Associates are reminded, that as the subscription commenced on the first of January, it is the most convenient time to introduce new Associates.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, January, 1852.

### TO CORRESPONDENTS.

Communications have been received from E. B., Dr. Swayne, Dr. Barclay, Dr. Dickenson, Mr. Barrett, Mr. Reid, Dr. Cooper, A Member, Mr. Cocking.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

CLINICAL LECTURES  
ON THE  
PRACTICE OF PHYSIC

DELIVERED IN THE  
THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D., EDIN.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

LECTURE XII.

ON THE MORBID CONDITIONS OF THE LUNGS, ETC.,  
CONTINUED.

GENTLEMEN,—The indications of treatment in all inflammatory affections of the lungs are, to relieve the circulation and respiration by local or general abstraction of blood, to establish counter-irritation, to break down the fibrinous condition (or crasis of the blood, as it used to be called,) by mercury, &c., to lessen the force of the circulation, and promote the expulsion or absorption of the foreign deposits. If the inflammation only arise as one of the complications of fever, it is, of course, to be treated distinctly as such; for neither general bleeding nor general depressants would be admissible in typhus: and, in any case, all the above agencies are to be regulated and modified according to the constitution of the individual patient and the degree and extent of the action. In a common mild bronchitis little more will be necessary than a simple expectorant, or balsamic astringent. The first is applicable to those cases of deficient excretion in which tenacious mucus is lodged in the bronchi, exciting a dry tickling cough, without expectoration. In such a case very minute doses of antimony, say the 1-16th of a grain, thrice a day, with ipecacuanha and hyoscyamus, will speedily induce a thinner secretion, which shall wash off the tenacious mucus, and terminate the complaint, if treated thus early. But if it has run on much further, either from time or from the laxity of the constitution, so that there is profuse expectoration of watery mucus, or of phlegm, or pus, then the astringent balsamics and mineral acids will best serve our purpose. In such cases, the essential oils of turpentine or juniper, or balsam of copaiba, with sulphuric acid, will quickly stop the discharges and allay irritation, if they arise only from bronchitis. In more chronic cases, where the tubes have become permanently engorged or thickened, such simple measures will not suffice, but the counter-irritation of a series of blisters, or vesicant ointment or oils, must be had recourse to, along with occasional small doses of mercury; and, if asthma is to accompany this condition, anti-spasmodics must be used, the best, in my experience, being the etherated lobelia. In very acute and extensive attacks the treatment must be proportionately vigorous, yet keeping in view the stamina of the patient. Should he be excessively robust and plethoric, and be labouring under great dyspnoea and high febrile excitement, blood may be abstracted from the arm. You may, perhaps, observe

that I myself scarcely ever resort to general bleeding in any case whatever. This arises from the simple consideration that local inflammation is not the result of a positive overplus of blood in the body, but only of a loss of balance in the circulation, whereby there is more in one part than there ought to be. To re-establish a natural balance it is not essentially necessary that all the other parts should be drained before the diseased parts are relieved; for such an indiscriminate practice would give rise, as in olden times, to protracted convalescence, and perhaps permanent injury to the constitution. It is only requisite that the local hyperæmia should be reduced by local abstraction of blood, and that such local abstraction should be repeated as often as a fresh influx should render it desirable. By this means you fully meet the emergency, without trenching much on the general vigour of the system; nay, if the abstraction be well apportioned to the degree of hyperæmia at its commencement there will be no loss of blood, properly speaking, at all; for all the local overplus has ceased to have the nutrient qualities of true blood, and has no other office to perform than to excite pain and irritation, and disorganise the part. Even in thin and weakly subjects, therefore, the direct removal of this useless, and more than useless, material, rather tends to augment the general energies than to distress them. Thus much I have thought it necessary to say against general and in favour of local bleeding. Yet there are instances of acute attacks of such vital organs as the brain, lungs, or heart, that no safety is to be anticipated, except by making a rapid impression on the whole system by means of drawing blood from a large venous orifice; and thus, though the measure is not often to be resorted to, it may yet afford the sole hope of recovery in such extreme cases as I have instanced. There are also cases of asthmatic bronchitis, with tarry blood, which demand these large bleedings. Generally speaking, however, even in bad cases of bronchitis or asthma, local leeching or cupping will accomplish all our intentions in that respect; and being duly followed up by blisters, or other counter-irritants, with mercury and antimony, and lobelia, we shall find that the force of the inflammatory action will be sufficiently arrested to permit of the use of simple expectorants, as a conclusion of the curative plan. Such affections, however, will often be obstinate, and, from the amount of morbid exudation that is thrown out and changed into pus, may greatly reduce the bodily powers, and keep up a hectic fever. Under these circumstances, it is desirable to act well upon the bowels, and to constringe the capillaries of the bronchi by the balsamic and mineral astringents already spoken of. This was well exemplified in the case of Hugh Bartley, the tanner, whose muco-purulent expectoration was of such amount as would have given rise in former times to the suspicion of phthisis; yet this was reduced, under such remedies, almost from day to day, until none appeared at all, and the case ended in a complete restoration of health. Not so in the young woman, Emma Perkins, under fever. In her the inflammatory action seemed gradually to diminish from below upwards; but at

length it fixed upon the larynx, and she died rapidly from oedema glottidis.

In pneumonic inflammation our proceedings must be still more decided; and even in its most limited extent it is to be viewed with a serious eye, as we know not how soon it may extend over the whole organ. The danger, as already stated, will also be greatly magnified if any other portion of the lung be previously in a state of consolidation, either from tubercle or a former inflammation. In full subjects, repeated bleedings from the arm may be necessary, amounting to sixty ounces, perhaps, or upwards; but in almost all cases cupping, or leeching will be advisable in the first instance, followed up immediately by blisters. Mercury will also be employed with advantage; but, beyond all doubt, antimony is to be viewed as the grand and almost specific agent for the subduction of this alarming disease. The little girl, Bates, only affords one example out of hundreds of the peculiar action of this remedy, which may, under such circumstances, be borne to an astonishing amount without exciting sickness, though I have never tried, nor found it necessary to try, the extraordinary doses of this medicine recorded in French practice. One quarter of a grain every hour or two, or half hour, will usually be found quite effectual; and the daily record kept of Bates' respirations, after taking these doses, illustrate to you its steady and beneficial operation. From 58 they came to 40, and so on to 30, and 20, and 18, until they were of the natural number (16) that might be expected in a girl of 12 years of age. There certainly are occasions when this line of treatment is inadmissible; as, for instance, in the case of Ann West. Here, the circulation was scarcely perceptible, the feet were cold, the tongue black, the respirations 42, and the amount of liquid effusion so great that we had the tracheal as well as the bronchial rattles large and universal; the face blue, and the body lean and anasarctous. Besides all this, there had already been an extensive deposit of tubercle. Both of the house-surgeons anticipated her death every moment. On seeing her, I considered that there was no hope except from stimulation. Accordingly, she took aromatic spirit of ammonia and small quantities of hot brandy and water every hour or half-hour. Under these agents the heat of the legs returned, the tongue became cleaner, and the face less blue; the pulse reappeared, she was able to expectorate in some degree, and thus survived for a space of ten days,—viz., from October 18th to the 28th of the same month, when she died. The left lung, as reported after the autopsy, was found quite gone, except a pouch at the apex, and the right was inflamed, and choke-full of glairy mucus, blood, pus, tubercle, and other morbid exudations. The liver was large, and of nutmeg appearance. It had had an attack of inflammation immediately previous to this onset of pneumonia; and it was from the depleting measures resorted to under that prior ailment that we were deterred from resuming them under the last pulmonary attack. She was certainly, as a phthisical subject, making apparently good progress, until this hepatic affection came on, followed by pneumonia. Her face

was even becoming much fuller under the influence of the cod-liver oil when enlargement and pain of the liver was first discovered; and, after that was in some degree subdued, pneumonia next set in. I do not state it as any fair or legitimate deduction from the sequences of this case; but, from what has been elsewhere asserted, I am inclined to admit, as a matter of suspicion, that this may be one of those instances in which pneumonia is said to be traced to the use of the cod-liver oil. Certainly the lungs, when reduced in capacity, (here the left was entirely wanting,) and especially when the liver is also unfitted for its functions, may become oppressed by any undue amount of oleaginous materials in the blood; and such may have been the true history of this case, and of others adduced by the practitioners alluded to. But I am not disposed to admit that it is a frequent occurrence; and the experience of our hospital in phthisical cases, which has been pretty extensive, would certainly never warrant us in viewing such an event as any other than a rare occasional accident, granting even that it does take place, which is not thoroughly proved. Some analogy is endeavoured to be established between the assumption of oil by the mouth, and its injection into the veins; but it is quite obvious that there is no vital similarity between the injection into a vein of crude, oily globules, foreign to the frame, and the same oil globules subjected to the operation of the gastric juices, and absorbed and assimilated in the chyloferous ducts, &c., before being mixed with the cardiac and pulmonary blood. You will understand, therefore, that I neither admit nor deny the assertions of these gentlemen; but, considering that the investigation is an important one, I willingly give them the benefit of a case that seems to tell in their favour.

After the inflammation is so far subdued by the active agencies already alluded to, as known by the return of crepitation and easiness of breathing, simple expectorants will prove of great advantage in throwing off the accumulation of morbid matters in the chest, the debris, as it were, of the previous disorganizing process. These, as already stated, are to be selected according to the tenuity, or tenacity, or purulency of the expectoration; and, if there continue, as there sometimes does, an exudation of red globules from the relaxed capillaries, even after all inflammation has been overcome, as exemplified in Thomas Steele, then sulphuric acid may be used, or, what is far more efficacious, and perfectly safe, acetate of lead. Steele's affection was never thoroughly cured till this was used. If we have reason to believe that any degree of consolidation remains after the inflammation has left, a course of iodide of potassium, along with blisterings, may be required, as no expedient should be wanting by which we may restore so vital an organ as the lung to its natural conditions.

Besides these acute inflammations, there may occur a simple passive congestion of the lungs, leading to an insufficient oxygenation of the blood, with dyspnoea, asthma, and all the other necessary consequences of pulmonary engorgement. It is usually to be distinguished from the acute form of hyperæmia, by the less

disturbed state of the pulse; and, if it do not, proceed from a mere sluggishness of action in the vessels of the lungs themselves, it may ordinarily be connected with the existence of some obstruction at the left side of the heart. Thus, in the above case of Steele, who was a man of forty-four years of age, who had a severe attack of hooping cough, treated by my clinical clerk, Mr. Metcalfe, and who afterwards entered the hospital for the chronic sequelæ, consisting of teasing cough, shortness of breath, weakness, and profuse rust-coloured expectoration; we inferred that the whole vascular system of the lungs was in a state of engorgement and relaxation, so that the functions were not only impeded, but blood exuded through the capillaries. Local blood-letting and counter-irritation subdued this condition to a certain extent, but it never wholly disappeared till the acetate of lead was exhibited, the effects of which were very remarkable. Most of the other cases seemed to arise from concentric hypertrophy of the left side of the heart, as in those of William Peakman and Eliza Bond, characterised as they were by asthmatic dyspnoea, forcible action of the heart, and extended dulness; but yet a small pulse, dusky complexion, blue lips and nails, and a tendency to coldness in the extremities. In the case of Peakman, where this state of things had not been of such long-standing as to impair the flesh and strength, comparatively speedy benefit was obtained by regularly repeated cuppings over the chest, and even bleedings from the arm, accompanied with expectorants and antispasmodics; but as they are generally of old date, and have already reduced their victims to a state of meagreness and debility before the physician is consulted, he can seldom resort to more heroic measures than the administration of a soothing expectorant and occasional abstractions of small quantities of blood, whenever the engorgement seems to be of greater amount than usual; and even such little quantities are often difficult to be drawn, from the morbid thickness of the fluid. It is almost needless to observe, that all exercise, and everything else that may exalt the action of the heart, will prove injurious, and that a light nutritious diet, therefore, and a quiet tenor of life, will be absolutely indispensable. Unfortunately, however, this is a course which can seldom be carried out for a sufficient length of time among the masses of the working population, who, consequently, become victims to a succession of secondary and tertiary evils, and ultimately sink under dyspnoea, dropsy, and enlarged liver and kidneys, as well as hypertrophied heart, in one complication. This result was never better exemplified than in the person of Henry Foxhall in the detached wards, who having been a blacksmith, and accustomed from his industrious turn to wield a stupendous hammer for many consecutive hours, at length brought cardiac hypertrophy on himself, accompanied with regurgitation, &c., apparently from incrustated valves. This naturally induced pulmonary engorgement, with dyspnoea, and the whole chain-work of the central circulation becoming involved, he came to me, chiefly complaining of the next series of sufferings, namely enlarged liver, albuminous urine, and anæmrous limbs, with ascites. He was periodically

cupped over the chest, which relieved his breathing, and he also took gentle diuretics, sudorifics, and drastic purgatives; but these effected no remarkable change during the month he was under treatment. Like all uninformed people, he looked upon the dropsy as his essential disease, and having heard, no doubt, of sundry cases of simple dropsy being simply overcome, he became, I suppose, impatient of the slow or rather no progress, and so left the hospital, perhaps to seek some more promising advice. So will such a man go from physician to physician, and from hospital to hospital. Although they may stave off the impending fatal issue, yet, because he is not cured, he continues to lose confidence in the faculty, and at length resigns himself to the mortal changes which are slowly yet surely going on within him, or consents to be more speedily dispatched by some such decided remedies as cuticular incision, or violent diuresis, at the hands of an empiric. So much for pulmonary congestion, its causes, and its remote effects.

In regard to the degenerations of the lung, they are of diverse character, and shall be more specially treated of when we come to consider the diseases of the blood, in conjunction with those of the ganglionic innervation. In the meantime, I may merely glance at the conditions of mælification, melanosis, gangrene, tubercle, and cancer.

SIMPLE MOLLIFICATION, apart from any previously inflammatory action, is usually found as the consequence of a long continued liquid state of the blood, combined with a tendency to dispersed tubercle. It is most apt, therefore, to be discovered after death from scurvy, or from delirium tremens, or typhus fever. In the patient, Edwin Neal, a tailor, who had led a very dissipated life both as to women and drink, and who had repeatedly been attacked with delirium tremens, while he had, also, the symptoms and appearances of the tuberculous habit, we found, after death from such form of disease, that the whole of both lungs was reduced to a friable and soft state, with almost no appearance of structure. The mass had no crimson aspect as from acute inflammation, but rather felt like softened spleen, and had a brown coffee ground colour, interspersed with whitish specks, like liquid tubercle. It seemed altogether as if there had been a chronic pneumonia of low vitality, which had thrown forth vitiated blood, and a tubercular infiltration, instead of plastic lymph, and that, ultimately, the whole structure had settled down into this kind of debris, under the dissolving influence of the extremely fluid blood. Such results can only be averted by the tonic regimen, and a careful attention to diet and exercise; for when they have once occurred, I see no means whatever for a restoration.

MELANOSIS is a very peculiar state of the lungs, frequently traceable to the direct inhalation of carbonaceous matter, as in coal-mines and the like; but also sometimes referable to a carbonaceous deposition from the blood. This event usually occurs amongst those who have taken an excess of carboniferous matter into the system in such a subtle shape as to render it likely to reach the lungs. Hence, no excess of bread or oil

will probably bring about such a result; because the particles being in a coarser form, are not liable to be absorbed in unnecessary quantity, but will rather pass off in defecation. But spirits, on the other hand, appear, *a priori*, very likely to have their ultimate elements so attenuated as to enter with ease into the circulation, even though not required, and, therefore, to be deposited as an incontrovertible overplus within that organ, which would otherwise have expelled it in a gaseous form. The lungs of almost all people, but especially those advanced in life, have something of this melanotic aspect. But it is the habitual hard spirit drinker who is so peculiarly liable to it; and it may be recollected that a vast deal of this morbid matter was found in the case I have just described, as well as in others of a similar kind, wherein the pulmonary tissue seemed as if it had been intermixed with small specks of soot in all its parts, but particularly at the summits. As to the treatment of such a condition, I apprehend that it must consist more in prevention than cure; though I have little doubt that if the baneful habits be abandoned in due time such excessive deposits as may already have occurred will be ultimately decomposed and dispersed.

GANGRENE has already been alluded to as one of the possible consequences of inflammation, when it has run so high, and has been followed by such a degree of depression, as to lead to the local death of the affected tissue. But the true idiopathic gangrene, of which I now speak as an original degeneration, seems to be preceded by no inflammatory action, but to be simply due to a depression of vascular action, similar to that which takes place in senile gangrene, whether from partial paralysis of the nervous system, or from osseous or fatty deposits, or from obliteration of the vessels, or general degeneration. The only difference seems to be that the one manifests itself at the extremities of the systemic circulation, while the other is exhibited at the extremities of the pulmonic. Both, as may be inferred, are highly intractable diseases, though that of the lung is certainly the most serious. If the whole capillary expansion is involved there can be, of course, but one result; yet it may happen that only a limited portion of the lung is thus deprived of nutrition, &c., and so, after softening and decay, it may be expectorated, while the exposed surface heals up. And there is not so much fear of hæmorrhage under such circumstances as might be naturally expected; for experience teaches us that in idiopathic gangrene the larger vessels are almost always so closed up with fibrin, to some distance from the softened tissue, that no discharge of blood can take place. In the case of Richard Thomas, to which I may again advert for illustration of this point, we find a man first attacked by paralysis of the lower extremities, followed next by gangrene of the toes and heel, while scarcely a pulse can be felt during the whole period of the ailment. As the tongue, under wine and ammonia, turned from black to red, so the gangrene stopped at the toes, which dropped off, while the stumps seemed to heal kindly enough. At this period, however, he catches erysipelas. Quantities of matter are found

burrowing under the integuments of the leg; and an incision being made for its escape, the tibia next begins to show some sign of caries. Without any advance towards a fresh healing process, the bone continues black, and the wound continues to discharge and form sinuses, until he gradually sinks and dies. Now, after death, the heart is found nowise different from other people's, except that it is a little pale, and, perhaps, slightly fatty. But then, all the rest of the body is found not only to present thick layers of fat, while the muscular fabric is atrophied, but it is infiltrated with a fluid oil. The fatty layer of the abdominal wall is found about three inches thick. On cutting through the wrists, thighs, and legs, in order to examine the state of the radial, femoral, popliteal, and tibial arteries, the subcuticular fat is again found in great abundance, while the pale juices that flow out are saturated with oily globules. All the arteries are found narrowed in calibre. In the affected leg the tibial artery has become a fibrinous chord, shortly after its departure from the popliteal; and the muscular masses around have become so degenerate as to cut, not like red animal flesh, but like the bluish yellow flakes of a stale white fish. Such is gangrene, apart from any true inflammation.

This gangrenous condition of the lung is readily to be recognised by the intense and peculiar fætor of the breath and sputum; and the only hope of overcoming it, if it be limited only to a portion of the organ, consists in maintaining the vigour of the circulation, correcting the septic tendency, and assisting the expulsion of the deteriorated matter. The agents most likely to effect the first purpose are such diffusible stimulants as wine and ammonia, exhibited in such small and oft repeated doses as may keep up a constant and unflagging support; though too often, from the mistaken notions of the patient himself or his friends, the doses will sometimes be so raised as to induce a corresponding depression afterwards—a result the most pernicious that could occur in such a disease. The second object will best be gained by the administration of cinchona, coupled with the acetic or muriatic acid, but, of course, at different times than the ammonia. As to the third object, of expelling the putrid matter, we must seek to do that by keeping every emunctory moderately open,—viz., the bowels, the kidneys, the skin, and the lungs; yet not so as to exhaust the strength. In such a case, I should content myself with the repetition of gentle effervescent aperients, with the exhibition of liberal allowances of yeasty beer (as one of the best antiseptic diuretics), and with such a diaphoretic and antiseptic expectorant as the compound tincture of camphor. As I have had no case of the kind in this hospital by which to illustrate this local disease, I shall limit myself to these general remarks.

THE TUBERCULAR DEGENERATION opens up to us one of the most extensive, and important, and difficult questions in the whole range of physic; and it is no less interesting than it is extensive, and important, and difficult. But, viewing the tubercular and other degenerations as due to deeper causes than any mere local



affection of the lungs, I shall defer treating of it at any length, till I come to that part of our course in which we shall take a review of the diseases of the blood in connection with defect of ganglionic innervation. I shall only at present indicate my general view of this condition, leaving its particular pathology and treatment to be illustrated hereafter, by the citation of those numerous cases which we have seen within the walls of the hospital. The most ordinary and most serious manifestation of the diathesis is a deposit of tubercular matter within the tissue of the lungs, commencing commonly at the summits. This, I believe, in the vast majority of cases, to be preceded by some degree of weak chronic inflammation or hyperæmia, the deteriorated exudations of which, from the deficient vitality, become the nidus for tubercular infiltration. On referring to the case of the little girl Tilley, you find that no tubercle was discoverable in the lungs, but that it was found in the false tissues which had glued the peritoneal and pleural surfaces, &c., &c., to one another, in short, in every part of the body, where former inflammation had poured out plasma, such as it was. This I take, amongst other facts, as a strong confirmation of the above view. It is also to be remarked, that tubercle is chiefly found in the upper parts of the lungs, exactly where we would expect and know that irritation is most frequently excited by the inhalation of dust, &c., &c., giving rise to frequently recurring, though limited, bronchitis. It must also be admitted, however, that such simple hyperæmia, from accidental causes, would not be so likely to induce tubercular deposits, unless the blood were already in a deteriorated condition. Hence, in that diathesis, we find the blood more abundant in fibrin than usual, and less charged with the oleaginous and red globules and albumen, than it ought to be. This, again, we trace to a defective condition of the organs of assimilation, not merely as represented by the stomach, liver, bowels, &c., but by the whole range of the machinery of nutrition, as indicated by the feeble pulse, thin blood, and pale or transparent tissues of the entire frame. On finding this to exist, in spite of the best supplies of nutrient materials, and without any discoverable lesion in the visible organization, we must be led to conclude that such unhappy effects must be due to a weakly and irritable condition of the ganglionic innervation, upon which all such processes are known to depend, although we cannot demonstrate its mode of action. That they are owing alone to this defectiveness in the unconscious brute operations, and their governing nerve, and not to any impropriety in the cerebro-spinal system, is clearly demonstrated by the very frequent manifestation of a fine sensibility, and a clear, exalted intellect, accompanying this organic degeneration; and, in short, by the fact, that there does not necessarily occur, in this disease, any deficiency whatever of the voluntary, mental, or corporeal energies, excepting from the debility that is traceable to non-nutrition.

Accepting these views, as true, and omitting for the present all mention of minute symptoms and special remedies, you may readily enough infer what should be

the general principles of treatment under the whole circumstances. To begin at the foundation. We first seek to uphold or increase the energies of the ganglionic system, not by the exhibition of active and exciting stimulants, but by those more mild and permanent agents called tonics, such as quinine, iron, silver, &c., along with good regimen and kindly sedatives. Specially we seek to impart tone to the digestive organs by means of aromatic bitters, and other means of improving the appetite and chyli-fication. In order, moreover, to supply right materials to these organs, when so strengthened, it behoves us to select the lightest and most appropriate nutrients at our disposal; and, seeing that there is a special deficiency in the blood of the oily and red globule, along with albumen, we have specially to supply such deficiency by means of oil and carbonate of iron, and albuminous diet, sufficiently charged with the calcareous phosphate. This comprehends the whole of the general treatment, while local lesions will demand local remedies. Thus, even granting that the doctrine of hyperæmia being the prelude of tubercle were incorrect, still there can be no doubt that, as soon as tubercle is deposited, it commences to irritate as a foreign body, and to excite a greater or lesser amount of inflammation, and all its consequences around it—therefore it will be necessary to use expectorants, and to excite counter-irritation, by blisters or otherwise, in the neighbourhood of the affected part. When the capillary relaxation leads to exhausting sweats, such astringents as sulphuric acid or lead may be required; and, if local inflammation go very far, it may even be necessary, though the patient be exceedingly weak, to abstract some blood. But, while such bye-treatment must be varied according to varying symptoms, and circumstances, and stages of the disease, the grand basis of curation must still remain essentially the same, and consist, as I have already said, in a restoration of the ganglionic nervous energy, and a supply to it of such materials as are fitted for the purposes of nutrition under all the circumstances of the individual case. You have had ample and frequent opportunities in the Queen's Hospital of estimating certain beneficial results from this line of practice, but I shall abstain from further comment until, on a future occasion, I shall refer to the special cases, and enter at large upon the minutiae of the question. Meanwhile I merely refer you to the records in the ward journals, bearing in mind that we have drawn no line as to the admissibility of patients, nor made any selection, with a view to better success, but have freely opened the door to all and sundry, whether in the incipient or the very last stage of this melancholy and fatal malady.

CANCER, in its different forms, I place under the same category as tubercle, so far as it is a disease of the blood, and of the ganglionic innervation. Like tubercle, it also seems prone to settle in such parts as have been previously exposed to the irruption of deteriorated exudations—as where the tissues have been already irritated, altered, and injured by long continued pressure, or repeated bruises or blows. The lungs are not a very likely place for such accidents; nevertheless, cancerous

tumours are occasionally seated within this tissue, giving rise to cough, with dulness on percussion, if the mass be large enough, or so situated as to be thus tested, and exciting, sometimes, a piercing and intense pain; but, it may be, no pain at all. Its peculiar nature, if discovered to exist, must be inferred from the general aspect and condition of the patient, and his family history; but, as little can be suggested for its alleviation, beyond the free exhibition of such sedatives as opium, aconite, hemlock, and the like, I shall enter upon no further clinical consideration of it in this local form.

# SOME REMARKS UPON THE IDENTITY OF WARTY ULCERATION OF CICATRIX WITH EPITHELIAL CAN- CER, ILLUSTRATED BY CASES.

By JAMES REID, Esq.,

SURGEON TO THE KENT AND CANTERBURY HOSPITAL.

Read before the East Kent and Canterbury Medical Society, Jan. 2, 1852.

THE disease, of which I now place before the Society a specimen, has been regarded and described as one almost peculiar to cicatrices; but I think it will be seen there is scarcely sufficient reason to consider it a special and distinct disease, but rather to associate it with one that is well known and is not of very unfrequent occurrence. When the case occurred, with which this specimen is connected, I was not aware that the disease had been described as peculiar to cicatrices, and from a due consideration of all the circumstances relating to it, I considered the nature of the affection was the same as that of cancer of the lip or of chimney-sweep's cancer. The appearance of the fore-arm forcibly reminded me of a preparation I had seen in St. Bartholomew's Hospital Museum, in which cancerous ulceration of the integument of the wrist and fore-arm had occurred to a gardener, and was supposed to have originated from the contact of soot used in his occupation.\* From what I have since learnt and read upon the subject, I am still induced to retain the same opinion; for I have been unable to discern any real difference between the two affections. In order, however, that the merits of the question may be clearly placed before the Society, and as, moreover, from its rather unfrequent occurrence, the present form of the affection may not be familiar to all the members, I will give a brief sketch of its leading features as described by authors. The description is principally derived from an excellent paper on the subject by Mr. R. W. Smith, in the *Dublin Journal of Medical Science* for 1850.

The same disease appears to have been described under the name of "Warty Ulcer," by M. Marjolin;† "Warty Tumours of Cicatrices," by Mr. Cæsar Hawkins;‡ and as "Warty Ulceration of Cicatrices,"

by Mr. Smith. Dr. A. Jacob incidentally alludes to it in a paper "On an Ulcer of Peculiar Form,"\* as the ulcer with cauliflower-like fungous growth, which occasionally attacks old cicatrices. With the exception of this simple reference, the earliest notice of the disease published in this country seems to be that of Mr. Hawkins, in which some of the peculiarities are clearly told and illustrated.

The tissue of cicatrices seems peculiarly liable to the development of this disease, though it is certainly not confined to such texture; for Marjolin does not, it appears, describe the disease in connexion with cicatrices. The nature of the previous injury does not influence the subsequent morbid changes. The disease generally forms when the cicatrix has existed several years; its progress is slow, but unceasing and destructive. Sometimes a cicatrix ulcerates and heals repeatedly before the ulcer assumes its peculiar characters.

In a list of twenty cases, collected by Mr. Smith, the longest period after the original lesion at which the disease appeared is sixty-one years; the shortest, five years. In twelve instances, the injury causing the scar was a cut or a laceration of the integuments, and in eight cases, a burn or a scald.

The affection appears to exhibit two principal forms:—The *first* characterised by the development of one or more warty tumours, which increase and spread by the addition of similar growths formed in the neighbourhood. This form was first described by Mr. Hawkins, and he admits that it may be cancerous or malignant in the lowest degree. The *second* presenting an ulceration having either a coarsely-granulated, or fibrous aspect, and spreading by the development of a new structure in surrounding integument; this is particularly described by Mr. Smith, and he assigns to it a low degree of malignancy.

The following seem to be the principal characters of the affection:—There appears in some part of a cicatrix a wart, or a small hard tumour, which either resembles a wart, or has a smoother surface. It at once undergoes certain changes, or remains inactive for a variable period. When the tumour increases, fresh growths spring up around, and coalesce with it, creating sometimes in this manner an elevated mass, of considerable size; the surface becomes moist, and partly ulcerated, yielding a thin offensive discharge; it is often very vascular, and bleeds when touched. In the progress of the disease several changes are noticed in the tumour; it may either become more consolidated, so as to lose, in some measure, its warty appearance, and resemble a fungous growth, (warty growths, however, being generally noticed near it, and its fibrous or striated structure being generally readily discovered by the use of a probe, or upon making a section of it); or it may degenerate by ulceration or sloughing to a greater or less extent, so as sometimes to leave a deep excavated ulcer; the thickened, warty, or peculiar state of the surrounding skin remaining, and the disease extending by the same process of contamination of adjacent parts.

\* Descript. Cat., Museum, St. Bartholomew's Hosp. Series, xii., No. 6.

† Dict. de Médecine, Tome 21, 1828.

‡ Medico-Chirurgical Transactions, Vol. 19, 1835.

\* Dublin Hospital Reports, Vol. 4, 1857.

In other examples, ulcerated spots present themselves on the cicatrix, and gradually coalesce; the surface of the ulcer is then either covered with closely-arranged fibres, of a whitish yellow colour, having a dense, but at the same time brittle texture, and rising above the level of the integuments; or it is formed of coarse, firm, round granulations, resembling the elevations of a cancerous ulcer. Upon a close examination, these granulations are found to have a fibrous texture, the intervals between them are well marked fissures, to the bottom of which a common probe can be readily passed. The progress of the ulcer is sure, and slowly advances in spite of remedies. It enlarges by an alteration of the surrounding tissue. The integument becomes raised, thickened, and fissured or warty; and then softens or ulcerates. After it has continued some time, although commonly confined to the skin, and frequently limited to the extent of the cicatrix, it spreads in depth by involving subjacent tissue; and if the disease is situated over a superficial bone, invades the periosteum, and even the bone itself, so that a fracture may result from the destruction. Mr. Smith cites instances of this. A sloughing process not unfrequently attacks and destroys the entire surface; the surface clears, and again assumes its special aspect. This does not appear to occur so often in the fibrous variety of the ulcer. The pain is at first slight, but gradually becomes more severe, and constant. The discharge is thin, semi-purulent, and frequently very offensive. In the more advanced stages of the disease hectic fever sometimes appears. The absorbent glands connected with the part are not generally affected, though they are frequently sympathetically enlarged; however, in two instances described by Mr. Smith, they exhibited the appearances which mark cancerous disease. General or local treatment of the ordinary kind has no effect upon the disease; its progress is inevitable, unless the diseased part is completely removed, when it rarely appears again. It has, however, been known to return in a distant part, and also to become developed in other parts of the system.

In the foregoing description, the analogy of this disease with that form of cancer designated epithelial, cannot have failed to occur to the members present; indeed so similar do the two affections appear, that I think there is no reason why they should not be included in the same category, and considered as identical. The mode in which the disease commences, the history of its progress, the manner in which it invades and spreads in subjacent and surrounding texture, affects the lymphatic glands, and penetrates bone, correspond entirely with what is observed in cutaneous cancer. The various forms agree; the warty tumour, the warty ulcer, and the granulating ulcer, with hard, elevated, everted, and sinuous margin, are found in each affection; the very character of the pain and of the discharge is alike in both. And, further, the reasons that have been assigned for considering it cancerous disease, possessing a low degree of malignancy, are the same as those upon which epithelial cancer is admitted into the order of malignant disease,—namely, its capability of converting neigh-

bouring tissue into a similarly new structure, though its progress in doing so is slow; its power of contaminating the lymphatic glands, while the period it exists without affecting the system is long; its return after complete removal,—this occurrence, however, being rare.

It will, therefore, be better to regard this disease, which has been considered as almost peculiar to cicatrices, as *epithelial cancer of cicatrix*. Why the tissue of cicatrix is liable to this form of cancer may probably be part of the same question which involves the explanation of the more frequent appearance of the same disease in the scrotum, the labia pudendi, the lip, and integuments of the face, than elsewhere.

The several forms of the malady are probably differences depending upon the greater or less proportion and development of some particular natural tissue with the malignant elements of the disease, and a diminished or increased degree of activity in the subsequent changes of the new structure. At the same time the original type preserves its peculiarities, to a certain extent, throughout the future progress of the disease, and rarely shows a tendency to pass into another; the vascularity, or some other special condition of a part, having, however, some modifying influence. Thus, the ulcer, originally fibrous, as distinguished from the granular form, may derive its peculiarity from the greater development of some component tissue of the skin, and retain this condition not only whilst confined to the integument, but also when it has penetrated bone. An instance is figured by Mr. Smith in which an excavated ulcer of bone thus originating is represented with closely-packed fibres arising from and covering its surface. This explanation of the different forms of the disease is somewhat conjectural, and requires the due consideration of more extended observation to confirm it; still there are many points connected with this affection, and epithelial cancer generally, which justify it.

The following instances of this disease have fallen under my observation:—

E. A., aged 33, was admitted into the hospital in August, 1849. She was a tall woman of spare habit, and had been burnt during her childhood on the right arm and side of the face and neck. The angle of the mouth was considerably depressed by the contraction of the cicatrix of the neck. The forearm was flexed upon the upper arm, and fixed at a very acute angle by a strong web of cicatrix which extended between them as high as the middle of the upper arm. The hand was prone and flexed; she could move the fore finger, and had been able, with some cleverness, to use her needle.

Ten years previous to her admission she had noticed a wart on the scar of the forearm, which gradually increased, and became ulcerated, yielding a thin discharge. On her admission, the whole surface of the forearm, from the elbow to the wrist, was covered with warty growths, closely set together, being separated by deep fissures and cracks, from the bottom of which issued a very offensive and thin ichorous discharge.

Some of these warts were vascular, and were covered with secretion, whilst others had a grey colour, and presented a more loosely fibrous texture; some few of these latter were partly detached, apparently possessing little or no vitality. The patient said that, occasionally during the progress of the disease, masses of warty growths would become loose and fall off. The surface bled occasionally when the dressings were removed. The patient suffered constant severe pain; she dreaded to have the arm uncovered, and begged to be relieved of the burden. The factor of the discharge was scarcely corrected by chloride of lime.

Considering the extent and seeming incurability of the ulcer, the sufferings of the patient, and the crippled state of the limb, amputation appeared to me the only resource, and in this opinion my colleagues agreed. The limb was removed by double flap operation in the upper-third of the arm, so as to avoid including in the stump any portion of the cicatrix. The wound healed by the first intention, excepting at the point where the ligatures passed out; one ligature remained a long time, and delayed her dismissal from the hospital.

The disease had not penetrated deeper than the integument of the forearm; there was, however, one point where it was doubtful if the subjacent tissue was not beginning to be affected.

A. C., aged 44, the mother of four children, a large leuco-phlegmatic person, was admitted into the hospital December 13th, 1850.\* When a child she had been burnt on the posterior part of both lower extremities, but more especially on the left, in which there was a cicatrix extending from the hip to the ham, producing slight contraction of the knee-joint. About eight years since an ulcer had formed in the middle of the scar of the left thigh, which had slowly healed under treatment. Five years ago it reappeared, and has continued gradually increasing. When she was admitted there was a large oval ulcer on the posterior surface of the left thigh, yielding a thin offensive discharge. Its surface was coarsely granulated; the granular elevations were florid, and the largest of them were about the size of a large pea, and had a rough appearance resembling a flattened wart. These elevations were separated by shallow grooves, which admitted the end of a probe. The edge of the sore was sinuous, raised, and everted, and the adjoining texture in some places thickened and indurated to a slight extent. Before the patient entered the hospital I had seen the ulcer at intervals, at which periods it had presented the same aspect, excepting on one occasion, when it was less granular, and had rather a glazed appearance. On another occasion a slight attack of erysipelas had taken place in the healthy skin about the hip. The pain was constant, but varied in intensity, being generally proportioned to the more active or quiescent condition of the ulcer. During her residence in the hospital the disease slowly advanced in

the following manner:—A portion of the margin of the ulcer became more extensively indurated, thickened, and raised; increased pain was felt in the part, which slowly ulcerated, the destruction being co-extensive with the previously altered texture. The surface of this fresh ulceration had a foul greyish aspect, which seemed to be due to the deposit in the diseased portion of the cicatrix. The ulcer then remained in a quiet state for an uncertain period, when another portion of the circumference, either adjacent to or remote from the part previously diseased, became similarly affected, and underwent the same changes. During the period she was under observation the ulcer extended in this manner in a direction toward the knee and the outer side of the thigh. Two or three times the whole surface, which had generally a florid appearance, presented a foul grey surface, the general health being at the same time affected; in the course of a day or two this surface would clear off, and the sore regain its former appearance.

Treatment had no effect upon the progress of the disease. The various applications made to the ulcer afforded some relief to the patient; more, however, apparently, from a mental influence than from any direct effect upon the disease. Opium afforded much comfort. Donovan's solution was given. The surface was too extensive to be removed by caustic or the knife. She left the hospital in March, 1851, and I subsequently lost sight of her, as she soon afterwards went to America with her family.

The next case occurred in the practice of my friend Mr. Sicard, to whose kindness I am indebted for an opportunity of seeing the patient, and for being enabled to add the particulars.

E. R., aged 72, received a severe burn, fifty-two years since, by which the left arm became crippled. The fingers and the thumb were so much injured that they mortified, and were removed. The surface of the burn slowly healed, but during the next twenty years repeated exfoliation of bone from the ulna took place. On these occasions, inflammation attacked the fore-arm, and extended even to the upper-arm; a portion of the covering of the arm became black, and separated, leaving an ulcer, from which either several small scales of bone, or a larger portion, were discharged. The ulcer then healed, and remained so until more bone was about to be discharged, and, in consequence, fresh inflammation was set up. At last, no more exfoliations took place, and then the cicatrix remained sound for twenty-nine years. About three years since, an ulcer formed in the cicatrix on the outer side of the arm, away from the situation of the former ulceration; this became incrustated, and by constant addition to the base of the crust, a conical-horny growth was formed, which after a time fell off, leaving a healed surface beneath. The part speedily re-ulcerated, and the same process was repeated. During one year and a half this occurred three times, and then the ulcer became permanent. The largest of these masses, which is preserved in the hospital museum, measures two inches,

\* This case had only been a short time in the hospital, and the following one was only incidentally mentioned when this communication was read to the Society. I have, therefore, given a fuller account of them than was made at that time.

by one and a half across the base, and is one inch high. The two last crusts formed very quickly. The pain was considerable during the three years, but increased very much during the last twelve months, when the progress of the ulcer was more active; the discharge, which was very offensive, increased, and the general health was affected.

When I saw the patient in August, 1851, there was a large ulcer occupying the front and outer part of the fore-arm, and extending from the bend of the arm to within an inch and a half of the wrist. The whole surface was very coarsely granulated, and in some parts had more the appearance of fungous growths; some of the masses were as large as a small arbutus-berry, and, owing to the roughness of their surface, had a very similar appearance. To the surface of the most prominent part of some of these, a thin, hard, dark scale was attached, and by the aggregation of several of these scales the ulcer at that part was covered by a corresponding thin crust. Similar incrustations had separated with the removal of the dressings. The edge of the ulcer was raised, thickened, and everted. The surface bled very freely when disturbed, and the discharge from it was extremely offensive. The patient was very much enfeebled, and lay in a semi-conscious state. She died exhausted September 2nd, 1851. The question of removal of the limb had been put to the patient twelve months previously by Mr. Sicard, but she had refused to consent to it; she had lately requested it, but the low condition she was in prevented its being accomplished.

These three cases illustrate some of the varieties of this affection. The formation of incrustations in the last case, though to a greater extent, is analogous to what is observed in the formation of scabs in some instances of epithelial cancer of the lips and face. The tendency of the formation of scales on the surface of the granulations, which existed to the last, is a point pathologically interesting, for I suspect that they were an epithelial formation, and, if so, they would afford an illustration of the continuance of an early and peculiar character of the ulcer, which might have been expected to disappear in the more active progress of the disease; a microscopical examination would, however, be required to determine this satisfactorily.

It is a matter of confessed importance in endeavouring to attain a correct knowledge of disease that, at the same time we are careful not to associate together disorders in their nature essentially different, we should guard against unnecessary distinctions, grounded on differences in the degree of development, or a few slight variations of external form. It is with the view of avoiding a distinction of this latter kind, which was apparently inferred, and which does not seem really to exist, that I have offered the foregoing remarks, and would suggest that the forms of disease before mentioned, which have been considered peculiar to cicatrix, should be regarded as epithelial cancer of that tissue; and thus a step, in simplifying our knowledge of disease, and as a consequence, in directing our remedial measures, will be gained.

Since the preceding was communicated, I have met with several published cases, which appear to me to be examples of the same disease, though they have not been distinctly noticed as such. They are nearly all instances of the disease invading bone, the malady having originated in a cicatrix which had followed an injury, and which had remained sound for some period. The mode of origin, the warty growth, and peculiar aspect of the ulcer, its unceasing though slow destructiveness, its manner of spreading, and the success of complete removal, as well as some other general points of resemblance, led me to think that they belonged to the same disease.

I will simply add the references to these cases, observing that the one related by Mr. Stanley, at page 366 of his work, is particularly interesting from the fact, that Mr. Paget, by a microscopical examination of the growth, discovered the existence of scales resembling the epithelial scales found in carcinoma of the skin, thus affording an additional confirmation of the identity of the two diseases.

Stanley on Diseases of Bone. London: 1849. Page 65, Case 1 and 2; page 360 to 367, Case 1 to 6.

Ormerod's Clinical Collections. London: 1846. Page 55.

Descriptive Catalogue, Museum, St. Bartholomew's Hospital. London: 1846\*

Pathological Catalogue, Museum, Royal College of Surgeons, Vol. II., Nos. 639, 640.

In conclusion, I will refer to a lecture by Mr. Humphry, "On Epithelial Cancer," recently published in the *Provincial Journal*, (No. xviii., 1851, p. 477,) in which he has given an excellent and clear description of this form of cancer, and alluded to the analogy between it and this warty disease of cicatrix.

## CASE OF RETENTION OF BILE AND DISTENDED GALL-BLADDER.

BY W. BUDD, M.D.,

PHYSICIAN TO THE BRISTOL INFIRMARY.

Read at the Quarterly Meeting of the Bath and Bristol Branch, Dec. 17, 1861.

THE following case, as being at once rare and involving a nice point of practice, may be considered worthy of being placed on record:—

John Morgan, aged 35, a man of spare habit, and by trade a butcher, was brought to the Bristol Royal Infirmary, on the 22nd of September, 1851, in a state of imminent danger. He had already been ill three weeks, and severe pain and urgent vomiting, from which, during the greater part of that time, he had little or no respite, had at length reduced him to a condition of extreme collapse. To judge from his looks, one would

\* Page 10, Nos. 39 and 30.—Page 18, Nos. 43, 42a.—Page 20, Nos. 124, 125, 126, 127.—Page 448, No. 40.—Page 458, No. 54.

have said he was a man dying from some internal rupture. His features were sunken, his surface was growing cold, and his pulse could scarcely be felt. An enormous swelling, which was pointed out as the seat of the pain, and was the apparent cause of the other symptoms, occupied the whole upper half of the belly. Its lower margin evidently formed by the edge of an enlarged liver, could be readily traced, extending across the belly from one flank to the other. Just above and to the right of the navel, over a space as large as the palm of the hand or more, the swelling was much more prominent than elsewhere. Bulging abruptly out at this point from the surface of the general enlargement, it had just the look of a large abscess, which had reached the stage of "pointing." Over the same place fluctuation could be distinctly felt, and from its marked and superficial character, it was plain that the walls of the sac, whatever the sac might be, were very thin. The extreme tenderness of the part, however, prevented the examination that would have been necessary to trace its exact outline.

The history which the patient gave of this formidable state of things was brief and simple. Twenty-two days before admission, being at the time in his usual health, he supped plentifully on oysters, and got drunk on strong beer. At day break, on the following morning, he was seized with severe pain in the belly, followed by urgent vomiting. The quantity of fluid thrown up was very large, and exceeded much, he thought, what was taken in the shape of drink. For three days the bowels could not be made to act, and the case altogether appeared to have the character of ileus or intestinal obstruction, and, indeed, was so treated. At length, after taking much drastic medicine, and having repeated enemata, he was freely purged; and from this time the bowels remained loose, acting generally several times in the twenty-four hours. The vomiting did not then continue; so that from the day of attack to that of admission—from the 2nd of Sept., that is, to the 23rd—little or nothing had been retained on the stomach.

The swelling and hardness in the upper part of the belly first attracted his attention about a fortnight before he was brought to the hospital, and had continued to increase from that time.

There were two other points of much interest in the case, as to which the testimony of the patient was very clear and precise. The first was, that there had never been the slightest shade of jaundice; and the second, that the matters ejected from the stomach were often green, and possessed the common characters of bile. The colour of the stools he had not particularly noticed. He had never on any former occasion suffered from gall stones, jaundice, or other palpable hepatic disorder; nor had he ever received a blow or other injury in the neighbourhood of the liver.

As to his general history, he further confessed that he had drank to great excess for many years; but that he could not discover that his health had, as yet, suffered in consequence. The more accurate results of clinical inquiry showed, however, that he had not escaped the penalties which attach to these fatal habits.

Taking all these points into consideration, the question now was,—What was to be done in the present emergency? As all the suffering appeared to be connected with the abdominal swelling, and as many circumstances pointed clearly to the distension of the sac, as its chief cause, the opening of this sac by puncture seemed to offer the most obvious means of relief. The great urgency of the case, the thinness of the sac itself, and the great tenderness of the parts around it, all seemed to invite to the operation. On the other hand, before taking so hazardous a step, it was, at least, necessary to have clear views as to the nature and seat of the tumour. But, unfortunately, these were not easy to obtain.

Many who saw the patient were of opinion that it was an abscess; but there were strong objections to such a view. In the first place, as far as could be ascertained, none of the common causes of abscess of the liver had been in operation; there had been no blow or other injury; and there was no reason to suspect present or former ulceration in any part of the intestinal tract. The positive evidence was still more opposed to this notion. There could be no reasonable doubt, in fact, that the illness, whatever its nature, was set up by the debauch of the 1st of September. Now, suppuration may possibly happen after an excess of this kind; but it is certainly not among the common consequences of a drinking bout. Inflammation thus excited in a hydatid cyst already existing is the only case that occurs to the mind in which such a result might ensue with any degree of probability: and even such a case as this is, as far as I know, entirely hypothetical. The only remaining alternative seemed to be, that the enlargement was caused by retention of bile, through some obstruction of the common gall duct; and that the sac was a distended gall bladder. And yet to this again there appeared to be—as, in the absence of all prior personal experience of such a case, I then considered—these two very great objections:—First, that there had been no jaundice; and second, that the matters rejected by vomiting were often green, and possessed the other characteristics of bile. There was every reason to believe the man's testimony as to this last point; for, according to the nurse's report, the matters vomited soon after admission were distinctly green and bilious.

Amid this perplexity I resolved not to meddle with the tumour, but simply to apply a large poultice to the belly, and to endeavour by appropriate means to allay pain and stay vomiting. With this view, and proceeding on the notion that an excessive development of acid in the *prima via* might be an important element in the case, I ordered ten minims of *Liquor Potassæ*, and three of *Liquor Opii Sedativus*, to be taken every three hours. A single large opiate had been already administered. The event proved in a signal way the soundness of the motives which had led to the adoption of an expectant plan. The vomiting ceased after the first dose of medicine until ten at night, when he threw up a large pewter full of what the nurse described as green bile, but which, unfortunately, was not kept for exami-

nation. This crisis was followed by a sense of very great relief, with an almost total cessation of pain; and from that time the sickness never returned.

On the following day all pain had ceased; the abdominal tumour had entirely disappeared; and the liver had retreated nearly within its natural limits. Some slight tenderness in the epigastric region was all that remained of the truly formidable state of things that existed there the day before. The countenance was free from anxiety; the surface had recovered its natural warmth; and the pulse had fallen from 120 to 80. Hunger was now the chief complaint. The starved body was no sooner released from pain than it asserted, in its own emphatic way, its demand for the material needed to restore its natural proportions.

An alkaline mixture, containing equal parts of carbonate of magnesia and bicarbonate of soda, was now prescribed, with ten grains of compound extract of colocynth at night. The bowels did not move until the following day, after an enema. Some large and quite clay-coloured lumps were first voided, followed by more liquid matters, evidently tinged with bile. The evacuation was not examined so minutely, perhaps, as it should have been; but nothing like gall-stone was seen in it.

The remaining part of this singular history is soon told. From the first moment of relief the patient continued to mend, with scarcely an interruption. On the 4th of October he was strong enough to get up, and was, in all respects, convalescent. On the 29th of the same month he left the hospital, having gained six pounds in weight during the last fortnight of his stay. Two circumstances were, however, noted, a knowledge of which is important to the pathology of the case. The whole time the patient remained under treatment the stools were of a pale drab colour. They were not devoid of bile, but were only scantily tinged with it.

The other circumstance alluded to referred to the state of the kidneys. For the first four or five days the urine was distinctly albuminous. It was also *very acid*, and on being allowed to stand, threw down an abundant precipitate, which by examination with the microscope was ascertained to be almost wholly composed of lithic acid in large crystals. It contained, besides, some well-marked casts of the uriniferous tubes; and, as the specific gravity was never lower than 10.25°, the presence of albumen was supposed to depend on the existence of, perhaps, recent nephritis. This supposition was entirely confirmed by the sequel. On the 3rd of October the albumen had disappeared, and could never be detected again in subsequent examinations.

Many important reflections occur to the mind in dwelling on this remarkable case. In the first place, the obscurity which at first hung over its nature, was, in regard to the immediate source of danger at least, entirely removed by the event; for, it is scarcely necessary to remark, that after the crisis which occurred on the night of admission, there could no longer be any doubt, notwithstanding the absence of jaundice, and the frequent presence of bile in the *ejecta*, that the abdominal enlargement was caused by retention of

bile, through some obstruction in the course of the common gall-duct; and that the sac was, after all, a distended gall-bladder. One of the important points of the case consists, in fact, in showing that the concurrence of the circumstances here specified constitutes no bar to such a conclusion. It may be further added, that a little consideration suffices to show that the anomaly they seem to offer is more apparent than real. For, it is not too much to say, that this anomaly is at once explained by reference to the exactly analogous circumstances which are often observed in the case of retention of urine. In the one case, as in the other, the gland continues to separate from the blood the elements of secretion, so that the system is kept free from taint. In the one case, as in the other, these elements are cast out into the natural receptacle, which provides, by its gradual distension, for the gradually increasing accumulation. In both, again, the gland, as well as the bladder, yields to the distending power, and makes room, in its own way, for the fluid which the bladder has no longer space to hold. The parallel does not even terminate here, but extends to the mode in which that partial relief is obtained, by which alone, in many cases, rupture is averted; for there can be no reasonable doubt, that the bile which occasionally appeared in the matters vomited, in the case of John Morgan, had escaped from the gall-bladder by the same mechanism as that by which small instalments of urine distil from the over-distended urinary bladder in cases of retention there. The outward discharge of this bile, as proving communication between the biliary passages and the intestinal to be still extant, although obstructed, was, I need scarcely add, a fact of the first importance in regard to treatment. Very probably, too, it alone rendered the continuance of life possible for so long a period under such circumstances; for, failing the relief thus afforded, it is but too probable that the gall-bladder, tense as it was in spite of such relief, would have given way under the constantly-increasing distension.

In the absence of direct evidence the nature of the obstruction itself must of course remain a matter of conjecture. Judging from the circumstances amid which it arose, on the one hand, and the persistence of a partial communication on the other, the probabilities are, that it was caused by inflammation and swelling of the lining membrane of the duodenal and of the common gall-duct, propagated upwards from the gut. Microscopic examination of the stools might, perhaps, have thrown some light on this question, but want of time and other circumstances prevented my having recourse to it.

The great length of time the obstruction lasted tells much against the notion that spasm was much, though it might have been partly, concerned in it. Many of the circumstances of the case, however, among which I may mention the characters of the urine, coupled with what we know of the pathology of this class of affections, renders it not improbable that the irritant action of an excess of acid in the upper part of the *primæ viæ* might have played an important part in the phenomena. The continued deficiency of bile in the stools, after the

obstruction had given way, would admit of various interpretations. It might possibly have been owing to an early stage of cirrhosis, brought on by the drinking habits in which the patient had so long indulged, although this is improbable; or the secreting power of the liver might have been more or less impaired, as that of the kidney is often known to be under the like conditions, by the prolonged and severe pressure to which the secreting element had so long been subjected; or, lastly, some amount of obstacle might still have existed to the free flow of bile into the intestine.

Finally, it would be an omission to take leave of this case without remarking what a strong motive it furnishes, not less in the unexpected deliverance from so desperate a state by the common resources of nature, than in the probably fatal risk averted by abstaining from surgical interference, for extreme reserve, as well as caution, in attempts to relieve fluctuating tumours connected with the liver, by simple puncture with the knife or trocar. Altogether to proscribe such attempts would be, no doubt, to go too far.

In the 27th volume of the *Medico-Chirurgical Transactions* a case is recorded by Mr. Barlow, in which the operation of tapping a gall-bladder, distended by retention of bile, was not only followed by no ill result, but was, most probably, the means of saving life. Many circumstances, and among them some connected with its own history, concur to show, however, that it would not be safe to make the course followed in that particular case a rule of practice. For this one case of success many could be related in which the operation was the actual cause of death, and where the introduction of the trocar sealed the fate of the patient. It is a matter of experience, in fact, that in the majority of such cases the gall-bladder is non-adherent; and thus it happens, that (by the common mode of proceeding) the immediate effect of the puncture is to cause the pent-up bile to escape into the peritoneum, and thus to hasten on that very catastrophe which it is the great object of art to avert. But, notwithstanding all these difficulties and objections, it must still be confessed, that this mode of relief *will* occur to the mind as a possible means of saving life where death might otherwise be inevitable; and thus, in spite of former mishaps, on the one hand, and unexpected recoveries on the other, it will still remain to be a source of perplexity in all desperate cases. In solving this perplexity, the occasional presence, or the contrary, of bile in the *ejecta*, is an element of far too great importance to be lost sight of. Where it was at length determined, after due deliberation, to risk the operation, it might be worth considering whether the chief peril attaching to its performance might not be averted by proceeding in the mode now practised in the first steps of the operation for the extirpation of ovarian cysts,—namely, by securing the sac to the walls of the belly before making the necessary opening for the discharge of its contents.

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## OBSERVATIONS ON HYDATID DISEASE OF THE LIVER.

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### PART II.\*

THE last communication referred to the development, generation, and decadence of acephalocyst hydatids; in the present their distribution, symptoms, and treatment will be considered.

Although hydatids are most frequently found in the liver, yet the spleen, kidneys, lungs, and brain are obnoxious to their attacks; and there is hardly a tissue in the body which has not, at some time or other, been the seat of these pernicious parasites. The superficies of the body, consisting of a greater or less amount of cellular tissue supporting the true skin, is, especially after severe contusions, liable to be affected by acephalocyst hydatids. The nidus of the parasite is in the cellular tissue beneath the basement membrane of the true skin.

*Case.*—A man, aged 46, of intemperate habits, fell backwards whilst carrying a heavy weight, and struck his back against a log of wood. He experienced considerable pain beneath the angle of the right scapula, where there were evidences of a considerable bruise for several days. After the lapse of a week, the tenderness and pain having subsided, he noticed that the swelling was not decreasing so rapidly as it had done. After a while a decided tumour appeared at the above spot, grew rapidly, gave him no pain, and produced no constitutional disturbance. He was admitted into the Colchester Hospital, under the care of my colleague, Mr. Waylen, some months after the accident. A tumour as large as an infant's head was found below the right scapula; its form was rather irregular; it presented the sense of fluctuation very indistinctly; the skin was moveable over it, and manipulation produced no pain. An incision let out pus and many acephalocyst hydatids, some collapsed, others globular and containing secondary cysts. Cysts continued to be discharged for a fortnight; no constitutional disturbance followed, and the man was discharged cured.

It would appear that the parasite found a proper nidus in a bloodvessel implicated in the contusion; that it grew gradually; and at last, owing most probably to those intrinsic changes described in my last paper, suppurated.

Usually considerable constitutional disturbance follows the opening of superficial hydatid sacs, on account of the sloughing of the external fibrous tunic. It is to be remembered that the older the hydatid the thicker is the fibrous coat; and that the vascularity of this last tissue decreases with its thickness. Open, then, all tumours made out to be hydatid, occurring in the superficial cellular tissue, as soon as possible.

\* Concluded from page 654, No xxiv., of last volume.



The buttocks are frequently the seat of hydatids, after blows, kicks, or violent contusions; and from the depth of the cellular tissue, very serious consequences follow occasionally surgical interference. I would suggest that the fibrous sac be removed, to prevent its sloughing.

Acephalocysts are very seldom found in the muscular system, but in bone they exist more frequently. Stanley, in his admirable work on the diseases of bones,\* gives the best description of the disease. He writes (page 189):—"Globular hydatids have been found in bones of every form. Usually they have been developed only in a single bone. In a case, however, which occurred in St. Bartholomew's Hospital I found them in two bones—the os innominatum and sacrum; and, in the history of another case, it is stated that the entire osseous system was beset with tumours containing hydatids. The development of hydatids in bone has not, in general, been accompanied by pain or irritation of any kind; but, as the consequence of their increasing number, the following changes have occurred in the bone itself:—First, the expansion of its walls, either generally, so as to produce an enlargement of the whole bone, or in a limited extent, so as to produce a well-defined tumour; then absorption of the walls, in one or more situations, has ensued, permitting the escape of the hydatids from the bone into the soft parts around it. The presence of the hydatids in the soft parts contiguous to the bone has excited suppuration, so that on puncturing the swelling they formed; puriform fluid, mixed with the hydatids, has been discharged. Further, it has happened that during the absorption of the walls of a bone filled by hydatids, a slight muscular effort caused the bone to snap, and, in such a case, the occurrence of the fracture afforded the first indication of serious mischief in the bone. Hydatids developed in other organs are contained in adventitious cysts; and there appears to be a similar structure connected with their formation in bone, a smooth white membrane being found closely adherent to the walls of the cavity in the bone in which the hydatids are lodged.

*Case.*—A woman, aged 54, was admitted into St. Bartholomew's Hospital, having a globular and somewhat pendulous tumour, about the size of the closed hand, situated upon the nates, directly over the right sacro-iliac symphysis. She stated it had been five years in progress. A few weeks before her admission it had been punctured, and purulent fluid, mixed with hydatids, was discharged. The tumour again enlarged to its original size, and on being punctured a second time, only purulent fluid escaped. A free incision was now made into the tumour, with the effect of discharging a large quantity of hydatids, with fragments of bone and purulent fluid. Severe constitutional derangement ensued, which in a few weeks was fatal.

On examination numerous globular hydatids were found in the interior of the right os innominatum, and also within the sacrum. In both these bones the cancellous texture had disappeared, and the surrounding

walls were much thinned, and widely separated from each other, a large cavity being thus formed in the bone, in which the hydatids were lodged. There were also apertures in the walls of each bone, through which some of the hydatids had escaped into the surrounding soft parts. The cavity in the sacrum communicated also with the spinal canal, in which there were numerous hydatids. A smooth white membrane lined the cavity in the os innominatum and sacrum. There was a mass of hydatids between the extensor muscles of the spine, which was unconnected with the contiguous bones, and another mass in a cyst attached to the ovary.

The foregoing case shows the uncertainty there may be in the diagnosis of the tumour produced by hydatids, which have escaped from the bone where they were formed, into the parts around it. The hydatid cyst protruding from a bone, forms a soft elastic swelling, which has been mistaken for the tumour of malignant disease; and when, by the absorption of their membranous cysts, the hydatids have escaped into the surrounding cellular tissue, exciting suppuration in it, the swelling has presented the characters of chronic abscess. When, owing to the increasing accumulation of hydatids in a bone, its walls become thinned and expanded, the tumour may then communicate to the fingers the peculiar crackling sensation which belongs generally to osseous cysts with thin sides. But, in some instances, the walls of a bone filled with hydatids do not become thinned, they simply expand in such a manner as to form a circumscribed unyielding tumour, having the characters of an osseous growth from the bone. Such was the nature of the tumour, and, consequently, the difficulty of its diagnosis, in the remarkable case recorded by Mr. Keate, of an enormous collection of hydatids between the two tables of the frontal bone. In this case the outer table was removed; the hydatids were carefully removed, and the wound filled with lint, dipped in a solution of sulphate of copper. The cavity filled up by granulation, and the patient recovered. Stanley proceeds:—"The treatment suited to a case of hydatids in bone will depend on the situation and extent of the disease. If the hydatids occupy the larger portion of a bone, and have occasioned much destruction of its walls, the removal of the entire bone, or of the limb in which the disease is situated, may be necessary. But there are cases in which it is expedient to scoop out the hydatids from the cavity in the bone; and in treating such cases it should be borne in mind, that the bone is not diseased, otherwise than as its walls are expanded, or a part absorbed, consequently that no more of the bone will require removal than is sufficient to effect the dislodgement of the hydatids; for when this has been done, and astringents or stimulants have afterwards been applied to the bone, no reproduction of the hydatids has ensued. Healthy granulations have filled the cavity in the bone, and the wound has healed soundly over them."

Acephalocyst hydatids have been found in the sheaths of tendons, where they have been treated as "ganglia." Synovial membranes do not appear to form a nidus for

\* A "Treatise on the Diseases of Bones." By Edward Stanley, F.R.S.

the parasite. The cysts found in the larger joints are not acephalocysts.

In the substance of the brain we occasionally meet with large solitary acephalocysts, with a very thin external fibrous coat. The compound parasite is very rare. All parts of the brain are obnoxious to the attacks of hydatids; the morbid phenomena differ with the seat and rapidity of the growth of the cysts. The choroid plexuses are frequently the seat of vesicles or cysts, which, although they are called hydatids, are not parasites, but simple cystic degenerations of the acini and villous appendages of the plexus; in aged persons they usually contain yellowish-looking sand, and vary in size from that of a pin's head to that of a bean. Rokitsansky speaks as to the rarity of the occurrence of acephalocysts in the spinal cord; their nidus is even outside the dura mater. In one case the cyst forced its way into the canal of the arachnoid. Even in the large nerves they rarely exist. Hydatids have been removed by operation from beneath the conjunctiva; and they occasionally exist in the orbital cellular tissue.

*Case.\**—Chas. Rowell, 42 years of age, was admitted under my care into the London Ophthalmic Infirmary, on the 3rd of January, 1820, with protrusion of the globe from the orbit by a deep-seated tumour, which had been growing seven years. When this patient was admitted into the infirmary, the tumour had advanced so far between the upper and inner portion of the eyeball and the eyelid, as to have thrust the globe completely out of the orbit. The upper lid, greatly stretched and inflamed, covered the eye and the tumour; the lower was completely everted, and its membranous lining appeared as a thick fleshy mass. The conjunctival covering of the globe was thickened by chronic inflammation, the consequence of exposure. The structure of the eye was uninjured; the pupil round, and about in the middle state; the iris motionless. Vision was destroyed. The tumour was firm, and apparently affixed to the orbit; it afforded, on pressure, an obscure sense of fluctuation. To relieve the distension and pain, and acquire some further insight into the nature of the disease, a puncture was made into the most prominent part of the swelling, and about a dessert-spoonfull of clear watery fluid escaped; considerable diminution of suffering ensued. When I examined the part, two days afterwards, I found a soft, opaque, white substance in the puncture, and proceeded to remove it with a pair of forceps; it proved to be an hydatid, and a few others escaped when pressure was made on the swelling. Some more came away on the following day, and I afterwards cleared out the whole collection, amounting to half a teacupfull, by enlarging the puncture, and injecting water forcibly into the sac. Inflammation and suppuration of the cyst followed, without much pain. The discharge then gradually diminished, and the opening closed in about a month. The eye returned to its natural situation, and all uneasiness ceased. In March a little motion of the iris, and slight perception of light had returned.

Hasse declares that the muscular structure of the heart is occasionally the seat of parasites, but not of the

acephalocyst hydatid. In animals this is not true. I have already noticed Andral's case, which proves the presence of hydatids in the blood-vessels, and have noticed their influence upon the calibre of the affected vessels.

*Lung.*—After much constitutional disturbance, great and violent cough, with or without hæmoptysis, collapsed acephalocyst hydatids are occasionally expectorated. They may have been originally deposited in the parenchyma of the lung, or as is most frequently the case, may have passed by the process of ulceration, from the convex surface of the liver into one of the bronchial tubes. In the first instance, the acephalocysts are not tinged yellow by the bile, neither are they expectorated in any quantity at any one time; the reverse is the case when the liver is the organ primarily affected. Andral once found nearly the whole of the inferior lobes of both lungs transformed into capacious sacs, but usually one lung is alone affected; the acephalocysts, about the size of pigeons's eggs, being surrounded by a dense and laminated protective sac, formed from the parenchyma of the lung, are very firmly fixed. In cases where acephalocysts have been expectorated, a communication between a bronchus and a suppurating sac is found, which may still contain perfect hydatids floating in pus. The amount of condensation around the sac is strangely small, and it is quite the exception to find any inflammatory action going on in their neighbourhood. Death appears to be caused by pressure upon, and occasionally ulceration into, the bloodvessels, by great encroachment upon the region of the heart, by gradual destruction of the affected lung, by abscess and its consequences, and by simple exhaustion. A solitary example is given by Hasse, of an hydatid detached through inflammation making its way into the pleural cavity, leaving in the upper and middle lobes of the right lung a cavity in communication with the bronchia, and determining pneumo-thorax. Both simple and compound acephalocysts are found in the lungs; they appear to choose the inferior lobes and that part furthest removed from the pleura for their seat, their diagnosis is therefore very difficult. Dyspnoea is the earliest symptom and continues to the end; it increases steadily and is relieved to a certain extent, by the expectoration of the parasites. Occurring without any other symptoms—without any inflammatory attack, the dyspnoea is hardly to be accounted for by the physical signs. The cysts are too deep to influence percussion at their early stage, and on account of the supplementary character of the vesicular murmur in the upper regions of the chest, their presence entails; the patient is usually said to be the subject of emphysema. But after a while most fearful bronchitic irritation and cough set in, the dyspnoea increases, and low down in the posterior regions of one or both sides of the chest, we may detect slight and diffused dulness on percussion. The vocal fremitus is diminished in intensity, and hæmoptysis occurs after a while; the heart may be displaced and the affected side bulged out; there is no prominence, however, of the intercostal spaces, and

\* Lawrence. Med. Chir. Trans., Vol. 17, p. 43. See Middlemore, vol. 2.

consequently no evidence of empyema. At the seat of dulness, the natural vesicular murmur is, as this increases, masked by blowing or tubular sounds, accompanied by large moist râles. If the hydatid sacs ulcerate into a bronchus, their contents are gradually expectorated, a singular change of the physical signs resulting, mucous râles are heard over the whole of the affected side, and gurgling at one or more spots; the dulness on percussion has vanished, tympanitic resonance being produced; the tubular breath sounds have become amphoric, and various degrees of pectoriloquy exist. These physical signs vary, however, with the amount of the contents of the cavity. I am not aware of any but a fatal result in these cases, but when the liver is primarily affected and the hydatids ulcerate through the lung, recovery is by no means unusual. Hydatids in the lung, which have not attained to very great size, cannot be diagnosed; the case may be taken for one of emphysema, complicated with sub-acute bronchitis; when, however, the dulness on percussion is at the inferior part of the lung, the rest of the organ being unusually resonant, the opinion cannot hold. Pleurisy is contraindicated by the transmission of the vocal fremitus. Cancer of the lung, of the infiltrated kind, and unaccompanied by enlarged bronchial glands or mediastinal tumour, is distinguished by the almost invariable flattening and retraction of the affected side. In hydatid disease the side is enlarged; in both diseases hæmoptysis, pain, cough, and scanty expectoration at first occur, but in cancer the constitution suffers most. The nodular form of carcinoma cannot be distinguished. In a case with which I was familiar, nodules of melanosis were deposited here and there in the parenchyma of the inferior lobes of both lungs. During life a careful stethoscopist distinguished the presence of some portions of tissue more dense than the surrounding lung, in fact, all the presumed physical signs of hydatids existed. When cancer is combined with tumour, the mediastinal dulness is so increased, and the signs of pressure upon the great vessels, œsophagus, and bronchi, are so decided that the differential diagnosis is of no difficulty. In cases of chronic pneumonia, the dulness on percussion does not gradually increase as in hydatid disease, remedies have more effect in allaying the cough, and hæmoptysis is rarer than in the affection before us; the history of the case is of great assistance in the diagnosis. With such very negative evidence as the above, we must esteem the diagnosis of hydatid disease of the lung to be almost impossible, except under very favourable circumstances. When acephalocysts are deposited in the tissue of the liver, near to its convex and superior surface, their growth soon brings them in contact with the fibrous envelope of the organ, the diaphragm becomes adherent, and the pleural layers also, most distressing lung symptoms ensue, and after a severe fit of coughing the patient expectorates pus, collapsed hydatids, and, sooner or later, bile.\* Recovery is very usual, all the symptoms being

relieved by the evacuation of the parasites, suppuration of the sac appears to occur, the adherent diaphragm and pleuræ are pierced, abscess of the parenchyma of the lung follows, bursting at last into a bronchus, the abscess determines a communication between the sac and the air. Haase once found a shrivelled acephalocyst beneath the costal pleura.

*Liver.*—Hydatids affect the liver in preference to any other organ and are found in all parts of it, rarely in the left lobe and most commonly in the right, where they attain to their greatest size; they are to be met with deep in the parenchyma or superficially and pushing forwards the capsule of the organ, and generally exciting adhesion between it and the side. One cyst or several may exist; they are found of all sizes, from that of a nut to a size which enabled them to hold several pints of fluid. Those deposited deeply cause absorption of the substance of the liver in their immediate neighbourhood by the pressure coincident with their growth, and after a while reach the surface. When the acephalocyst has become superficial, that part of it which is in contact with the capsule of the liver has no external fibrous sac, it is simply covered by the capsule and that part in contact with the liver still retains its accessory covering. At first little inconvenience results from the presence of hydatids in the liver, but as they increase in size, the edge of the liver descends below the cartilages of the ribs, and the patient suffers from dyspepsia, and pain in the shoulder and side. Jaundice rarely occurs until a late period, nor does the portal circulation suffer, except the hydatids are large or so numerous as to cause pressure upon the great venous trunks. Tumour below the rib in the right hypochondriac region, and elevation and expansion of the lower cartilages are the first physical signs of the disease; the tumour is ill defined, moves with inspiration and expiration, is frequently painful to the touch, and when percussed gives a most peculiar vibratory thrill to the finger, so unique as never to be forgotten if once felt. From causes already explained, the tendency of the tumour is to enlarge, the liver increases in size, the belly feels hard and nodular, and after a while the portal and systemic veins suffer, the case ending by effusion into the cavity of the peritoneum with œdema of the legs, accompanied oftentimes by displacement upwards of the heart and lungs; or, the tumour, owing to changes in its walls, already alluded to, may burst into the transverse colon, or into the duodenum, into a gall-duct, or the gall-bladder. A natural cure is frequent under these circumstances, as also when the acephalocyst opens by ulceration through the umbilicus, (see Case in Paper I.) or when its contents pass into a bronchial tube. But when the hydatid ulcerates and opens into a bloodvessel, into the cavity of the peritoneum—unless the structure of this membrane be very much covered by false membranes, or into the pleural sac, recovery is most unusual. The tumour, as has been proved by Case 6, may burst in two directions at once—into the bronchus and into the intestine. Recovery ensues, rarely however, by the nutrition of the acepha-

\* See Dr. Durrant's case, *Provincial Medical and Surgical Journal*, No. 5, 1851; my case, *Ibid.*, No. 24, 1850; and Dr. Todd's lecture, *Med. Times*, January 2, 1852.

locyst being suspended, the fluid is absorbed, the fibrous sac contracts, and the acephalocyst is folded up within it. (See Case 5.)

When a tumour appears in the right hypochondrium, unaccompanied by pain and severe constitutional disturbance, not preceded by inflammatory symptoms and fever, and possessing the peculiar vibratile thrill on percussion, moving also with the efforts of respiration, we may safely diagnose hydatid tumour of the liver. Abscess of the liver is preceded by constitutional disturbance of the severest character, and in this climate, in my experience, is much rarer than hydatid disease. Swelling around the cartilages of the lower ribs may simulate the disease for a time, but pain exists, and there is no vibratile thrill. Abscess high up in the abdominal walls, or within the sheath of the rectus, is distinguished by the previous history of the case, the vague feeling of fluctuation, and the non-movement with the expiratory and inspiratory efforts. Malignant disease of the liver rarely takes on the form of tumour; usually the patches of the adventitious deposit are not raised above the surface of the organ, indeed their centre is usually depressed. An enlarged and distended gall-bladder is likely to be mistaken for hydatid tumour; but the swelling commences near the median line, is accompanied by jaundice and much constitutional disturbance, and the edge of the liver can be traced to its margin. By keeping up the powers of nutrition we may hope to arrest for a time the march of hydatid disease. Turpentine, iodine, and mercury may be given in small and repeated doses with effect; but I know of no instance of a cure. The evil day is put off for a while, and not for ever. We must look to surgical interference for aid; for, except under the most unfavourable circumstances, puncture of the acephalocyst is a safe cure. When the health is at a low ebb, and the tumour large and old, the operation will nearly always fail; but it is quite justifiable if the tumour be recent, not very large, and if the health be not much depressed. When a large, and consequently old, sac is punctured, the fibrous envelope usually sloughs; or, at any rate, so much suppuration occurs from its inner surface as to destroy life; but when the contents of a moderate-sized sac are let out the fibrous envelope collapses to a considerable extent; and on account of its being recent, tolerably thin, and not affected by those intrinsic changes alluded to in my last communication, is not liable to slough. It is of the greatest importance that before an acephalocyst of the liver is punctured it be satisfactorily determined that it adheres to the parietal layer of the peritoneum, that there will be little danger of any of the fluid escaping into the peritoneal cavity. Unfortunately this can rarely be done; but it can, with certain aids, be brought about. It is usual for the acephalocyst to be adherent; its increased size and constant motion upwards and downwards tend to the production of false membrane. Some surgeons, therefore, bandage the patient, to keep the tumour steady, and open it with a trocar, and enlarge the opening in the skin and superficies afterwards. A large opening into the sac is useless;

indeed, absolutely dangerous; for a little manipulation will remove any secondary cysts from the opening, and the danger of some of the fluid coming in contact with the peritoneum is in an exact ratio with the size of the incision. Others open by cauterization by potassa fusa; and to this plan I certainly adhere; the risk of non-adhesion is done away with, and time is no great object. The simple serous cyst, a serous sac containing a clear watery fluid, is occasionally met with in the liver; it possesses none of the characters of the parasitic acephalocyst.

Acephalocysts are found in the spleen, in the sub-peritoneal cellular tissue, and in the substance of the kidney. Usually when an acephalocyst exists in the spleen there is another in the liver; but it does occasionally happen that such is not the case. Rokitsansky says:—"It rarely attains the size it reaches in the latter organ, but is otherwise not distinguished by any peculiarity." In my third case hydatids were found in the omentum; but there were others in the liver. Beneath the peritoneum they grow with great rapidity, and attain an enormous size; and are not to be mistaken for simple non-parasitic growths. In the kidney acephalocysts have grown to the size of a child's head. They may burst either into the colon, and their contents be passed out with a motion, or into the pelvis of the organs; and the fluid and secondary cysts will pass into the bladder, and be ejected with the urine. Rokitsansky denies the existence of acephalocysts in the bladder; they are occasionally found in the cellular tissue covering it, and also in the cellular tissue around the rectum. In the female, when they occur in these positions, they greatly complicate the diagnosis of ovarian dropsy. Hydatids have been found in the substance of the uterus. It need hardly be remarked, that the so-called hydatids of the placenta are not acephalocysts, but simple serous vesicles, derived from the villi of the chorion. The cysts in the kidney which are most commonly found, upon examination, are proved not to be acephalocysts. Such is the case in cystic disease of the breast.

Beautiful as these acephalocysts are in structure, their presence in the system is most baneful to life; rapid in their growth, and influencing all parts within their range by their mechanical effects, they, by their very existence, denote a low and ill-nourished constitution. We must, first of all, endeavour to increase the powers of assimilation, and then consider whether there be any drug capable of arresting their growth and determining their absorption. I can give but little assistance from my personal experience. Oil of turpentine in small and repeated doses, and inunction of strong iodine ointment, certainly arrested the progress of the disease in my fourth case, which came under my care two years ago, and is now alive, and in a better state of health.

Above all internal remedies stands surgical interference. From what I have seen, I believe that the sooner a tumour, declared to be hydatid in its nature, is opened, the better; and I am satisfied, that as medical statistics are more carefully collected, that the above opinion will be proved to be correct. Of the etiology of acephalocyst hydatids we are very ignorant.

Rokitansky denies the coexistence of hydatids and tubercle in the same economy. Andral and others have seen them together, and therefore multiply the Professor's dogmatic assertion.

January 17, 1852.

## Hospital Reports.

### QUEEN'S HOSPITAL, BIRMINGHAM.

CASES ADMITTED UNDER LANGSTON PARKER, ESQ.

*Extracted from the Clinical Records,*

BY W. J. MOORE, ESQ., RESIDENT SURGEON.

#### *Recovery after very Extensive Injuries.*

To prognosticate correctly the termination of disease very frequently requires great amount of discrimination and tact, only to be acquired by a corresponding experience; and this remark also is applicable to injuries requiring the aid of the surgeon. Perhaps the most important point to take into consideration is the age of the patient, as it often is found that the same amount of injury which a young subject rapidly and easily recovers from would prove fatal to a person of more mature years; and indeed it is daily noticed that the younger a patient is, down to a certain age, with so much more facility will he rally after extensive injuries. At the same time it must be remembered that children of two or three years old should form exceptions to this remark. Should a person in good health meet with extensive injuries, and have "youth on his side," he has, at least, "half the battle;" and in exemplification of this remark a case is brought forward which lately occurred in the practice of Professor Parker, at this hospital:—

George Hudson, aged 13, was brought to the Queen's Hospital on the 8th of August last, having some ten minutes before been caught by one of the leather bands which are used to impart motion to the grindstone in one of the adjacent sword manufactories. He was carried round the stone before the machinery could be stopped; and on examination at the hospital the following injuries were apparent:—Bruise of both legs, the right being most hurt; both thigh bones were badly comminuted in their whole extent of shaft, the knee-joints, however, being intact; comminuted fracture of the right forearm (ulna and radius), partial dislocation of the wrist; several cuts and bruises on the fingers; extensive laceration of the left forearm and arm, the humerus being broken in several places, and the ulna and radius being in a still worse condition; the elbow-joint laid open; several superficial cuts and bruises on the head.

There was, notwithstanding these injuries, a partial sensibility present; but the surface was cold, the pulse intermitting, and the countenance pallid; concussion, in a minor degree, being established. There had been little or no bleeding from the lacerated parts, and the brachial artery although bruised, was not quite torn through. The laceration of the integuments extended

quite into the axilla, but on the outer side, over the deltoid, it was freer from injury, and afterwards served as a flap on removal of the limb.

The patient was placed on a bed, and some warm tea given immediately; and in the course of an hour the pulse was much stronger, and the surface warm. The left humerus was then sawn off very near the head, but the shoulder-joint was not opened, and the flap made from that portion on the outside, before mentioned, as having escaped with little injury. Three ligatures were applied, and the stump dressed in the usual manner. Two straight splints were used to keep the thighs in apposition, aided by four shorter ones round the fractured parts. The arm was reduced and bound up, and the head shaved.

In the evening the boy seemed going on well. He was sensible, but did not complain of pain; and there was some difficulty in getting him to answer questions. The pulse counted 100, and had tolerable force. The head was hot and the conjunctiva congested. He was ordered a dose of calomel.

August 9th. *Mame.*—Has been muttering much during the night, but is again sensible; the pulse counts 120; head is hot; bowels not opened, but tongue clean. Half an ounce of castor oil directly. Cold to the head.

*Meridie.*—Oil has not operated; intellect does not seem so clear as it appeared this morning; pulse 120. Rept. Ol. Ricini.

*Vespere.*—Has been gradually becoming worse; breathing and heart's action are very quick; head very hot; muttering delirium; pulse 120; bowels not moved. Applicant. Hirud., vj., tempor.; Hab., gtt. j. Ol. Croton statim.

12, P.M.—The croton oil has procured copious stools; there is still muttering delirium present, and in most respects he remains in *statu quo*.

10th.—There has been much wandering during the night, but this morning he is again sensible, the pulse counting 100, and the head less hot; breathing quiet. In all respects evidently better.

11th.—Sensible, and now begins to complain when the splints are adjusted, or the stump dressed; bowels moved to-day without medicine.

12th.—Going on well; suddenly this afternoon he had an attack resembling syncope, all the characteristics of such a state being present. The strong ammonia was applied to the nape of the neck, which produced almost instant reaction.\* In the evening much headache was complained of, with much general irritability, and three leeches were applied to the temples, with benefit.

13th.—Going on well. The inner portion of the integument next the axilla looks red and inclined to slough, and fears were entertained lest the artery should be opened by that process. Instructions were given to the attendant, and instruments kept at hand ready for such an occurrence.

14th.—Going on well.

15th.—The slough has become detached this morning

\* The application of the strong ammonia to the back of the neck and spine will be found one of the most serviceable remedies in cases of fainting, concussion, hysterical insensibility, and the like. Care, however, must be taken in its application lest it should escape and interfere with the respiration of the patient.

without any hæmorrhage. He is in all respects going on well.

It will be needless to relate the farther daily history of the case. A small abscess formed at the lower border of the axilla, which required the lancet; excepting which he had no untoward symptom. He was eventually discharged cured, October 31st, having attended during the last two weeks as an out-patient. He now walks well, is but slightly lame, has perfect use of the remaining arm, and attends one of the neighbouring schools, looking and feeling quite well.

In the treatment of this case the greatest care was requisite to maintain the proper length of the legs, but perhaps the most trouble was experienced in keeping the fractured arm in place, for when the boy was getting better he continually threw the limb about, and, moreover, became so irritable that he would not lie still a moment; he was, however, discharged, undoubtedly in as satisfactory a state as could well be wished.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, FEBRUARY, 4, 1852.

THE Draft of the Bill for reforming the profession, as printed in our last number, has given more satisfaction, as far as its general principles are concerned, than we could possibly have anticipated; indeed, we have heard, as yet, of no opposition, excepting as to some minor points of grievance, which were really never intended. Foremost amongst these is that contained in the 22nd clause, which was never meant to be retrospective, and which must certainly be altered so as to exclude from its penalties those Licentiates of the Hall and others who have long, in common parlance, enjoyed the title of surgeon. It would be hard upon those gentlemen to compel them to drop the title; nor was such ever the intention of the framers of the Bill. There is also an omission in the same clause (which was a very recent addition to the Bill), of all allusion to Glasgow, Aberdeen, and St. Andrews; these have long been allowed to grant degrees in medicine, and, consequently, great injustice would be done to the holders of such degrees if they were prevented from assuming the titles attached to them.

Our correspondent, Mr. WILLS, whose letter is given at page 82, proposes some questions which we will, as they have also been repeated by others, endeavour to meet seriatim:—

1st. As to the payment of £10. This is an open question, which must be left to the decision

of the Committee of the House of Commons, (if it comes before that body,) in its progress through its various stages in Parliament.

2nd. The registration fee of 20s. is too much certainly as a simple payment for registration; but Mr. WILLS seems to have forgotten that the surplus is to be applied to purposes which are undeniably good; and also one half to form the Provident Fund.

3rd. As to the restrictive clause upon the practice of druggists, it has been supposed by the framers of the Bill that however much it may be the wish of the profession, it is quite impossible to persuade the House of Commons to pass such a clause as would have the effect desired by Mr. WILLS, and that even if passed it could have no greater effect than the present Apothecaries' Act, which is wholly inoperative, like many other laws which are in opposition to the voice of public opinion.

With regard to the two last questions they are points which have not yet received the attention which they deserve, but of course they must be settled before going to Parliament. We are only surprised that there has been so little omission of important points in the Bill. The chief difficulty appears to us to be the settlement of the claims of the Apothecaries' Company and the holders of their licence without the diploma of the College of Surgeons. It appears that after the passing of this Bill medical men will all be classed as Physicians, Surgeons, or Licentiates in medicine, surgery, and midwifery; but under which of the two last must those be included who are simply Licentiates of the Apothecaries' Company? We think they should be at once admitted to the licence of the new Board, which would destroy for ever the title of Apothecary, a title which has now become offensive to all, because it has been made a term of reproach for many years past. The examination by the Apothecaries' Company has always been a severe one as compared with that at the College of Surgeons, and therefore we think that the licence of the new Board might at once be accorded to them without injustice to the public or the profession.

If it be a peculiar characteristic of the medical profession that novel ideas and new appliances and means of study are received with distrust, or, at best, but slowly appreciated, it cannot be affirmed that this scepticism is altogether an evil.

It leads inevitably to the abolishment of many visionary theories, which a less reflective tone of mind would cause to be adopted on insufficient premises; while anything really true and valuable becomes the more indelibly fixed upon the attention from the very tardiness with which its claims are admitted. Many of our readers can doubtless remember the indifference and oftentimes ridicule which met the first introduction of LAENNEC's splendid discoveries. But now, how universal is the acknowledgment of the merits of auscultation, and how implicit is the reliance upon the information which it affords, among those who are thoroughly acquainted with its principles and practice.

The introduction of Microscopic aid in the investigation of disease is no exception to the general rule. As in the case of the stethoscope, there are multitudes who yet regard it with indifference; and not a few "practical" men, as they delight to call themselves, who utterly scorn such assistance. They will not indeed go so far as to deny the important services which the microscope has conferred upon the sciences of anatomy and physiology; but they choose to doubt whether any real advantage will accrue from its use in the investigation and treatment of disease. To point out the fallacy of such opinions, and to advocate a more general resort to this additional means of pathological investigation is the object of the present cursory observations.

In order to demonstrate the reality of the benefit derived from microscopic research in the treatment of disease, let us select a class of maladies in which that benefit is most conspicuous,—viz., those of the urinary organs. For example, a patient complains of obstinate irritative dyspepsia. He is low spirited, morbidly irritable in temper, emaciated, and intolerant of exertion, mental and bodily. He passes frequently either a clear urine, which to the unassisted eye appears perfectly healthy, or urine depositing a sediment which, examined by ordinary tests, is believed to consist entirely of lithate of ammonia. But the microscope display abundant crystals of oxalate of lime; and thus gives a clue to an otherwise obscure train of symptoms, and directs to the most successful treatment. Again, in somewhat similar cases, there is the addition of unintelligible cerebral disturbances, verging in some instances upon insanity; here also the microscope, by the detec-

tion of spermatozoa, declares at once that the patient is labouring under spermatorrhoea, and thereby leads to the adoption of the appropriate means of cure.

But it is in those several renal lesions which are classed indiscriminately under the term "BRIGHT'S disease," that microscopic inquiry leads to the most useful results. These lesions of the kidney are now well known—thanks to the interesting labours of Dr. GEORGE JOHNSON—to depend upon two distinct morbid processes, one inflammatory, and, if detected early, amenable to treatment, the other, a fatty degeneration, and all but hopeless as to its ultimate results. How important is it to determine whether a given case is one in which the treatment of inflammation will be serviceable, or whether it is one, on the other hand, in which such treatment will prove highly prejudicial. This most necessary information is to be acquired only by the help of the microscope. The presence of simple tubular casts in the urine encourages the practitioner to hope for amendment; while, on the other hand, the presence of oil globules enclosed in them admonishes him that his treatment can only be palliative.

We do not insist upon the microscopic diagnosis of malignant growths, although we believe that in competent hands the distinction between cancerous and non-cancerous structure may be determined with a certainty otherwise unattainable. Enough has, we trust, been adduced to show that histological knowledge, as developed by the aid of the microscope, is not a merely optional medical accomplishment, but is positively indispensable to the due appreciation of some, even of the least, rare diseases to which the human frame is subject. Another example or two will, however, give additional force to our observations.

A scalp eruption may assume such an indefinite appearance, that it is difficult, by simple inspection, to determine its precise character. The discovery of the parasitic fungus—the *Achorion Schoenleinii*, at once points out true favus—a communicable disease.

Dr. HUGHES BENNET mentions the case of a girl who was supposed to be labouring under hæmoptysis. But for the assistance derived from the microscope, a serious impression would have been received from the symptoms; however, an examination of the sputa proved the blood globules to be those of a bird, and the

patient was thus convicted of imposture. Similar instances might be multiplied to any extent.

It is probable that one of the chief obstacles to the general introduction of the microscope into medical practice is the expensiveness of the instruments; it should be known, therefore, that a serviceable French instrument is to be purchased for seven pounds, and that for less than twice that sum one can be obtained which combines every requirement that the medical student can desire.\*

## Proceedings of Societies.

### BIRMINGHAM PATHOLOGICAL SOCIETY.

The following resolutions on the subject of homoeopathy were unanimously passed at the annual meeting of the Birmingham Midland Counties Pathological Society, held on January 8th, 1852:—

"That the following class of practitioners are unqualified to become or continue members of this Society:—

"1. Those who practise homoeopathy exclusively.

"2. Those who practise homoeopathy in conjunction with other systems of medicine.

"3. Those who, under various pretences, meet in consultation, or hold professional intercourse with, those who practise homoeopathy.

"That a copy of the above be sent to the *Provincial Medical and Surgical Journal*, *Lancet*, and *Dublin Quarterly Review*, requesting its insertion."

### METROPOLITAN SANITARY ASSOCIATION.

[At the request of the Honorary Secretaries to the Acting Committee of the Metropolitan Sanitary Association we insert the following report, made to the National Academy of Medicine, Paris, with the resolutions adopted thereon:—]

#### QUARANTINE LAWS.

Translation of a report by MM. MAGENDIE, LOUIS, and LONDE (Reporter), to the French National Academy of Medicine, on a work by JAMES GILLKREST, Esq., M.D., &c., Inspector-General of Army Hospitals, entitled, "*Is Yellow Fever Contagious or Not?*"

"You have charged MM. Magendie, Louis, and myself to render an account of a work by Dr. James Gillkrest, Inspector-General of Army Hospitals, in the service of Great Britain; which is entitled, "*Is Yellow Fever Contagious or Not?*"

"The history of Yellow Fever is treated by M. Gillkrest with an erudition which it would be difficult to find equally complete elsewhere. After mentioning observers and monographers, describers of Yellow Fever, beginning with Hippocrates, who speaks of a fever characterised by yellowness of skin, and black vomit, M. Gillkrest arrives at these conclusions.

1st. That the Yellow Fever of America, and that observed in the south-west of Europe, especially in Spain, are identical; an identity acknowledged by all authors, with the exception, perhaps, of our colleague, M. Rochoux.

2ndly. That this disease existed in the Antilles before 1793, and in the Spanish Peninsula before 1764.

"M. Gillkrest next relates a great number of facts, establishing:—

1st. That Yellow Fever, or at least its pathognomonic symptoms, have shown themselves at very remote points of the globe, and that they appear to be then developed uniformly under accidental or local conditions, so strongly marked as to exclude all idea of importation, in the true meaning of that word.

2ndly. That sporadic cases of Yellow Fever present themselves, in ordinary years, in the localities where this disease has prevailed in an epidemic form. M. Gillkrest considers that this second inference is established by a certificate by the Medical Officers, who, on the 13th of April, 1829, at Gibraltar, declared—after having read with the greatest care thirty-nine cases extracted from the records of the Civil Hospital—that the symptoms detailed in these cases were perfectly identical with those observed in the epidemic which prevailed in that garrison in the latter part of the year 1828.

"Having established these fundamental points, M. Gillkrest arrives at the grand question—contagion.

"The Author establishes, by numerous well-selected and incontrovertible proofs, that Yellow Fever is not contagious under any circumstances, not even in the case of crowding, in this disease, whether of the dead or of the living; that the removal of the individual from the influence of the local causes which produce this affection is the fittest means of preventing its extension; and, lastly, that the cordons called sanitary, and quarantine measures, far from arresting Yellow Fever, on the contrary, favour its extension by confining the population within the influences of the local causes which give it birth.

"Such, gentlemen, is the work on which we have to report. Mr. Gillkrest, in crowning services which do him honour, and which on more than one occasion have been extended to our fellow-countrymen brings to bear upon the question of contagion in Yellow Fever (a question so intimately connected with the most important interests of mankind,) the fruits of a long experience, as was done formerly by our intrepid and ever to be regretted Chervin.

"This communication of M. Gillkrest, which has already received the full approval of the General Board of Health in London, has reached us most opportunely at the moment when a Congress is assembled to suggest, no doubt, important modifications in our sanitary laws; consequently, gentlemen, your Committee has the honour to propose:—

\* We have recently procured a very fine instrument from Fillecher, 338, Strand, consisting of a brass tube and pillar, with fine adjustment, two eye pieces; an inch, half-inch, and quarter-inch object glasses; condensor, in mahogany case, for £12. 10s. This instrument we can strongly recommend for its accurate defining powers and finished workmanship.



"1stly. To thank the Honourable M. Gillkrest for his interesting communication.

2ndly. To transmit his work to M. The Minister of Commerce, in order that, in conjunction with the numerous documents on this subject already in possession of the Administration, this work may aid in placing beyond a doubt the inutility of quarantine, as applied to arrivals from countries where Yellow Fever prevails.

"These resolutions were put to the vote and adopted."

*Bulletin of the National Academy of Medicine.*

## Foreign Department.

### FRANCE.

#### *Sanguineous Uterine Tumour.*

Several of the later meetings of the SURGICAL SOCIETY OF PARIS have been occupied with the consideration of *Peri-Uterine Sanguineous Tumours*. M. Monad detailed a case which resembled displacement of the womb backwards, but which proved to be effusion of blood into the utero-rectal pouch. The tumour was punctured and gave issue to semi-coagulated blood. The patient died of peritonitis. M. Nelaton stated that he had met with six cases of this affection. He described the symptoms as very undecided, and not to be distinguished from those of other uterine maladies. The effusion generally appears first in the recto-vaginal cul de sac, whence it may extend into the iliac fossæ. In one of his cases simple puncture was sufficient to effect cure, in others larger incisions were required; in two, spontaneous evacuation of blood took place by the rectum.

M. ROBERT believes that these extravasations are formed gradually, a fresh addition being made at each menstrual congestion. He also spoke of the resemblance of the tumour thus formed, to the retroverted fundus. The diagnosis is made out by the aid of the uterine sound. It is still more difficult to distinguish them from pelvic abscess, especially when the broad ligaments are implicated. In attempting the evacuation of these large collections of blood, M. Robert prefers puncture with a trocar to incision with a bistoury. He speaks of one case in which the extravasation formed a tumour reaching nearly to the umbilicus, with great exhaustion and severe expulsive pains. In this case puncture was resorted to several times.

According to M. HUGUIER these extravasations may be situated between the uterus and rectum, or in the lower part of the peritoneum. He divides them into two principal classes:—1. Those situated beneath the peritoneum in the cellular tissue, which unites the uterus and rectum, and extends on each side to the uterine appendages. 2. Those situate in one of the uterine appendages, and involving several varieties, such as—1. The pseudo-hæmatocoeles which result from extra-uterine conceptions arrested in the second or third month. 2. Retention of blood in the genital cavities, or in the recto-vaginal cul-de-sac. 3. Hæmatocoele arising from rupture of the ovarian bloodvessels. The

symptoms are a tumour felt in the posterior wall of the vagina, with obscure fluctuation, and displacing the uterus forwards.

#### *Cauterization of the Neck of the Bladder for Incontinence of Urine.*

M. Demeaux (*Revue Medico-Chirurgicale*, Sept., 1851,) gives several cases in which this annoying malady was speedily cured by Lallemand's operation with the caustic bougie. Two cases were males, the third a female.

The involuntary emission of urine at night is frequently observed in infancy, but it seldom occurs after eight or ten years, and when it does so the tendency generally disappears at puberty. Numerous measures have been recommended, such as cantharides, tinctura ferri muriates, and strychnine internally, blisters to the sacrum, &c., but as all these measures occasionally fail, M. Demeaux's proposal is well worthy of attention.

#### *New Mode of Curing Ectropia.*

This consists in causing adhesion of the lids or symblepharon, having previously liberated them by means of circular incisions; they are left united for several months, until the space above and below has quite cicatrized, when the lids are again separated. This new operation is devised by M. Mivault, and mentioned, with cases, in the *Revue Medico Chirurgicale*.

#### *Mode of Exhibiting Balsam of Copaiba.*

M. Guibourt, (*Journal de Chimie*), uses thirty parts of balsam to four of sulphuric acid, stirred together in a glass mortar. A solid mass is the result, which is readily made into pills, and covered with sugar, or silvered, according to the taste of the patient. This process affords a good test of the purity of the balsam, as, if it is adulterated with castor oil, it will not solidify.

#### *On Amputations in Children.*

M. Guersant has repeated occasions to amputate the limbs of young children in the *Hopital des Enfants Malades*. He generally adopts the flap operation, and seldom, or never, performs the circular. Chloroform is always used. He is very careful in preparing the patient for operation, and allows a liberal diet after it, which latter is the secret of his great success.

## General Retrospect.

### PRACTICAL MEDICINE AND PATHOLOGY.

#### *On certain Secondary Forms of Diarrhœa.*

By Dr. SANDWICH.

Dr. Sandwith considers diarrhœa, in reference to treatment, under two general secondary forms:—1. Cases in which the blood has been poisoned. 2. Cases depending on some local or constitutional irritation.

1. Instances of the first variety are observed in

diseases in which the blood has been contaminated by some poison, in which cases the diarrhoea is often salutary. Thus Mr. Lee has noticed it as a frequent symptom in his experiments on the introduction of pus or putrid fluids into the blood. He says:—

"The general result of the introduction of putrid fluids into the system, whether directly into the circulation, or by absorption, is to produce a peculiar affection, characterised by congestion, of the mucous membrane of the intestines. The evacuations that accompany this condition are evidently an effort of nature to relieve the system from vitiated fluids, &c."

The same phenomena are noticed by Dr. Sandwith as occurring in fevers; and in these diseases, being salutary, should not be interfered with unless approaching collapse renders their suspension advisable. In the early stages of remittent and intermittent fevers, he considers it peculiarly dangerous to arrest diarrhoea by astringents, and states that he has seen, under such circumstances, the irritation transferred to the pulmonary or cerebral organs. A safer plan, in his opinion, is to obtain the alterative effects of turpentine, combined with castor oil, in small doses.

2. As examples of the second form of diarrhoea, Dr. Sandwith adduces the *diarrhoea of dentition*. Sudden suppression of this discharge is dangerous. The proper treatment is by regulation of the diet, and alteratives, unless the prostration ensuing from it calls for active interference.

In the *serous diarrhoea of the puerperal state*, in the early stage, with great thirst, hot skin, and rapid vibratory pulse, and pain on pressure, astringents or opiates are hurtful. Here general or local bleeding, salines, and diaphoretics, are the appropriate remedies.

In diarrhoea from hepatic congestion, and in that of vicarious suppressed evacuations, the same principles of treatment are adopted. In the latter, in addition, means should be adopted to restore the suppressed secretions, whether uterine or cutaneous.—*London Journal of Medicine*, January, 1852.

*Diagnostic Symptoms of Phthisis.*—By M. VALLEIX.

In his "*Guide des Medicin Praticien*" M. Valleix lays down the following diagnostic signs of phthisis in its two stages:—

*Positive Signs of Phthisis in the Early Stage.*—Dry cough, existing for a lengthened period; more or less discomfort in breathing; pains in the chest; night sweats; emaciation; dullness on percussion under one or both clavicles; weakness, or other alteration of respiratory murmur; hæmoptysis, in many cases.

*Positive Signs at the End of the First Stage.*—Cough more frequent; expectoration of opaque sputa; hæmoptysis; night sweats; marked emaciation; more extensive and complete dullness on percussion; blowing respiration; sub-crepitant rales; increased vocal resonance.

*Positive Signs in the Advanced Stage.*—Persistent cough; sputa greyish, opaque, irregular in form, and streaked with blood; increased emaciation; extended dullness; tracheal and cavernous respiration; mucous

rales; gurgling and pectoriloquy; bruit de pot fêlé, amphoric blowing, and metallic tinkling (in large excavations).—*British and Foreign Medico-Chirurgical Review*, Jan. 1852.

*On the Treatment of Diabetes.*—By J. HOGG, Esq.

The chief indications of treatment appear to the author to be the prevention of the elaboration of sugar in the stomach, and to restore the defective power of the digestive apparatus. This end he seeks to accomplish by the use of a medicine which will effectually destroy saccharine fermentation, and his choice fell upon the sulphuret of arsenic. To effect the conversion of this medicine into a soluble sulphuret, which would not accumulate in the system and produce dangerous consequences, he formed it by the combination of the hydro-sulphuret of ammonia with liquor arsenicalis.

One case is related as an example of the beneficial effects of this treatment, but it is not a very satisfactory one. It is true that the diabetic symptoms ceased, but the patient died of phthisis, exemplifying what is a well-known pathological fact,—viz., that toward the close of diabetes, especially where pulmonary lesions become prominent, the saccharine impregnation of the urine often disappears.

Another case is alluded to of a more promising character. The mode of administering the medicine is as follows:—℞ Liq. Arsenicalis, ʒ ij.; Ammon. Hydro-Sulph., ℥ xx.; Tinct. Hyoscyami, ʒ ij.; Inf. Buchu., ʒ viij. Dose, ʒ ss. every four hours.—*Lancet*, January 3, 1852.

## SURGERY.

*On the Treatment of Aurai Polypus.*—By JOSEPH TOYNEBEE, Esq., F.R.S.

Mr. Toynbee divides polypi of the ear into three classes:—1, the vascular polypus of the most frequent occurrence; 2, the gelatinous polypus; 3, one which is not much known,—the globular vascular polypus.

The treatment adopted by Mr. Toynbee, after repeated failure of the ordinary measures, is cauterization with the potassa cum calce. His mode of using this caustic is as follows:—The external meatus having been syringed with tepid water, so as to remove the whole of the discharge from the surface of the polypus as well as from that of the meatus, the tube and polypus should be dried by a portion of fine cotton wool attached to the end of a probe. A portion of glass tube, about an inch and a half long, should then be selected, and care ought to be taken that it is so embraced by the meatus, that it is not liable to be shifted from its position by any movement of the head of the patient. This portion of glass tube is to be introduced into the meatus, and passed inwards as far as the polypus, when, by a gentle pressure, a portion of the free extremity of the polypus is made to protrude into the interior of the tube, and is surrounded by it. Upon looking into the tube, and ascertaining that the polypus is embraced by its inner extremity, the tube is

steadied by the left hand, and with the right a portion of the potassa cum calce is passed inwards, and gently pressed against the polypus. If a pair of rectangular forceps be used, neither the hand of the surgeon nor the instrument he employs prevents the operator from seeing the polypus while he is making the application, and he can, therefore, be sure that he touches the whole of that part of the growth which is in the tube. The immediate effect of the application of the potassa cum calce upon the surface of the polypus, is to change its colour from a bright red to a livid hue, and this takes place without any pain being experienced by the patient, if the meatus has been completely guarded. After the application has been made, the patient should sit still for three or four minutes, and the tube allowed to remain as it was fixed during the operation. Upon inspecting the polypus at the end of these minutes, it will be found to have changed to a dark purple colour, to have blood oozing from it, and, instead of its former rounded extremity, it presents an uneven pulpy mass. The meatus is now to be syringed out with tepid water, when blood, mixed with the *débris* of the polypus, will come away; the surface of the polypus still remains of a dark colour, and, during several hours, a process of slow dissolution takes place in all that portion which the escharotic has reached.—*Medical Times and Gazette*, January 3rd.

**Hernia Reduced "en Masse." Treatment.—By Dr. BLACKMAN.**

In a pamphlet on this frequently fatal accident, Dr. Blackman advises that our first effort should be directed towards the reprotrusion of the hernial tumour. Sometimes the slightest exertion will suffice for this, in others it cannot be accomplished without the ring is widely dilated. If coughing, sneezing, jumping, and straining, do not effect the descent of the hernial tumour, the inguinal canal is to be laid open, and the sac being dragged down, the stricture is to be divided.

Mr. Luke directs that, after the neck of the sac has been divided, during the reduction of its contents, caution should be used for the prevention of that of the sac also, an accident not at all unlikely to occur, in consequence of the breaking up of its adhesions to the surrounding parts. We may easily ascertain that the contents of the sac have been liberated by passing the finger through its neck.

The author repeats the fact that after a hernial tumour has been returned by the taxis, the patient may still perish with all the symptoms of strangulation, though the sac be empty. The peristaltic action of the intestines may be prevented by the inflammation which their incarceration has produced, or they may still be strangulated by the apertures of the omentum or mesentery through which they have protruded into the hernial sac, and which still embrace them, although reduced. If the exposure of the inguinal canal discovers the empty hernial sac adhering to the spermatic cord, he says we may reasonably conclude that the patient suffers from one of the causes mentioned; and if the parts affected cannot be reached by the finger, or made to redescend by the efforts of the patient, our only resource will be to make use of the means proper to subdue peritoneal

inflammation if it exists, and to restore the action of the intestinal canal.

The exploratory operation will, the author affirms, even from the exposure of the inguinal canal alone, remove many of the obscurities of the case. If, for example, as in one of the examples which occurred to Dupuytren, the patient is unable to give an account of himself, but is labouring under all the symptoms of intestinal obstruction, if the incision of the integuments brings into view an empty hernial sac, the non-existence of the reduction *en masse* will be at once established, and our treatment must then be modified according to the other circumstances of the case. The dependence of the symptoms upon some form of internal strangulation may perhaps be established by the character of the matter vomited, as has been noticed by Dupuytren. He declares that the vomiting of mucous or bilious matter may indicate an irritation, a gastritis, or enteritis, as well as a strangulation, but if it be of a golden yellow colour, having a stercoral odour and a *matière délayée*, there need be no doubt upon the subject. We have taken it, he observes, for granted, that on the examination of the inguinal canal, if the hernial sac be found at all within it, it will be seen in front of the spermatic cord, but it will be well to bear in mind the deviations in this respect which sometimes take place, and which have been described and delineated by Camper, Scarpa, Sir Astley Cooper, Mr. Lawrence, and others. These varieties in the course of the cord and its vessels, however, are so rare, that they can hardly be expected to embarrass our proceedings.

**New Operation for Stricture.—By Mr. SIMON.**

Where it is of importance rapidly to relieve a distended bladder, depending upon impassable stricture, Mr. Simon has, in several instances, performed a very simple and effectual operation, which has the additional advantage of being equally adapted to cases of simple permanent stricture and those complicated with retention. Mr. Simon passes the finger of the left hand into the rectum, and feels for the prostate gland: so soon as he has well made out the position of this, he plunges a narrow bistoury into the raphe, about an inch anterior to the rectum, and carries the point of it towards the tip of the finger; the back of the knife is turned towards the finger, and thus the urethra is at once reached, posterior to the stricture. This immediately relieves the retention, and he then allows the stricture time to dilate a little, which it does when the pressure is taken off from behind, and then it can be dilated by the bougie, &c. Mr. Simon has performed this operation in several cases with success. The first case of all was that of a man who was sinking rapidly, the bladder distending, the tongue growing brown, and typhoid, great anxiety, &c., and who would have died before the ordinary operation of cutting down upon the stricture could have been executed. It was accomplished in a very short time, and was quite successful.—*Medical Gazette*, Dec. 20, 1851.

**On Operations for Impassable Stricture of the Rectum.**  
By J. B. CURLING, Esq.

Two operations are recommended: one, the opening of the colon in the left groin; the other, opening the

bowel in the left lumbar region. Mr. Curling thus speaks of their relative merits:—"A careful consideration of the advantages and disadvantages of the two operations, leads me to give the preference to the former. I do not ground this conclusion upon the tables of Amussat and Vidal, because I do not attach much value to them. The cases of Littré's operation are not only limited in number, but in several of them the colon was not opened in the left groin, the division of the peritoneum being the only circumstance in common. Nor do the tables afford information of the period of constipation, or of the extent to which the viscera were disturbed in the operation. Callisen's operation is not only difficult of execution, but the wound is necessarily of large size, especially in stout people. But it is not so much for these reasons that I am indisposed to adopt it, as in consequence of the operation leaving the patient exposed, afterwards, to risks and annoyances, which are in a great measure avoided when the colon is opened in the groin. Thus I find, in the published account of several of these cases, that the artificial anus in the loin had a strong disposition to contract, so as to interfere with the passage of the fæces, and that repeated dilatation was necessary to secure the patency of the opening. It is also extremely difficult to adjust any apparatus to prevent the continued escape of flatus and fæces; and as the orifice is without the observation of the patient, he becomes dependent on the assistance of others. These serious inconveniences, if experienced at all, are much less so when the aperture is in the groin. The patient can attend to the part himself. The aperture does not show the same disposition to contract, and it admits of being closed by a well-adapted truss. These advantages, so important to the comfort of the patient, are by no means counter-balanced by any increased risk in opening the peritoneum. The operation is easily performed, and as no exploratory attempt is necessary to relieve the obstruction, a very small opening in the peritoneum is sufficient for the object in view. Even Callisen's operation is not entirely free from risk of peritonitis from disturbance of parts; and the magnitude of the incision probably renders the danger to life, from its performance, quite as great as that resulting from the operation in the left iliac region, carefully performed.

"The abdomen may be opened in the left iliac region by a perpendicular incision about three inches in extent, commencing two inches above Poupart's ligament, and an inch external to the epigastric artery. The fibres of the abdominal muscles being cut across, will help to keep the wound open. The peritoneum being divided, the distended colon will immediately protrude at the wound. A curved needle, armed with a silk ligature, being passed through its coats above and below to prevent its receding when emptied, the bowel may be opened for the space of an inch between the retaining ligatures."—*Observations on Diseases of the Rectum*, p. 106.

*Five Calculi Removed by Lithotomy, each containing a Field Bean as a Nucleus.*

The following remarkable case is related by Dr. Mackenzie:—"A labourer, aged 46, was admitted into the Edinburgh Infirmary with the usual symptoms of stone. On sounding, the presence of more than one

calculus was ascertained. The lateral operation was performed on the 13th of October, and five stones were removed. The prismatic shape and uniform size of these were remarkable; but the presence of a foreign body as a nucleus was not suspected until the stones had been dried by evaporation, when a hard substance was heard to rattle loosely within them. On making sections of these calculi, the nuclei were found to be horse-beans. The calculous incrustations consisted of the triple phosphates.

The history of this remarkable case is as follows:—About the end of March of the present year, after a carousal with two fellow-labourers, with whom he lodged in a barn attached to his master's farm, a quarrel arose, in which he was knocked down and overpowered by his two companions. From the injuries he received, and from his state of intoxication, he was rendered senseless, and, whilst in this condition, the following cruel trick was perpetrated on him by his assailants:—

He was stripped of his clothes, and a quantity of beans (the common field or horse-beans, used for feeding cattle) were thrust into his mouth and into the rectum; and lastly, several were introduced into his urethra. The manner in which these found their way into the bladder is unknown, but it is probable that several were introduced, one after another, into the orifice of the urethra, and then pushed back along the canal by the pressure of the fingers on the penis and perineum.

On the following morning he was found in a state of insensibility, with his genital organs covered with blood. His companions had made off, and have ever since escaped detection.

A number of beans were vomited, and passed *per anum* on the day following the assault, and during this and the subsequent day he suffered great pain in voiding his urine, which was mixed with blood, and contained several fragments of broken beans.

He was confined to bed for some days, but at the end of a week he had nearly recovered from his injuries, and his urinary symptoms had considerably abated in severity.

From that time forward, however, he continued to suffer more or less severely from the usual symptoms of stone in the bladder, which were well marked at the time of his admission into the hospital.—*Edinburgh Monthly Journal*, Jan. 3, 1852.

## DISEASES OF WOMEN AND CHILDREN.

### *Case of Eclampsia Nutans or "Salaam Convulsions."*—By Dr. BIDWELL.

The subject of this case suddenly lost the power of motion at the age of three months. The bowels were at this time remarkably costive. About the same time her intelligence seemed below that of most infants of her age; but after recovering the use of her limbs nothing further was remarked till she was almost six months old. At this period she was seen to bow her head repeatedly during the day. There was no expression of pain, but apparently a momentary loss of consciousness. The feet were habitually cold.

With the exception of a few remissions, the peculiar convulsions increased in frequency and intensity, and by the time she was a year old it was evident that her

mental development was much retarded if not entirely arrested. Subsequently her bodily growth was slow. Gradually the morbid movement increased in extent; from a simple nod, it became so great that the face was not unfrequently struck against the floor. This was repeated several times during the twenty-four hours. Still later epileptiform fits were added, and towards the end of her second year she was hopelessly epileptic and idiotic. The child died at the age of twenty-six months; but unfortunately no *post-mortem* is recorded.—*New York Journal of Medicine*, November 1851.

## Correspondence.

### ABSORPTION OF THE MAMMÆ AND TESTES UNDER THE USE OF IODINE.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—In your number for January 21st is the following query from Mr. Gall, of Ripley :—"Have any instances been observed and noted of absorption of the mammæ or testes under the use of iodine?"

In answer to this I take leave to state, that I have seen numerous instances of what I consider the prolonged and excessive use of the preparations of iodine in constitutional syphilis, principally the iodides of potass and iron. The following are the cases which I recollect as most remarkable :—

A surgeon, aged 47, consulted me in the early part of this year for certain symptoms of an old venereal taint. He had taken, he informed me, ten grains of the iodide of potass twice or thrice a day, for ten years. There was no wasting of the testes. He had sarcocele, clearly venereal, with a small hydrocele on one side; the testis on the other was healthy, but there was hypertrophy of the tongue, which was tender, and covered with lobes or nodes, and fissured by deep cracks.

I have seen this condition of the tongue so frequently in persons who have taken the iodide of potass for long periods, that I must consider it a pure chronic glossitis, produced by the continued use of this salt.

A German gentleman, who had suffered from secondary syphilis for five years, and who had been treated by Ricord, Chelius, and others, was sent to me for my opinion as to the nature of the disease in his tongue. He had taken large quantities of iodide of potass for four years, "in fact (said he,) I have taken so much iodine that my perspiration turns all my linen brown." The tongue was tender, swollen, lobulated, and fissured by deep irregular cracks. The testes were of good size, and appeared perfectly healthy.

In a third case the patient had taken five grains of the iodide of potassium three times a day, for the greater part of three years.

When this patient consulted me he was emaciated and weak, and his appetite was totally gone. He at that time presented no symptoms of venereal taint, and attributed the whole of the indisposition under which he laboured to the prolonged use of the iodide. The testicles were healthy, and of full size.

A gentleman, who had suffered from a constitutional

venereal taint for thirteen years, whose disease had resisted the usual methods of treatment, or returned when they were discontinued, was sent to me from town, to try my method of treatment by "moist mercurial vapour." He had taken large quantities of the iodide of potass for long periods. The tongue presented the appearance already described; it was in places hard and lobulated, in others fissured by deep cracks. The left testis had almost entirely disappeared; it was reduced to the size of a pea. The right was of full size, and healthy. Virility was not impaired.

I have selected these four cases from amongst a mass of others, to furnish a reply to Mr. Gall's question; they are remarkable, from the large quantities of the iodide of potass which had been taken, and the length of time it had been continued. It is singular that three out of the four cases should present that peculiar condition of tongue, almost cancerous in its appearance, which I believe due to the use of the iodide. I never saw such a condition of tongue, however long a constitutional taint had been present, (and I have treated cases of twenty-nine years standing,) unless the iodide of potass had been taken for a long period. The fourth is the only case I have seen where absorption of the testis appeared directly due to the use of the above-named salt.

I am, Gentlemen,

Your most obedient Servant,

LANGSTON PARKER,

Surgeon to the Queen's Hospital, Birmingham, and Professor of Anatomy in Queen's College, &c., &c., &c.

20, Colmore Row, Birmingham.

January, 1852.

### TREATMENT OF SCIATICA.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—Following out the suggestion of Dr. Radclyffe Hall in his admirable papers lately published in the *Journal*, that we should endeavour to concentrate the diffused experience of the Association upon any practical point in medicine, and thus reduce, as much as possible, facts into the form of laws, I offer to the notice of the Association the following proposition :—

SCIATICA, whether connected with rheumatism or not, and not dependant upon mechanical causes, as accumulation of feces, tumours, &c., may be cured in fourteen days by rubbing along the affected nerve, from its origin downwards, half a drachm of veratris ointment (gr. v. to oz. ss.) every night at bed-time. The friction to be performed with a horse-hair glove until severe tingling is induced.

If each member of the Association will be kind enough (and the disease is just now unusually prevalent,) to test the truth or error of my proposition, and favour me with the result, I will tabulate and insert in the *Journal* the concentrated experience of the members.

Yours obediently,

C. R. BREE.

Stowmarket, Jan. 27, 1852.

## THE NEW MEDICAL BILL.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—The draft of the proposed Medical Bill has now been in the hands of every member of the profession, and your columns will doubtless proclaim the opinions of many, favourable and unfavourable to the propositions, which must have occupied much time and thought in being brought to the maturity they have obtained. Whatever may be the fate of the measure, there is, no doubt, a debt of gratitude due from the members of the medical profession to the framers of the Bill; and I, for one, cannot express my thanks better than by stating my sincere wish that it may become the law of the land before three months have passed away. As this is the time to suggest any alterations in it, I propose to mention a few things which have occurred to me as likely to render the measure more complete, and therefore more acceptable.

SECS. 14 & 15.—In sections 14 and 15 it is proposed to substitute the payment of £10 for the larger fees which are now required by the College of Surgeons and Apothecaries' Company for licence to practise. It appears to me much more suitable to raise rather than to lower this payment; and I do not consider that the Council should have the power to grant a licence to practise unless the candidate produce a diploma from a Royal College, or from the Apothecaries' Company.

SEC. 17.—Is not twenty shillings per annum too much for a registration fee?

SEC. 18.—Should not the profession know something more about the intended "Provident Fund?"

SEC. 24.—A druggist may recover for medicines administered and supplied by him; and section 36 does not prohibit the mischievous practice of a druggist prescribing and administering medicines. Here, I think, lies the chief fault in this otherwise excellent Bill. The chemists and druggists have taken from the Licentiate of the Apothecaries' Company much of his business; and counter practice has of late years increased to a great extent. It is for this Bill to remedy the evil, and provide a penal clause binding all chemists and druggists not to give medicines to or for any sick person, unless such medicine shall have been prescribed by a licenced practitioner; and prohibiting them from giving any medical or surgical advice, with medicine, under a penalty easily recoverable. It ought not to be sufficient that they should be unable to recover at law, but the law ought to be far more stringent than it is at present.

SEC. 26.—What is the meaning of acting as a surgeon, and acting as an apothecary? Should not the words, "For gain or profit" be added?

SEC. 32.—Who is to bear the expenses of prosecution; and in whose name are prosecutions to be made?

These few questions and remarks have been made for the purpose of endeavouring to make an addi-

tion to the usefulness of the Bill; and as I do not doubt but that you will have a multitude of counsellors, I trust you will find that there will be that for us which we do not now possess—safety.

I am, Gentlemen, your obedient Servant,

GEORGE FRED. WILLS.

Crewkerne, January 27, 1852.

## Medical Intelligence.

### MARYLEBONE COUNTY COURT.

Before A. AMOS, Esq.

BROWN v. BANKS.—This was an action of great importance to the medical profession, and to the public who require their services at a distance, and it being the first brought to determine what mileage should be allowed since the introduction of railways, excited much interest to the members of the medical profession in attendance. The plaintiff is a consulting-surgeon of 27, Oxford Street, and the defendant is a gentleman residing at Leighton Hall, in Nottinghamshire. The sum sought to be recovered was £39. 7s. 6d., for medical attendance upon Mrs. Haffenden, defendant's sister.

Mr. BROWN said that he was the medical attendant to defendant's family. On May the 23rd Mr. Banks called upon him, and requested that he would go *instantly* to see his sister, who was dangerously ill at Leighton Hall, Notts, a distance of 150 miles. He travelled by rail, and returned to town on the 24th. Considers the sum charged is small. The usual charge is 10s. 6d. per mile, or 15 guineas per day; and 7s. 6d. per mile for 300 miles is not a large sum. Met two medical men at Leighton Hall, and consulted with them. Mrs. Haffenden was in danger, and had been so since her marriage. The lady's complaint was of too delicate a nature to detail. The charge for post-horsing by M.D.'s was £1. 1s. per mile, but by rail the charge was 15s. 6d. per mile.

By Mr. PARRY.—Knew the family for three years. Travelled to Leighton Hall by first class. Is in practice as a consulting-surgeon. Keeps books, but has not practised as an apothecary for five years. Was obliged to have a deputy to visit his patients whilst he was absent. The deputy was not employed specially, but by the year. It was inconvenient to say how he paid his deputy.

Mr. PARRY.—I take it to be an extremely moderate sum, which will satisfy me.

Plaintiff's examination resumed—Mrs. Haffenden had, previously to my going down, written to see me. I said I would go for her for ten guineas, on condition of receiving two days' notice. I understood Mrs. Haffenden would pay me out of a small annuity she had. The husband of the lady has treated me in very discourteous terms. He has repudiated my services. Am not suing the husband. Had been to Dover, for which £33 were charged. There is no difference in the charges of consulting-surgeons or physicians.

Dr. TYLER SMITH, of 7, Upper Grosvenor Street, examined by Mr. PARRY, said he practised as a phy-

sician for the last eleven years. He knew more of the fees usual for distances among physicians than surgeons, but he believed them to be the same. Since the introduction of railways, physicians' fees had varied considerably. In the old days of posting, one guinea per mile was usual. In journeys by railway, physicians, summoned suddenly from their practices in London, now generally obtained two guineas for every three miles; others, high in the profession, considered one guinea for two miles sufficient. He had been paid at both these rates when called from London into the country. Some preferred to be paid according to the time occupied in the country, as three or five guineas per hour. Great injustice would be done to practitioners in the country if physicians took journeys into the provinces from London for low fees. The sum now charged was reasonable, considering the distance. It was below the average fee rather than otherwise. The plaintiff's solicitor asked if the witness had not been written to respecting this case before Mr. Brown had gone down to Newark. The examination of Dr. Tyler Smith was here stopped by Mr. Parry.

MR. LANE, of 1, Grosvenor Place, consulting-surgeon, deposed to the fairness of the demand for that distance.

By MR. PARRY.—Has been a consulting-surgeon for twenty-five years. Is related to the defendant. He is nephew to his (witness's) wife. Considers distance an important element in the matter. In a long journey, say over 200 miles, some difference is usually made.

MR. PARRY said a gentleman like Mr. Banks did not repudiate a fair claim, and for the credit of the family he did not throw the liability upon his sister's husband. The demand was preposterous. It was at the rate of £4500 per year, leaving out Sundays, though he believed medical men did not consider the Sabbath a day of rest. The plaintiff was not in the same position as a physician, who could not for a moment have left his patients in the hands of an assistant with less than £100 a year, as Mr. Brown did. The plaintiff had not proved the loss of a patient. His books show some days he takes seven, and sometimes three, guineas per day. The calling in of medical men, as in this instance, to state their fees, was like calling in counsel to cut down lawyers' fees. (Laughter.)

The JUDGE said it was a great difficulty to determine the equitableness of medical men's fees, as the railways had so disarranged them. The defendant had, it appeared, paid twenty guineas into this court, as being what he considered ample remuneration. He had not, however, called in the same valuable opinions as the plaintiff had, to support his view. The plaintiff's witnesses considered the charge below the market price, and this evidence fully satisfied him that the claim was fair. In his own opinion he did not consider it at all unreasonable, and should therefore give a verdict for the plaintiff with full costs.—*Lancet*.

#### PROSECUTION BY THE APOTHECARIES' COMPANY.

At the County Court held before Mr. Loeb, barrister, at North Shields, on the 23rd of January, an action was brought in the name of the Master, Wardens, and Society of the Arts and Mystery of Apothecaries,

London, against Mr. Jas. Scott, surgeon, Killingworth, for the recovery of penalties of twenty pounds, in two cases, for having vended medicine, not being a licentiate of that body. It appeared Mr. Scott held a diploma from a Scotch institute, and had been located at Killingworth above a year. It is the custom in colliery districts for a medical man to contract to attend pitmen and their families for sixpence a fortnight, the sixpence being stopped off by the under viewer at the colliery upon the pay day. Mr. Scott had contracted with a number of the men at Killingworth and Gasforth collieries, and in doing so had cut out some regular practitioners. Formal proof of attendance in two cases was given. One case was barred, by six months having elapsed since defendant attended the patient. In the second case, however, his Honour gave judgment for the full penalty of £20, and costs, to be paid at the end of two months.

#### COURT OF COMMON PLEAS.

WADSWORTH v. COLLINS.—The plaintiff is a surgeon in general practice, residing at 10, Warwick Street, Regent Street; and the defendant is an auctioneer and appraiser, living at 15, Brewer Street, Golden Square (two hundred yards from the plaintiff's residence). The action was brought for the recovery of £25, for medicines and medical attendance upon the family of the defendant, from Dec. 4th, 1850, to July, 1851. The defendant pleaded that except as to £17. 10s., which was the amount charged for medicine, and which he had paid into Court, he was not indebted.

The plaintiff, Mr. Wadsworth, was examined in support of his claim, and explained the particulars of his demand, and proved from his books that the visits were made and the medicines supplied. He called several other practitioners, all of whom testified to the charges being usual and regular, and also to the custom of medical gentlemen charging both for medicine and visits.

For the defence, Mr. Sarjeant Byles said the plaintiff had no case, for he had not produced his certificate from the Society of Apothecaries. This was now handed to the Council for the defendant. It proved to be an extra-urban licence, in consequence of which the counsel contended that the plaintiff had no right to practise in the town.

Mr. Justice Talfourd overruled this objection, and stated that if a medical gentleman had his degree, it could not possibly make any difference whether it was an intra- or extra-urban licence, that being a mere pecuniary arrangement of the Apothecaries' Company, the examination for either licence being the same. It was another question whether the plaintiff might be sued for penalties for practising in London with such licence.

Mr. James, for the plaintiff, then stated that this objection had been previously decided in the case of *Young v. Greiger*; and in any case it ought to have been specially pleaded by the other side.

The counsel for the defendant then urged that it was the practice of the profession, as regulated by previous decisions, that, if medicine was charged for, visits were not.

Mr. Justice Talfourd then summed up. The jury retired for a short time, and gave a verdict for the full amount claimed, £25.—*London Daily Paper*.

## INFINITESIMAL DOSES.

As a means of exhibiting the imposture involved in the so-called attenuations of homœopathic doses, "A General Practitioner" gives the following exposition:—

"The 'homœopathic globule' is composed of two ingredients, namely, sugar and a medicinal substance. Now, small as the globule is, one of the first or strongest dilution contains 99 times as much sugar as it does of medicine; for the first dilution is made by rubbing down, or triturating, in a mortar, 99 grains of sugar with one grain of medicine, so that any given quantity of this compound bears a proportion of 99 inert parts to 1 active or medicinal. The second dilution is formed by rubbing down 1 grain of the first with 99 grains more of sugar, so that any given quantity of the second dilution bears a proportion of 9999 inert parts to 1 active. The third dilution contains 999,999 inert parts to 1 active, each succeeding dilution being 100 times weaker than the preceding, and so of all the dilutions to the thirtieth, to which degree there are upwards of 70 medicinal substances in Quin's 'Pharmacopœia Homœopathica,' so directed to be prepared.

"Now, to show the quantity of sugar required to dilute one grain of medicine to the 9th degree only, we will suppose a shaft of the former three feet square, (and to begin with) half a mile long, lying before us. Having ascertained that a cubic inch of sugar weighs half an ounce, it follows, that about 3 inches, sliced from the end of this shaft, and weighing 121 lbs., will be the quantity required to dilute 1 grain of medicine to the 3rd degree. To carry on the process of dilution with the said grain to the 4th degree, will require of the above shaft of sugar 25 feet, or about 5 tons; 5th degree, 2500 feet, or 500 tons; 6th degree, 250,000 feet (50 miles), or 50,000 tons; 7th degree, 25,000,000 feet (5000 miles), or 5,000,000 tons; 8th degree, 2,500,000,000 feet, (500,000 miles), or 500,000,000 tons; 9th degree, 250,000,000,000 feet (50,000,000 miles), or 50,000,000,000 tons!

"Thus, it is undeniably evident, that if the whole of a grain of medicine be diluted (as directed by Hahnemann and the homœopaths) to the 9th degree only, it will require of the above-described shaft of sugar, 50 millions of miles, the weight of which would be 50 thousand millions of tons!

"Again, if 250,000,000,000 feet (the length of the said shaft required for the 9th dilution of one grain of medicine), be multiplied by 9, it will give the number of cubic feet which it contains; and if this be divided by 30,000,000, which is about the number of cubic feet of air contained in the Crystal Palace, the quotient will be 75,000. In other words, the quantity of sugar required to dilute a single grain of medicine to the 9th degree only, would fill the Crystal Palace 75,000 times. The above calculations have been made in round numbers for the sake of convenience. The quantity of sugar required would be considerably more."

The globulists profess to use sugar of milk, not common sugar, in their attenuations; it would be an interesting speculation, supposing that one grain of medicine has ever been divided into nonillionths or decillionths, (not by any means a small dose in homœopathic pharmacy,) how many cows are required to produce the milk from which the sugar is extracted?

## ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 23rd ult.:—John Henry Bartlet, Ipswich, Suffolk; Charles Bewley, Reading, Berks; Wm. Maxwell Burman, Wath-upon-Deane, Yorkshire; Alfred James Dale, Commercial Road; John Handford Hardy, Nelson Square, Blackfriars; Wm. A. Griffiths James, Kirkby, Lonsdale, Westmoreland; Godfrey Sandwith, Hull; George Stunt, Holland Street, Blackfriars; Edward Taylor, Staxton, Yorkshire.

## SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, Jan. 15, 1852:—Horace Fulcher Howard, New Barkenham, Norfolk; Samuel Partridge, Darlaston, Staffordshire.

Gentlemen admitted members on Thursday, Jan 22, 1852:—John Rerry, Leyland, Lancashire; Everitt B. Gayland, Stoke Sub-Hamdon, Somerset; H. C. Hare.

## APPOINTMENTS.

At a special general meeting of the Governors of the Birmingham Dispensary, held on Wednesday last, Dr. Healp was appointed one of the Physicians.

## OBITUARY.

January 20th, at No. 1, Dalston Terrace, James Andrew Welch, Esq., surgeon, aged 54.

January 25th, at his residence, 8, Southampton Row, Marylebone, John Baptiste de Serney, Esq., M.D., aged 78.

Lately, — Williams, Esq., surgeon, Burslem. Mr. Williams was one of a party of seven who left Liverpool in September last, to form a settlement at Terra del Fuego, where, on their arrival, they were bitterly opposed by the natives, and suffered so much from absolute want of food and the vicissitudes of the weather, that all perished,

## SHROPSHIRE BRANCH MEETING.

At a meeting of the Shropshire Branch of the Provincial Medical and Surgical Association, the following resolution was passed unanimously:—

"That this meeting of the Shropshire Branch of the Provincial Medical and Surgical Association, impressed with a deep conviction that it is essential to the best interests of the profession and the public that the question of Medical Reform be forthwith brought to an issue, feel much gratification in the assurance that there is a fair chance of so desirable a result in the circumstance of the Bill being brought forward in the name, and by the authority of, the Parent Association.

"The members of the Shropshire Branch beg to express their hearty concurrence in the principle of the Bill, and in the just and equitable constitution of the Medical Council. They approve most highly of a Provident Fund to which every medical man hereafter will have a legal claim, and which they regard as the best guarantee against that overwhelming affliction which is too often the lot of many who have to labour hard in a toilsome and ill-requited profession.

"Finally, regarding the Draft Bill as only provisional, the members of the Shropshire Branch beg to express an earnest wish that the Council will mature the measure, and carry it on to completion, being satisfied that the profession at large will hail with gratitude the settlement of those differences and perplexities which have so long troubled its tranquillity."

P. CARTWRIGHT.

Shrewsbury, Monday, Feb. 2, 1852.

## TO CORRESPONDENTS.

Communications have been received from Mr. Wilton, Dr. Chambers, Mr. Sands Cox, and Mr. West.

W. R. S. is referred to our present number for answers to his several queries. The points are not yet definitely settled. We shall be happy to receive any suggestions from him.

*Apothecary* is referred to No. XX., page 550, of our last volume, for information as to the conditions of the Prizes to be given for reports of Hospital Cases.

*Medical Benevolent College*.—Owing to the great length of the advertisement of the Second List of Subscriptions to the Medical Benevolent College, and the lateness of the time we received it, we are unable to insert it in the present number.



OPHTHALMIC SKETCHES.

SHORT LECTURES

DELIVERED TO THE

STUDENTS ATTENDING THE BIRMINGHAM EYE INFIRMARY.

By JAMES VOSE SOLOMON, M.R.C.S.,

One of the Surgeons to that Charity, lately Surgeon of the Birmingham General Dispensary.

*Ophthalmic surgery an interesting and advantageous study to the practitioner. The importance of observing the deportment and expression of a patient affected with ophthalmic disease; case of a foreign body detected sixteen years after its intrusion within the eye. Mode of examining the exterior of the globe, &c. The nature of foreign bodies sometimes indicated by the occupation of the patient, &c. The treatment of foreign bodies intruded between the conjunctiva and sclerotic membranes.*

GENTLEMEN,—The human eye has at all times been an interesting subject of observation and research to the scientific inquirer. The anatomist discovers in it a compendium (if the term may be allowed) of all the tissues of the body, which, with certain additional structures peculiar to this organ, form a beautifully-contrived optical instrument. The physician gladly avails himself of the study of an organ that *openly* displays to him the processes of disease and reparation, as they occur in its diverse tissues. He watches with instructive interest Nature's ways of recovering from disease, with the aids or hinderances that are afforded to her by his therapeutic measures. The occasional independence of local disease, and its capability of cure by topical applications alone, as in acute catarrhal conjunctivitis; or, what is equally true and more common, the association of local disease with morbid conditions of the blood, as in scrofulous and rheumatic ophthalmia, is here demonstrable. A number of these observations carefully made, aided by analogical reasoning, afford a key to the successful treatment of disease situated in other parts of the body, and occluded from his view by their natural coverings.

To the operating surgeon the eye presents an ample field for the exercise of judgment, delicate manipulation, and mechanical ingenuity. But, gentlemen, we must not forget that while the study of ophthalmic medicine and surgery—for they cannot well be separated—throws light upon the rational cure of other bodily diseases, it has been from those of our profession who have in theory and practice studied the latter, that ophthalmology has received the greatest advancement. To extend these observations, as might readily be done, to any greater length is, I am quite sure, unnecessary. The very fact of your assembling here to-day to gain some acquaintance with a subject as yet not included in the curriculum of the Examining Boards of this country proves to me that you fully appreciate how much may be gained by attention to this

branch of our profession. I consider the session of 1851 to be one of bright promise for Queen's College, Birmingham, when her students thus voluntarily press forward in the path of enlightenment and improvement: and I cannot doubt that those of you who are so actuated will ennoble your profession, and become instruments of honoured usefulness to your fellow-men.

If a patient present himself with "something the matter with his eyes" we must not at once lay hands upon him, draw asunder the palpebræ, and proceed to scrutinise the affected organ; but we should watch his *deportment* from the moment he enters our consulting room, and when he is seated, make a few general inquiries, all the time minutely noting the *position of his head*, the *expression of his countenance*, and the *condition of the palpebræ with their muscles*. Careful attention to this kind of *circumstantial evidence* is sometimes alone sufficient to indicate the nature of the disease.

When a patient comes before us with an erect head, his shoulders thrown back, and his eyes vacantly staring into space, we recognise amaurosis; but should the person be advanced in years, walk with uncertain step, his head being bent *forward*, and his eyebrows corrugated, evidently seeking a modified light, we then anticipate cataracts nearly ripe for an operation. Should it, however, be a young person—a child under the age of puberty—presenting the symptoms just related, and its chin resting on the sternum, we predicate the case to be one of protracted strumous ophthalmia, accompanied by impairment of the translucency of the cornea. You will, perhaps, be inclined to say that however abrupt and rude our examination might be of a developed case of amaurosis or cataract, the nature of the disease could not escape observation. This is true; yet you must have observed many cases which come to the Infirmary that evince, under the excitement of which manipulation is productive, far different appearances to those which truly belong to them; the membranes become highly injected, and the lachrymal gland secretes tears in abundance. To prove to you how much information may be gained by attentively remarking the conditions I have mentioned, I shall cite a case, for the details of which I am indebted to my friend Mr. Soden, an accomplished surgeon, practising in Bath.

Case 1.—"The man (says Mr. Soden) came to my house one morning with inflammation of the eye. The manner in which he held his head, the closure of the lids, epiphora, and expression of pain, all made me conclude there was 'something in the eye' before I asked him a question. On examining the eye I found considerable catarrhal inflammation, with great congestion, and a sclerotic zone round the lower half of the corneal circle. There was a small hernia of the iris a few lines from the edge of the cornea, at its lower and outer side. The protrusion was sufficient to distort the pupil to obliteration. The iris was of natural colour, and the cornea unaffected, excepting in the immediate neighbourhood of the wound, round which

there was a radiating and graduated opacity. My impression of the presence of some foreign body, from the general appearance of the eye, was so strong that I examined the bulging iris with a fine probe, and underneath it, but completely hidden, I felt a hard substance. With a pair of sharp forceps I had no difficulty in drawing it away. It proved to be a piece of iron of conical form, and really about as large as the lead that appears at the end of a finely cut pencil of moderate size (one-eighth of an inch in length). In a few days the eye was quite well. The iris retracted, but remained adherent, and the opacity of the cornea diminished to a slight scar."

*History.*—Sixteen years prior to the man's coming to Mr. Soden, while he was working at an anvil, a chip of red-hot steel entered the eye. He consulted a surgeon, who did not extract the foreign body, which became a constant source of annoyance to him; sometimes remaining quiet for a short time, and not unfrequently giving rise to inflammation that would not subside under many weeks. He from time to time obtained advice at several provincial and metropolitan eye infirmaries, but the nature of the case does not appear to have been recognised.

Well, gentlemen, having taken a general view of our patient, and a particular one of the points to which I have directed your attention, you continue your conversation with him; and if the eye be ever so little open, observe all you can as to the state of its cornea and adjacent membranes before you take the next step, which is, to *gently and slowly* depress the lower lid, with the forefinger placed over the inferior margin of the bony orbit, so as to expose the front of the eye, which you examine, as well as the inferior sinus and conjunctiva palpebræ. You may now, in the same quiet manner, elevate the superior lid, by placing the end of the thumb immediately beneath the eyebrow and drawing it gently upwards (the mode of doing this was here shown); and, if necessary, you will evert the superior lid in the way I am now showing you. The eye must be viewed in profile, as well as in front. By attention to these rules you will be enabled to discover the presence of a foreign body on the surface of the eye or of its appendages, which will be the subject of the present lecture. I shall reserve what I have to say on the necessary steps to be taken in the examination of the state of the cornea in purulent and scrofulous cases till we treat upon them. The same with regard to the diseases within the cavity of the eyeball.

The nature of a foreign body which has gained admission within the eyelids, the proper curtains of the eye, may be sometimes predicated by ascertaining the *occupation* of the sufferer; and by considering the season of the year, if the patient be a countryman, at which its intrusion took place. Among the latter, during the harvest, we may expect to find the seed of some plant, or the whole or part of a winged insect. Amongst *puddlers*, men who are engaged in the smelting of iron, a frequent accident is the intrusion of hot metal beneath

the superior lid, sometimes covering the whole front of the eye; it produces a severe burn. In these cases I would warn you not to be deterred from making a very particular examination, because some other surgeon of experience has already examined the case and removed a portion of metal. *Always* evert the lid to its full extent, and you will often find an irritating body lying in the superior conjunctival sinus. Drops of castor oil should, after its removal, be frequently applied. I shall revert to the treatment of burns upon a future occasion, contenting myself on this, with advising you on no account to prescribe a solution of nitrate of silver when the surface of the conjunctiva is excoeriated, or you will *promote* a union between the free surfaces of that membrane, an accident under the best of treatment very liable to occur.

The symptoms occasioned by the intrusion of a foreign substance within the palpebræ, are those of irritation; the conjunctival and sclerotic vessels become filled with red blood, the eye waters, and the orbicular muscle is affected by spasm; the patient may complain of a sensation as of sand in the organ. As the preceding symptoms are also those of incipient catarrhal conjunctivitis, you will require to distinguish the two complaints. The history of the case, and a careful inspection of the parts, will enable you to form a correct opinion. In catarrhal ophthalmia, there is an exacerbation of the symptoms in the evening, but the sensation as of sand in the eye, is most distressing in the morning. Congestion of the iris, evinced by a diminution of its natural brightness, colour, and contractility, is an occasional accompaniment of the vascular excitement of which a foreign body is productive. After having removed the foreign body, I have invariably ordered warm fomentations, and have found a subsidence of inflammation generally within twelve hours. If symptoms of irritation continue after the removal of a foreign body, the patient complaining that he still feels something in the eye; or in the event of your being unable to discover the irritating particle, it will be proper to sweep the palpebral lining of the superior lid with the palmar point of your finger; should this fail to afford relief, as where emery has been blown upon the face of the organ, you should syringe the eye by directing a stream of tepid water within the superior palpebral sinus, in which situation the lodgement may have taken place; or you may instil castor oil within the eyelids; steruntories, by plentifully irrigating the surface of the eyeball and its appendages with tears, are sometimes a successful means of relief. In fact, any one or more of the remedies I have mentioned, may be selected at the discretion and convenience of the practitioner.

I have been occasionally called upon to remove pieces of fine wire, grass, or spicula of wood, of about one-eighth to one-third of an inch in length, lodged beneath the conjunctiva oculi, and between the plica semilunaris and the opposite margin of the cornea. They are embedded in the fine cellular structure which connects the conjunctiva with the sclerotic. You must not attempt to extract them either with or without

enlargement of the wound by which they are accompanied, but elevate the intruded substance with a pair of fine forceps, and excise its investing membrane. The conjunctiva may be freely incised and excised, without injury to the eye, of which we had abundant proof during "the squinting mania."

[To be continued.]

## CASE OF ANEURISM OF THE THORACIC AORTA

BURSTING INTO THE TRACHEA, SIMULATING  
CHRONIC LARYNGITIS.

By WILLIAM HENRY GOOCH, M.D., EDIN.,

PHYSICIAN TO THE KENT AND CANTERBURY HOSPITAL.

THE subjoined case was read to the East Kent and Canterbury Medical Society, and is an instructive example of aneurism of the arch of the aorta, which was not discovered during life, but produced symptoms resembling those of chronic laryngitis.

A carpenter, married, aged 44, of strumous habit, middle sized, and temperate, was admitted Sept. 20th, 1850, into the Kent and Canterbury Hospital. It appeared that about a twelvemonth previously he fell from the top of a house, and soon afterwards spit a little blood; the hæmorrhage, however, did not return. Four months afterwards he began to complain of a sense of fulness and tenderness about the upper part of the windpipe, which he attributed to a neglected cold, as he coughed a little at the time. Nothing was done for the relief of these symptoms for three months. He was then blistered, the medical attendant regarding his complaint as inflammation of the chest. No relief ensuing, he sought admission into the hospital. He was then reserved and dejected, and much wasted. He complained chiefly of a sense of obstruction behind the thyroid cartilage, with tenderness and soreness, in that situation when he spoke or coughed. The cough was hoarse, and often shrill, and at the end of each fit of coughing the breathing became extremely hurried, especially at night, so that he could sleep but little. His voice was hoarse, and sometimes whispering, and he expectorated a scanty frothy mucus.

Auscultation disclosed a feeble respiratory murmur throughout the *left lung*, particularly at its apex, without rhonchus. The vocal resonance was morbidly loud, and the sound on percussion dull anteriorly and posteriorly. In the *right lung*, with the exception of a little sibilous rhonchus in the upper lobe, the sounds heard by the stethoscope, and percussion, were natural. The systole of the heart was feeble, but the sounds and rhythm were healthy. No unnatural arterial pulsation was discovered anywhere. The pulse was 84, soft, and weak. The appetite was impaired, but the tongue looked clean.

Considerable relief was afforded by cupping in the inter-scapular region, by counter-irritation on each side of the larynx, and by mercurials, with expectorants and

sedatives. Dyspnoea was alleviated, and sleep secured, by a nightly dose of chloroform. Slight oedema of the ankles now appeared, but with that exception the patient had improved and gained strength, from a nutritious diet and cod-liver oil, when soon after midnight of the 23rd of November he was seized with a sudden and very violent fit of coughing, during which an enormous quantity of blood rushed from his mouth, and he was dead in an instant. A slight aggravation of the cough had been noticed for a few days before the awful event.

*Post-mortem examination on the second day after death.*—The larynx and trachea showed no marks of disease. The *right lung* was emphysematous, and did not collapse when the chest was opened. The lung at its upper part was adherent to the costal pleura by long bands of lymph, both anteriorly and posteriorly. Several large red patches were scattered over the surface of the middle and lower lobe, which condition was thought to depend on the entrance of blood into the minute divisions of the air tubes, several small coagula being found in the larger bronchi. The *left lung* was universally adherent by a thick firm layer of lymph, and did not crepitate, the whole of its tissue from apex to base being in a state of grey hepatization. Three or four cretaceous deposits were found, of the size of half a grey pea, on making sections of the lung. The bronchial ramifications appeared dilated, and their lining membrane thickened, and intensely injected. The pericardium contained the usual quantity of fluid, and presented some white fibrinous patches on the surface of the right ventricle, together with adhesions between the surfaces at the base, around the great vessels. The heart was somewhat large, but its cavities and valves were natural. The aorta presented in its first portion patches of white thickening of the inner coat, and atheromatous deposits, and at more than one spot a circumscribed superficial dilatation of the coats had taken place. Immediately beyond the left subclavian artery there appeared a large opening, that would readily admit the fore-finger, which communicated with an aneurism, of the size of a small orange; it was situated between the aorta and trachea, and contained a small loose mass of fibrin, but had no concentric laminae. The rings of the lower part of the trachea were bare in the posterior wall of the sac, for a space equal to the circumference of a sixpence. At this spot there were two distinct openings that passed into the trachea at its bifurcation, one of these, more properly speaking, led into the commencement of the right bronchus. The margins of these openings on the tracheal side were surrounded with tufts of lymph, adhering pretty firmly. The left recurrent nerve, after passing round the corresponding bronchus, became embedded in the wall of the aneurism. The glands between the bronchi were much enlarged, and filled with a hard cretaceous substance.

In reflecting on the case now detailed, one cannot fail to be struck with the undoubted relief afforded by the treatment to the more urgent symptoms, at the

same time that the aneurismal disease must be considered to have been advancing. To the congested and hepatized condition of the lungs diagnostic during life, and discovered after death, we may point as satisfactorily explaining this apparent anomaly.

But the great practical lesson which the case suggests has reference to diagnosis; fresh proof is afforded by it of the obscurity which surrounds the progress of aneurisms about the commencement of the aortic arch. In the majority of instances the symptoms that result from compression of the surrounding organs, offer only equivocal evidence; it remains for a pulsating tumour, or a sudden arterial hemorrhage, to reveal the true nature of the affection. Sometimes, indeed, the trachea, the oesophagus, or the recurrent nerve, sustain such impediments to their functions from pressure, that the diagnosis is not a matter of difficulty. On the other hand may be cited, as a striking contrast, the case recorded by Mr. Lawrence in the "Medico-Chirurgical Transactions," Vol. 6, where an aneurism of the arch of the aorta so pressed on the trachea as to ulcerate its lining membrane; and yet the patient did not experience any dyspnoea, death arose from a different cause; and the discovery of the aneurism, which was small and filled with firm laminated coagula, was quite accidental.

Lacennec, when speaking of aneurism of the thoracic aorta, remarks:—"It cannot be known with certainty till it shows itself externally; it can hardly be suspected even when it compresses some important organ and greatly deranges its functions."

And in support of the same doctrine, the case of the late Mr. Linton may be adduced. At first, it will be remembered, his symptoms were attributed to tubercular condensation of the superior lobe of the lungs. "It was thought doubtful whether the dyspnoea depended on enlargement of the bronchial glands, or on aneurism; the latter was only suspected by the distinguished physicians in attendance. This suspicion proved to be correct, for a false aneurism of the aorta was found of the size of an orange, which had burst into the trachea, and, of course, had led to the copious hæmoptoe that took place five months before death."

In the Catalogues of the Museum of the Royal College of Surgeons, and of St. Bartholomew's Hospital, three cases of aneurism pressing on the trachea are described, in two of which an opening was made into the trachea to relieve the symptoms\*

\* The first (No. 1645, in Catalogue College of Surgeons Museum, London,) is described as aneurism of the posterior and upper part of the arch of the aorta, attached by a narrow neck, and opening into it by an oval mouth, half an inch wide, immediately below the origin of the innominate. The sac pressed on the trachea and burst into its front part just above the bifurcation, by a small irregular opening. *Laryngotomy* had been performed (probably for symptoms pointing to the larynx.)

The second case (Vol. 1, series 13, No. 69, Catalogue St. Bartholomew's Hospital Museum, London,) is described as aneurism of the upper part of the arch of the aorta, involving the arteria innominata, slightly compressing the trachea. The patient was supposed to have chronic asthma; to relieve suffocation the trachea was opened. In the operation a large thyroid vein was opened, and the patient died.

The third case (Vol. 1, series 13, No. 18, same Catalogue,) is that of aneurism of the arteria innominata pressing on the trachea. The patient was twenty years old, and subject to fits of dyspnoea, and in one of these she died. The canal of the trachea is slightly narrowed by the pressure of the innominate.

In the instance under consideration, the absence of all physical signs indicative of disease of the heart or its large vessels, the evidence of solidification in the left lung, the peculiar character of the voice and cough, with other symptoms, led to the inference that the chief lesion was strumous laryngitis, probably advanced to the ulcerative stage, (with pre-existent pneumonia.)

*Post-mortem* examination corrected the error by discovering another and an adequate cause of the affection of the throat, in the fact of the recurrent nerve being involved in the aneurismal sac; while the condition of the left lung, and the position of the aneurism, explained the paroxysms of difficult breathing.

It is right to add that a suspicion of some unusual pressure upon the recurrent nerve, like that which would be caused by enlarged bronchial glands, had been expressed by me shortly before the patient's decease.

## ON THE VARIETIES OF CRANIAL PRESENTATION.

By JOSEPH GRIFFITHS SWAYNE, M.D., LOND.,

Lecturer on Obstetric Medicine at the Bristol Medical School.

THE relative frequency of the different cranial presentations has long been a *verata questio* between the professors of the obstetric art in France and Germany. The French accoucheurs have mostly taken one side of the question, and the Germans the opposite: whilst the greater number of our own countrymen have been disposed to adopt the views of the latter. As the point at issue is one which is of some importance, and which even the limited experience of individuals may tend in some degree to settle, I am induced to bring forward the particulars of a certain number of cases, which have been carefully noted for the purpose. In so doing I have availed myself only of those which have fallen under my own immediate observation, for the most part in private practice; and have refrained from making use of a considerable number which have been attended by the pupils of the Bristol Medical School, under my superintendence; because the discrimination of the varieties of cranial presentation usually requires a higher degree of the "tactus eruditus," than can reasonably be expected in those who are yet in *statu pupillari*.

The cases I am about to bring forward have not been selected, but have been taken as they occurred, and amount in all to 286. In classifying these according to the presentation, I shall only refer to the four kinds of cranial presentation which are commonly recognised amongst obstetric authors. In the first of these, which is the ordinary presentation of the head, the occiput of the child is turned towards the left acetabulum of the mother's pelvis; in the second, it is towards the right acetabulum; in the third, towards the right sacro-iliac synchondrosis; and in the fourth, towards the left sacro-iliac synchondrosis. The two first of these positions have been called by Velpeau and some of the French authors, the occipito-anterior positions, because in them

the occiput is placed in the anterior semi-circle of the pelvis; whilst for a similar reason the two last have been called the occipito-posterior positions. The other four positions, by means of which Baudelocque and others make out the list of eight cranial presentations, are those in which the occiput is in apposition with the symphysis pubis, the promontory of the sacrum, or the centre of one or other ilium. The existence of such positions has been denied by many accoucheurs of the greatest experience; whilst those who admit them allow that they are exceedingly rare. I have never met with a well-marked case myself, and, consequently shall make no further mention of them, as I cannot speak from experience.

With respect to the four presentations first mentioned, all authors are agreed as to the great frequency of the first, which is the ordinary presentation of the occiput towards the left acetabulum. But there is great difference of opinion as to the comparative frequency of the other three, especially amongst foreign accoucheurs. Thus, the second position, or that in which the occiput presents towards the right acetabulum, is regarded by Baudelocque, and nearly all the French authors, except Dubois, as next to the first in the order of frequency; whereas it is considered by the late Professor Naegelé and some of the German writers to be the rarest of all. Madame Boivin describes it as occurring in 19 per cent. of her cases, and Madame Lachapelle in 21 per cent; whereas Naegelé met with it only once in 1210 cases. Most of our own accoucheurs implicitly believe with Naegelé in the rarity of this presentation. On the other hand, Dr. Simpson has met with 256 cases of it in 668 cranial presentations. There is the same discrepancy of opinion as to the frequency of the third position, or that in which the forehead is towards the left acetabulum. Naegelé and Stoltz consider it to be the commonest after the first: whereas most of the French authorities consider it to be rare, and place it third in the order of frequency. Naegelé met with 359 cases in 1210, or 29 per cent., whilst Madame Boivin met with only 189 in 20,517, and Madame Lachapelle 164 in 22,243. According to Dr. Simpson it is still more rare, for he met with only one case in 668. There is not so much difference of opinion as to the fourth position, or that in which the forehead is towards the right acetabulum. Most authors consider this to be the least frequent of the two occipito-posterior positions; but this opinion is by no means universal, for Dr. Simpson met with 76 cases of this position, and only one of the third in a total of 668 cases. And Dr. Miller, an American accoucheur, who has lately written on the subject, also considers it to be much more frequent than the third.

The discrepancies pointed out are so striking, that at first sight they might lead to the belief that obstetrical statistics may be made to prove anything, but upon examination it will be found that these differences are more apparent than real. Thus Naegelé considers that nearly all the presentations of the head in the second position were originally, at an early stage of the labour, presentations in the third position, but that as the

labour progressed a change in position was effected by the natural efforts, the head rotating so as to bring the occiput round from the right sacro-iliac synchondrosis behind to the right acetabulum in front, which he believes to be the natural termination of presentations in the third position; and he thinks that from this change having been overlooked, the second position came to be considered so frequent by various authors, because what were really examples of the third position were set down as belonging to the second. His doctrines have been generally adopted in this country; but in France, where perhaps greater attention has been paid to the mechanism of parturition, they have met with some opposition. I shall endeavour, as much as possible, to test these conflicting views, by the cases which I shall bring forward. I need not dwell upon those in which the head presented in the first position, as they only confirm what has been universally observed as to the great frequency of that position. In 247 cases out of 286, or nearly 7-8ths of the whole number, the head presented in that way. I find that the second position occurred in 28 cases out of the 286. I am thus led, from my own experience, to coincide with most of the French authors as to the much greater frequency of the second than of the third and fourth presentations.

There is every reason, *a priori*, for supposing that the second presentation, which is in every way the most similar to the first, should be next to it in frequency; and there is every reason against the probability of its being, as Naegelé considers, the most rare. However, as facts are the only legitimate arguments in discussing such a question, I shall adduce one or two cases in which there could not be the slightest doubt that this presentation was the original one. According to Naegelé, the turn which is described by him as changing the third into the second position, is not effected until the head is fully engaged in the pelvis,—until (to use his words) “it experiences the resistance which the inferior part of the pelvic cavity opposes to it.” But in two of my own cases there could not be the slightest doubt that the head was in the second position when above the brim. In one of these (No. 116,) it was necessary to perform craniotomy, on account of pelvic deformity, which prevented the head from entering the cavity of the pelvis. The head was drawn through the pelvis, and delivered in the position in which it presented,—viz., with the occiput towards the right acetabulum. In another, (No. 272,) which happened lately, the head remained so high above the brim, even when the os uteri was fully dilated, as to be out of reach by an ordinary examination; the only part to be felt was one of the hands. Expecting an arm presentation, I introduced my hand into the vagina, for the purpose of turning, if necessary, and, in so doing, ruptured the membranes. I was then able to feel the head high above the pubes in the second position, in which position it descended into the pelvis after the hand had been pushed up, and remained until it was expelled. These instances alone, although but 2 out of 286, show a greater per centage of the second position than the cases

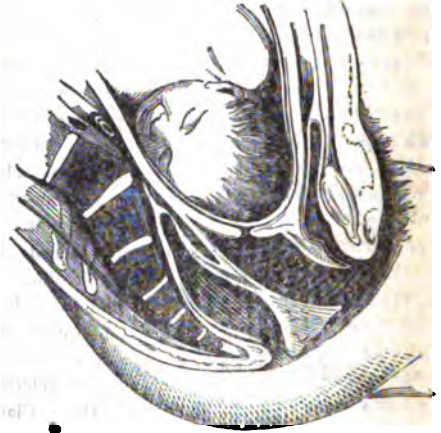
of Naegelé, who only records 1 in 1210. But in by far the greater number of the 28 cases which I have noted, I examined minutely at an early stage of the labour, when the head was high, and before the membranes were ruptured, without in any instance detecting that this position was the result of a change from the third.

My own experience with regard to the relative frequency of the third and fourth, or occipito-posterior positions does not agree with the statistics which are usually given. The third position is generally considered to be much the most frequent; but in my own cases there were only three instances of this, and eight of the fourth. This result, however, is not singular; as in Dr. Simpson's cases the difference between the two is still greater. Out of 668 cases he met with 76 of the fourth and only one of the third position. Dr. Millar, the Obstetric Professor in the University of Louisville, U.S., (whose work has lately been reviewed in the *British and Foreign Medico-Chirurgical Review*,) has met with the same result; for he remarks:—"I find by reference to my note-book that the fourth position has occurred in my notes oftener than the third, but both together less frequently than the second."

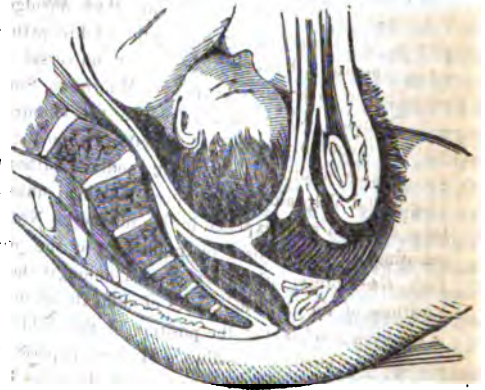
The third position, as I remarked before, has been considered by Naegelé, and also by Rigby, and other English writers, to be much more frequent than the second; and the cause which they allege for the reputed frequency of the second is, that in nearly all the cases of the second position the head originally presented in the third position, but that this circumstance was not noticed by those in attendance. From the reason which they assign one would be led to believe that the diagnosis of the third and fourth positions was a difficult matter at the commencement of labour; but this does not accord at all with my own experience. I have in general had no difficulty in distinguishing these presentations, before the membranes are ruptured, and even before the os uteri is dilated, by noticing a peculiarity in the shape and position of the os uteri, which, as far as I know, is not described in any book on midwifery. The peculiarity I allude to consists in a depression of the posterior lip of the os uteri, and an elevation of the anterior lip, dependent on the position of the child's head. In ordinary labour the child's head is, at the commencement of the labour, flexed upon its body; but during its progress the head becomes still more flexed by the chin approaching still nearer to the sternum. The result of this is, that the posterior half of the child's head is much lower than the anterior. Consequently, in the occipito-anterior presentations, the occiput being in front presses upon the anterior lip of the os uteri, and depresses it much below the level of the posterior lip. But in occipito-posterior presentations the reverse takes place; the occiput being behind depresses the posterior below the anterior lip. Hence the shape and position of the os, on making a vaginal examination, appear to be very different from that which we ordinarily find. In ordinary cases the finger passes but a slight distance into the angle, or cul de sac, formed by the junction of the vagina and

the anterior lip of the os. (See *fig. 1.*) But in the occipito-posterior positions the finger passes high up behind the pubes into the cul de sac just mentioned, which in this case forms an acute angle, as if the first it formed an obtuse angle. (See *fig. 2.*) At the same time

*Fig. 1.*



*Fig. II.*



the posterior lip, and even the entire os, is unusually low in the pelvis. From noting this circumstance I have been able to detect these presentations at an early period of the labour, and have found, as a general rule, that the head does not make the turn which Naegelé and others describe as the ordinary course of events. That it does so sometimes is, nevertheless, quite certain. In one of my eight cases of the fourth position it was very evident. In this case, as soon as the membranes were ruptured the anterior fontanelle was felt just behind the right branch of the pubes, and the right ear behind and a little to the left of the symphysis. Afterwards, as the head descended, the ear could be distinctly felt during each pain to recede from this position and come round to the right side of the symphysis, and pass backwards almost out of reach, until at last the head was expelled with the occiput towards the left thyroid foramen. Immediately upon its expulsion it regained



its former position, with the forehead in front, and looking towards the right acetabulum.

A short time ago I witnessed a similar change of position in a rather difficult case of labour which was attended by one of my pupils, and in which the forehead was originally towards the right acetabulum. But in all the other cases of the third and fourth position, amounting in all to ten, no such turn took place, but the forehead of the child continued throughout the labour in the anterior semicircle of the pelvis. But yet in all these delivery was easily effected by the natural powers, notwithstanding that the head was placed in what is generally considered an unfavourable position. So unfavourable an opinion had some of the older writers respecting the third and fourth positions that some of them considered delivery impossible whilst the head was so placed. Levret, Capuron, and Baudelocque maintained that the forceps was always required to finish such labour, unless either the child was unusually small or the pelvis unusually large. Nor are these views peculiar to the older writers. Blundell, who was generally so averse to meddling with midwifery, nevertheless thought that the assistance of art was necessary in these cases. The necessity of interference was still more strongly insisted on by Dr. J. Clark, of Dublin, and also by Dewees, who went so far as to observe, that a man is "incompetent to practise midwifery in its best manner who cannot detect and change this malposition of the head, and thus abridge by several hours the misery and pain of his patient." Such opinions, however, were not universal even amongst the older accoucheurs; for Mauriceau, Smellie, and Denman, relate cases in which the labours terminated favourably by the natural efforts when the head was in this position. Amongst modern authorities, Dugés and Velpeau give instances in which unusually large children were expelled in this manner. Notwithstanding, in most works on midwifery at the present time, these presentations are classed amongst the malpositions of the child as causes of difficult labour, and it is recommended that the position of the child's head should be altered, if possible. My own experience by no means confirms this view, as in all the cases I have noted, the labour was very little, if at all, more tedious than in an ordinary presentation, although I allowed the forehead to continue in the anterior semicircle. In one of these (252) it was necessary to deliver with the forceps, on account of convulsions, but not because the labour was protracted.

I am led from this to conclude, that the difficulties which are said to attend such positions are more theoretical than practical, and that many persons have been led to believe in them, from making comparisons of dried pelvises and crania, and measuring the several axes and diameters, without making allowance for the very great alteration which may take place in the shape of a child's head during labour, and by means of which it becomes moulded to the canal which it has to traverse. Thus it has been stated, that in consequence of its shape being more

square, the forehead does not adapt itself so well as the occiput to the arch of the pubis, as the head clears the outlet of the pelvis; without considering how materially that shape may be altered by the overlapping of the frontal bones at their suture. It has been likewise stated, that at the moment of expulsion the perineum is put much more on the stretch, and is in more danger of rupture, because the occipito-frontal diameter of the child's head (which in their occipito-anterior presentation, is in relation with the antero-posterior diameter of the pelvic outlet,) is much longer than the trachelobregmatic which is in apposition with it in ordinary cases. Here again no account is taken of the great capability which the occipito-frontal diameter has of being lessened by the overlapping of the parietal and frontal bones at the coronal suture. In fact, in all these instances of occipito-posterior presentations, I have noticed that this shortening actually takes place to a great extent, so that the head is at first so much altered in shape as to be nearly round; whereas in the occipito-anterior presentations the head becomes materially lengthened, especially when the labour is at all protracted. In the 11 cases I have noted of occipito-posterior positions, the perineum did not receive the slightest injury, nor did it seem to be more on the stretch than usual. From these observations I am led to conclude, that under ordinary circumstances the occipito-posterior presentations require no artificial assistance; and that, as a general rule, the powers of nature are sufficient to accomplish delivery safely in any cases of vertex presentation.

## ENORMOUS ACCUMULATION OF FLUID IN AN OVARIAN CYST.

By H. COOPER, Esq., M.D., Lond., F.R.S.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The following case occurred in the practice of my friend, Mr. Denton, of Hornsea, near this place, and was sent by me occasionally in consultation. At his request I send you the following notes, which may prove of interest, as showing the enormous accumulation which may take place gradually in the proximity of important organs, without producing any injurious effects, except those of mechanical pressure; and the facility and safety with which these large amounts may be withdrawn by tapping, with proper precautions.

Ann Russell, aged 54, unmarried, of spare habit, very active and energetic, ten years ago, while papering a room, overstretched herself, and was immediately conscious of some internal injury. Shortly afterwards she felt a fullness on the right side, which, without any interference with her general health, and with only mechanical inconvenience, has gone on increasing up to the present date, Nov. 28, 1851. Her condition is now as follows:—The abdominal distension is extreme;

the girth round the umbilicus is four feet eleven inches, and the enlargement being nearly globular gives the same measurement in every direction; the skin is tense and bright, and being stretched to the utmost, the slightest touch on one side of the abdomen is transmitted to the other with singular distinctness; veins the size of the little finger traverse the abdominal tumour, and there is great eversion of the cartilage of the ribs; excessive oedema in the lower extremities, the skin of which has given way; breathlessness on exertion, orthopnoea, and almost total suppression of urine, without albuminuria, are also present. She has frequent attacks of syncope, with sense of approaching suffocation.

Mr. Denton took this afternoon, with a large-sized trocar, *eighty-three imperial pints* of a dark turbid fluid at one tapping. Faintness frequently obliged us to arrest the flow, and to give stimulants; and great attention was required to the bandages, particularly an extra one compressing the hypochondrium, from which she experienced the greatest relief. The fluid was not of high specific gravity, and not at all gluey, though of a dark chocolate colour, as if coloured by decomposed blood.

After the operation the abdominal parietes subsided in huge folds, giving to the hand the impression of a cyst very much thickened, but not painful when grasped.

Referring to the records of similar cases within my reach, I find only one in which an equal quantity of fluid was taken at one operation; and from the date of the communication I presume the old measurement, and not the imperial, would be employed. In the few other cases reported of anything approaching this quantity being removed, it has been done at several tapplings, and will, therefore, have accumulated in the intervals.

I learn that the patient has done well up to the date of this letter; and that there is no very distinct evidence, as yet, of reaccumulation of fluid.

I remain, Sir, your obedient Servant,

HENRY COOPER.

Hull, December 30, 1851.

## Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

### CASES

*Reported under the Terms proposed by the Association.*

BY SOLEUTATOR.

#### Lepus.

SARAH REEVES, aged 13, admitted under the care of Mr. Knowles, March 13th, 1850. As long back as three years before the date of admission this patient began to be troubled with a sensation of itching on the

inner side of the left ala nasi. In a short time an eruption, which appears to have been of an eczematous character, appeared, commencing from that part, and passing thence gradually over the greater part of the left cheek and some portion of the right, the child's general health at the same time continuing good. Numerous applications were made use of, both with and without medical authority, but in spite of these means the face continued bad, and the ale of the nose were evidently being destroyed by the insidious disintegration or "eating away" of the disease, as the mother not unaptly termed it.

Upon admission the same state was observed, a considerable portion of the left ala nasi being lost. The diseased part presented appearances of two kinds, either red shining integument, from which a transparent discharge was constantly oozing, in minute drops, or concretions of the same nature being the characteristics. Appetite reported good, and all the functions regular. Menstruation not yet established. The light hair, the transparent complexion, and pearly conjunctiva, showed her to be of an eminently scrofulous diathesis, and on inquiry it was found that she inherited the taint from her father. Hab. Pil. Hydrarg. Chlor. Comp. j. omni nocte.—R. Potass. Iodid., scr. j.; Decoct. Sarsæ. Comp., oss. Sumat. oz. j. ter die.—R. Calom., dr. j.; Ung. Picis. Nig., oz. j. Misce et ap. bis die part. affect.

20th.—Continue medicine.

28th.—No change. Continue medicine.

April 15th.—No change. Continue medicine.

20th.—There being still little change the medicines were altered, and she took the preparation known as Donovan's solution, as in the following prescription:—R. Sol. Don., dr. j.; Decoct. Sarsæ. Comp., oss. Sumat. oz. j. ter die.—Ap. Ung. Hydrarg. Nit. Oxid. bis die.

May 1st.—Remains much as before. Continue medicine.

9th.—The face looks dryer, and is, if anything, better. Continue medicine.

25th.—Seems much about the same. Continue medicine. Ad. Mist. dr. j. Sol. Donovan.

June 1st.—Improved. Hab. dr. iij. vice dr. ij. Sol. Donovan in mist.

21st.—About the same. Continue medicine.

29th.—She now left the hospital evidently benefitted by the treatment, the face looking less red and dryer. She continued her medicines as an out-patient, and attended during the month of July and part of August, still going on with the same medicines and application. She had then become much better, and discontinued attendance until the summer of 1851, when she again made her appearance as an out-patient for a short time, and was again benefitted by arsenic, taken in the form of Fowler's solution. From some domestic circumstances, however, she was unable to continue as a patient, and we saw no more of her until November 14th, 1851, when she was again admitted as an in-patient.

On admission the girl was observed to be much grown, and menstruation had been established, without



any attendant suffering; she still, however, retained the scrofulous aspect, and her mind seemed more affected by the disfigurement than it had heretofore been. The disease remained somewhat in the same state, but appeared more inclined to attack the deeper structures, and some portion of the upper lip was also now lost; there was, likewise, more discharge, and more resembling pus. All the functions natural. She now had ten grains of pitch three times daily, and applied poultices to the face, to bring away the concreted discharge. This being effected, an ointment of the sulphuret of potassium was applied for some time, but without any amendment; the pitch dose was then increased to fifteen, and subsequently to twenty grains, and an ointment, composed of one ounce of lard, and fifteen grains of ioduret of sulphur used. The ointment was afterwards increased to double the strength, but failed in producing any decided result.

In the month of December she had the Ol. Aselli in large doses, and took that until the beginning of January, 1852, when she again left the hospital for change of air, more benefitted by the latter medicine than by an prior treatment. She has not returned to the hospital up to the present time, February, 1852.

Upon the patient's first admission into the hospital it was easy to diagnose a case of lupus of a mild character, and also to prognosticate that difficulty would probably be found in devising any means of relief from the disfigurement, both of which points were touched upon by Mr. Knowles in some remarks made to the class at that time. Lupus is essentially a disease which belongs to the tubercular class; and most observers, among whom Mons. Biet is prominent, distinguish three varieties of the complaint:—1st, lupus in which the ulcerative process destroys principally in depth; 2nd, that in which the destruction and cicatrization do not produce any open ulceration, but are accompanied by hypertrophy of the skin\*; 3rd, lupus which spreads chiefly superficially. Others, however, make but two divisions of the disease:—the lupus exedens, or noli me tangere; and the herpes, or lupus non exedens. It seems, however, that there are many ulcerations having many of the characters of lupus, which cannot be definitely classed under either of these divisions, and of such a kind seems to be the case reported. It most agrees with that form described by Biet as superficial lupus, and yet it steadily went on from month to month, and from year to year, destroying the nose and lip of the patient. From consideration of this and other cases, it seems that all kinds of lupus might be classed under three heads—viz., that affecting the deep parts, that affecting the cutis vera, and that affecting the cuticle. In the case in point the disease seemed to confine itself to the true skin. A division of this kind is not merely of a scientific nature, but has practical bearings which are of great importance as regards the treatment to be enforced, should the disease attack the deeper parts. No heroic measures, as the arsenical

paste, &c., can with safety be adopted; but, on the other hand, should the disease be diagnosed as superficial, there is no reason why such an application should not be made use of, and the patient obtain the benefit consequent on the destruction of the diseased parts.

The case reported well exemplifies the obstinacy of the disease; medicines and applications, although persevered with to a very great extent, having but little control over it, although it must be confessed some improvement was occasionally manifested. The frequency with which the complaint is met with, combined with the scrofulous habit, points to its constitutional origin, and the good which resulted from the use of the cod-liver oil bears out such remark. In the *Lancet* of June 14th, 1851, some cases are spoken of where very great benefit was produced by the use of the same agent. No doubt the good effect is attributable to the iodine present, which substance has also been used as an external application, and is recommended as such by Dr. Houghton, in the "Cyclopaedia of Practical Medicine." Almost everything has at one time or other been used in this disease. Biet used ioduret of sulphur, which in this case did no good. Bateman recommends chloride of barytes formerly, though efficacious in all scrofulous affections. Sir Astley Cooper used an ointment of sulphur and arsenic; and Dupuytren one of calomel and arsenic. Dr. Ure recommends the chloride of zinc. And the nitric acid is said to have been used with success by Cloquet. Blistering, nitrate of silver, potassa fusa, and every caustic application, have had their advocates, while others have extolled such remedies as the gallium sparium, the anthemion nobilis, the mountain flax, and other remedies of reputed efficacy in cleansing and purifying the blood of peccant fluids; or, in the language of the village doctress, from "foul whomurs." When it is determined to use any caustic application, with the view of the destruction of the part, the rule laid down by Cooper should be adhered to,—viz., not to destroy more than the extent of a shilling at one time; for, says this authority, "the paste (arsenic) requires particular caution, lest the patient be poisoned by it; and, moreover, it is liable to bring on erysipelas of the face." Should, however, it be determined to apply such a remedy, it should be done effectually; and if there be any return of the ulcerative action, the remedy should be applied again.\* This mode of treatment, therefore, is more applicable to lupus in its earlier stages, before it spreads to such an extent as to render the application dangerous.

#### *Injuries of the Knee-Joint.*

EMMA ROBINSON, aged 14, was admitted into the Queen's Hospital, August, 1851, under the care of Mr. Knowles, having the day before fallen down and hurt her knee. On examination, that part was found to be immensely swollen, much inflamed, and, of course, exquisitely tender, when touched or put to the slightest motion. There was a wound on a level with

\* Probably analogous to lipoma.

\* See Dr. Ure on Lupus. *Medical Gazette*, Vol. xviii.—Walshe, Op. Cit., p. 543.

and internal to the patella; and upon using the probe to ascertain if a dark-looking substance, obscurely visible just within the wound, was a foreign body, it struck against something hard, which being laid hold of by a small pair of forceps, was with difficulty extracted, and proved to be a nail an inch and a half in length, with a small head, such as is used for nailing down flooring. A considerable degree of force was requisite to extract the nail, and this was followed by a flow of synovial fluid, evidencing that the nail had pierced its secreting membrane, and, therefore, opened the cavity of the joint. There was also considerable constitutional disturbance present; the pulse counting 110, the skin hot, and general restlessness and irritability. The limb was kept perfectly quiet, by means of a gutta percha splint underneath, and warm medicated fomentations assiduously applied, while she had five grains of calomel immediately, and a black draught in four hours afterwards.

The next day the limb was found to be still much swollen; she had also had rigors, and complained much of throbbing in the neighbourhood of the joint, but there was no flowing away of synovial fluid. The bowels had been well moved, but the pulse remained as high as 110. Twelve leeches were now applied to the joint, and one drachm of magnesiae sulphas and the eighth of a grain of tartar emetic ordered every four hours. The next day an abscess was opened, which appeared to have formed external to the joint on the inner side of the patella, and a large quantity of pus was evacuated with great relief to the patient.

From this date she went on well, there being no more flow of synovia, or other accession of inflammatory action. The wounds healed in the course of a month; and on the patient's discharge all the motions of the joint were perfectly performed.

ANNE HILTON was admitted June 18th, under Mr. Sands Cox, having, while engaged in bed-making that morning, run a pin into the knee-joint. On examination, a portion of the pin was easily discernible just beneath the integument; but the pin had become bent, and the head had passed inwards, and could be felt pressing against the integument some little distance from the small wound which had been made. A slight incision was, therefore, necessary to enlarge the opening, and after some trouble, owing to the bent state of the pin, it was extracted through the wound. From the large size of the pin and the direction taken, it must have entered the joint; but the wound being small and oblique, there was no escape of synovial fluid. The patient was put to bed, the leg secured from motion, and the wound closed with collodion. She never had any bad symptom, and was discharged free of uneasiness in a few days.

Wounds implicating joints, and especially the knee, are always regarded in a more serious light than those of most other parts, followed as they so frequently are by a great amount of synovial inflammation and constitutional disturbance, so much so as often to render it

a matter of great uncertainty, not only whether the motion of the joint will ever be recovered, but also whether the patient will survive. In such cases, therefore, the propriety of immediate amputation is frequently mooted, and the opinions of surgeons are much divided on this important point. Great praise is due to the talented author of "The Mirror," who lately brought forward several cases bearing on this point, showing that injuries which, *primâ facie*, would seem to require amputation, have been recovered from, thus removing any doubt as to the propriety of attempting to save the limb, even in very bad cases.

In the first case reported in this paper the writer considers that the formation of the secondary abscess probably saved the limb, and perhaps also the patient. The abscess seems to have closed the wound of the synovial membrane, and prevented inflammation of that texture; had not this happened it is more than probable that suppuration of the membrane would have resulted, from which condition there are but few recoveries. A case of this kind, terminating favourably, is, however, given in Mr. Solly's "Lectures on Injuries of the Knee-joint," *Lancet*, January 17th, 1852.

The treatment of these cases must be thoroughly antiphlogistic, and perfect quietude of the limb must be enforced; a splint beneath answers this purpose best, leaving the anterior and lateral regions free, for the application of leeches, fomentations, &c. Calomel also should not be forgotten, if the interior of the joint is in danger; and the patient may, and should, be kept under its influence for some time, if such be the case. That the knee-joint may be opened, and no bad consequences result, we have abundant evidence; and it is of this fact that the surgeon takes advantage, and receives encouragement when using the knife for the removal of loose cartilages, &c., from its interior.

#### Lithotomy.

JOHN GIBSON, aged 6, admitted December 3rd, 1851. His mother states he has been ill about two years, labouring under symptoms resembling those now present, but not so severe. He is now much emaciated, and countenance is pale. The prepuce is elongated; and he is constantly pulling it. He has also pain referred to the perineal region, worse at night. The urine dribbles away, is acid, but presents nothing remarkable when examined with the microscope. Appetite bad; bowels purged; tongue tolerably clean. A sound detected with ease the presence of a stone.

December 6th.—An enema was administered with castor oil last night, and this morning the lateral operation was performed by Mr. Sands Cox. There was no difficulty in the operation, and a calculus was extracted in rather less than a minute, weighing about five drachms. Chloroform was used previous to the operation, the boy being narcotised in the ward, and conveyed thence to the operating theatre.

Vespere.—Urine has passed by the wound; some slight abdominal tenderness. Warm fomentations to be applied.

7th.—Slept well; bowels not moved; has no pain;

urine passes freely. Ol. Ricini, dr. ij. statim. Continue fomentations.

9th.—Going on well.

16th.—The urine yesterday began to pass by the urethra; there has been no bad symptom; wound is granulating; sleeps well; seems much improved generally.

January 3rd.—Discharged well. Wound quite healed.

There was not either in the symptoms, operation, or after-treatment of this case, anything extraordinary or calling for observation. The patient made a quick recovery, but what renders the case remarkable is, that the brother and father of the lad were both operated on for stone, evidently pointing to the fact that a peculiar constitutional state, obnoxious to this disease, may be transmitted from the parent to the children. Another fact worthy of notice regarding this case is, that the child came from a quarter where stone in the bladder is a very prevalent disease,—viz., the neighbourhood of Dudley. The calculus was of an oval shape, and weighed about five drachms; its exterior was of a dark colour, friable, and laminated, probably consisting of urate of ammonia. The internal layer was of a harder description, and lighter in colour, but was not chemically examined.

## Provincial Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 19, 1852.

ALTHOUGH the Draft "Bill for providing Uniformity of Medical Education" has met with unexampled support in the provinces, yet its provisions seem so liable to misconstruction that we shall be pardoned for once more making allusion to them.

It appears to us that most of the objections urged against it are utterly untenable; as, for instance,—“that it will annihilate the College of Surgeons.” This, is the reverse of the effect likely to be produced, for its tendency will be, not to destroy, but simply to make the College of Surgeons what its supporters maintain that it ought to be—a College of pure surgery.

At present each member of the profession who practises generally all the branches of his art, attaches great value to the diploma of the College of Surgeons, and hides in the secret recesses of his *écritoire* the licence of the Apothecaries' Company. Now, why is this? Simply because the one is considered to be a proof that he was, as a student, *anxious to do all in his power* to test his capabilities by an examina-

tion not absolutely imperative; whilst the latter is merely obtained in compliance with the law of the land, and is *necessary* before he can practise that part of his profession which, however we may disguise the fact, is felt to be a degradation by all.

Such is undoubtedly the present estimate of the respective testimonials of the College of Surgeons and the Apothecaries' Company. Now, we confess we are at a loss to know why the Licentiate, under the new Bill, should be more likely to rest contented with his licence than the present Licentiate of the Apothecaries' Company. For *in future* no one would be allowed to call himself by the only name which the public appreciate, viz.,—“a Surgeon,” without going to the College of Surgeons for their permission; and we are quite sure that that permission will only be granted on such terms as will prevent the annihilation of the College for want of funds. The College of Surgeons has obtained such a hold of the public, as well as the profession, that its diploma will always be necessary whenever there is any amount of competition; and this estimation is not in consequence of the stringency of the examination, but because its diplomas have been signed by such men as Sir A. COOPER, ABERNETHY, BRODIE, GUTHRIE, LAURENCE, WHITE, and a long list of celebrities, who have each figured in their day at the head of the profession in London. The fact is, that so long as such names as these grace the list of Examiners, so long will their signatures be sought for, and paraded on every occasion.

We think, therefore, that the effect of the Bill will be simply to substitute for the licence of the Apothecaries' Company a licence granted by a Board of Examiners, consisting of gentlemen selected by a competent Medical Council, and in order to guarantee the propriety of this selection, the Medical Council is to be appointed by the existing institutions, so soon as they are remodelled by new Charters on the basis of the representative system. The only blot, in our estimation, in this scheme of appointment, consists in the retention of the Apothecaries' Company as an elective body, after it shall have ceased to exist, except as a trading corporation. We are inclined to think that it would be much better to place the power of selection of those members of the Council who are to consist of those engaged in general practice, in the hands of the Government.

than to leave it with the Apothecaries' Company. Between these two courses there is clearly no choice; a sufficient number to represent the "general practitioner," as he is now called, must be chosen, and there seems to be no body which can make that choice but the Apothecaries' Company. That Company, however, is a self-elected one, and can only in future, if this Bill passes into a law, be held together for the purposes of trade; it will, therefore, be scarcely desirable to allow such a body to exercise so important a trust, and we must, if such be the general opinion, fall back upon the other horn of the dilemma, and throw ourselves upon the tender mercies of the Secretary of State.

There are several other suggestions for alteration which have been made at the various meetings, published in another part of this journal; some of these will at once be appreciated as improvements, while others will, we think, deserve a different fate. It will be for the Committee to decide upon these different points, and we have great pleasure in announcing that it will meet in London for that purpose on the 25th inst., and that Sir G. GREY has acceded to their request to be allowed to express to him their opinions on the subject, and will receive a deputation on the 26th. In the meantime we hope to receive any further suggestions, and also to obtain the views of the various Colleges on the Bill.

## Proceedings of Societies.

### SHROPSHIRE BRANCH.

A MEETING of the SHROPSHIRE BRANCH of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, was held at the Raven and Bell, Shrewsbury, on Monday, 2nd inst., for the purpose of taking the opinion of the members on the Draft Bill.

Mr. THURSFIELD took the chair at half-past one o'clock.

At the suggestion of Dr. JOHNSON the several clauses of the Bill were read over by Mr. PIDDUCK with the exception of 1, 12, and 31. He also read the schedules referred to in clause 13.

It was agreed that the clauses be discussed *seriatim*, and, as the first and second were merely of a technical character, they proceeded to discuss clause 3.

Mr. BROOKES said, before they entered on the discussion of the several clauses contained in the bill, he might be allowed to make a few observations. He thought it would not be amiss for them to inquire why

it was that all the measures which had been brought forward from time to time had failed to give satisfaction. He would answer for one or other of the following reasons:—Either because they had tended to lower the *status* of the surgeon or general practitioner, or because they had not been framed on a representative principle, or because they had interfered with the interests, or invaded the rights, directly or indirectly, of the existing medical institutions. By the two first of Sir James Graham's medical bills, it was proposed that the surgeon or general practitioner should practise under the denomination of a licentiate in medicine, surgery, and midwifery, after an examination by the Colleges of Physicians and Surgeons, and the Apothecaries' Company. But the licentiate so examined would have belonged to an inferior caste, possessing no corporate privileges in any of the medical institutions in the country, and consequently no control over the qualifications and examinations of his own class. The two last of Sir James Graham's bills, in 1845, proposed the institution of a college of general practitioners. According to the first of these bills the preliminary examinations were to be conducted by a joint board, consisting of six physicians and six surgeons, after which the candidate was allowed to offer himself for further examination by the examiners of the college to which he desired to belong. According to the last bill,—viz., that of July, 1845, the candidate was required to present himself for examination, first before the College of General Practitioners, and afterwards for his licence to practise, before the joint Board of Physicians and Surgeons. These bills were objected to, as they created an inferior grade unconnected by membership with the College of Surgeons; they interfered also with the interests of the College of Surgeons, inasmuch as they did not reserve to that body the sole right in England to examine in surgery. The same objections had been urged against the measure of medical reform propounded by the National Association and National Institute,—namely, their tendency to degrade the surgeon or general practitioner, and their invasion of the interests or privileges of the Royal College of Surgeons. He now came to the last attempt at medical legislation,—namely, the "Draft Bill to Secure Uniformity of Medical Education and Qualification," and wished he could perceive in it any advantages over those of Sir James Graham's and the National Association, or any stronger claim to their support. It attacked indirectly the privileges of the College of Surgeons, created an inferior grade of mere licentiates in medicine, surgery, and midwifery, possessing no electoral privileges in any medical or surgical college whatever, and abolished the necessity of passing an examination even as a member of the College of Surgeons, without which, however, no one hereafter could assume the title of surgeon. It was easy, they would say, to criticise and condemn, but would they be able to frame any measure free from the foregoing defects. He felt convinced they could. In conclusion, he urged them not to give a hasty assent to any measure which was not calculated to improve the *status* of the

general practitioner, emanate from what quarter it may. They had met there that day to consult together respecting the state and position of the general practitioner, one of their own class, for whom a draught had been prescribed by the Central Council of the Provincial Medical and Surgical Association,—a draught labelled “To Promote Uniformity of Medical Education and Qualification.” Let them uncork it, and they would find a strong smell of the tincture of collegiate ascendancy, of which it appeared to him to contain an over-dose. Let them test it accurately, and they would find in it scarcely a trace of that direct representative principle hitherto considered by the associated surgeons of this country as essential to the establishment of a healthy medical constitution. He would, with their permission, spoil a line of Horace, by the insertion of a single word; and in giving advice to their patient respecting the draught just prescribed, would say—

“*Hic Aesculus niger est, hunc, tu Romane, cave.*”

It was the old black draught recommended by Sir James Graham in 1844 and 1845, but which the profession, acting under the advice of the surgeons of Shropshire and North Wales, very properly refused to swallow. He must say that he did not see that this Bill had any claim to their support, though it was true that some of the incidental clauses were very good, especially those which referred to the Provident Fund. By the present Bill they were not required to be members of the College of Surgeons, but still they were refused permission to practise in the army or navy, and were ineligible to hold any official appointment. The Bill was calculated to be injurious to some of the old medical institutions of the country, and he thought it was their duty to reform the old ones rather than establish an inferior grade. He would not hand over the right to examine to any body that would refuse him a control over that body. He had no opinion of forming a board for preliminary examination. He would not now make any further observations, as he would afterwards have something to propose for their consideration.

Mr. CARTWRIGHT, after some conversation, explained that the Bill was submitted to them for consideration, and maintained that it would, instead of lowering the profession, raise it much higher, by their having one common portal through which all candidates must pass, instead of about eighteen different ones. He maintained that in the constitution of the council they had ample guarantee of the high standing which it would give to the profession generally. It did appear to him that short of an election by the whole body of the members of the profession, and short of the adoption of the representative principle, they had in the proposed Bill as independent a body of men as could be selected to form the board; and, in his opinion, the board would perfectly represent the different classes of the profession, inasmuch as members of the Council would be chosen respectively from the Colleges of Physicians and Surgeons, and the Apothecaries' Company, which they had always regarded as the representative of the

general practitioner. He did not think it was possible to offer a more fair adjustment than what the Bill comprised. He had carefully investigated the clauses of it in reference to the principles advocated by the Parent Association; they were entirely in accordance with those principles and with every memorial and petition drawn up by the Shropshire Branch, and in particular with the proposals issued by Messrs. Brookes and Wood on the 28th of June, 1848, adopted at a subsequent meeting and laid by him before the Parliamentary Committee, viz., that the Colleges of Physicians and Surgeons, if properly modified, were sufficient for the requirements of the profession, and that no third College was necessary; also that the said Colleges should be empowered to appoint a Board of Examiners and institute a preliminary examination as a test of qualification, &c., &c. All this appeared to be accomplished in the present Bill. It was an actual absurdity to talk of the representative system not being carried out, since it is now liberally done in both of the proposed Charters for the Colleges of Physicians and Surgeons, on the adoption of which this Bill is contingent. In making the new medical council, they were not instituting a new College, but only an examining board, or board of management for the profession, and that too for corporate bodies, in which the representative system is already in existence. He also mentioned that when a person had become a licentiate with the necessary qualifications, he would, as a matter of course, seek to obtain the diploma of the College of Surgeons.

Dr. HENRY JOHNSON concurred in the view taken of the subject by Mr. Cartwright.

A lengthy discussion ensued as to the bearing which the proposed Act would have on the Colleges, and also as to the constitution of the council.

Dr. BAKEWELL gave his view of the case that the person would have first to pass as a licentiate, and might then take the higher grade of surgeon, &c.

Mr. PINNUCK objected to the Council not being on the representative principle.

After a lengthy discussion, the opinion of the meeting was taken on the clause, and carried in its favour.

Mr. WOOD remarked that the Bill certainly did make three grades in the profession, but the students could, if they pleased, undergo a second examination by either the College of Surgeons, or the College of Physicians, and then be enfranchised. He was sorry to see that the Bill would in some measure affect the interests of the College of Surgeons, because it would make men competent to every possible emolument without being members of that College. He was afraid the College of Surgeons might object to it if it threatened any injury to their funds. He only made these observations with a view to making the Bill more efficient and more easily passed. If they run counter to the College of Surgeons, they would oppose the Bill by every means in their power.

There was some discussion on clause 13, the whole of the meeting concurring in the advisability of a Provident Fund being established, so that the members of the profession, their widows and children, should not be

left destitute; Mr. Cartwright instancing that such provision was made by the army, navy, and the East India Company, as mentioned by Dr. King in his beautiful address at Brighton.

Mr. KEATE contended that they were already licensed, and Messrs. PIDDUCK, BROOKES, and BAKEWELL, followed in the same line of argument.

Mr. CARTWRIGHT explained that when a new board was established, there must be something to pay expenses, and money must come from some quarter or other. No Bill had ever been brought forward that did not seek to bat the profession more or less.

Mr. WILDING concurred in the registration fee. With respect to the Provident Fund, the fact of its being compulsory was the essence of its excellence. Several parties appeared to object to their being required to register yearly, and thought it might be done on the first entry. It was, however, maintained, and agreed to, that the yearly registration would be a safer protection to the properly qualified practitioner, and a "clutch" to quackery.

The clause was then agreed to, and clause 14 next came under discussion.

Mr. PIDDUCK said he objected to the clause, because it was a palpable contradiction of clause 22. At the latter part of the clause in question he found the following:—"And every person to whom such licence shall have been granted as aforesaid, shall be entitled to assume the name and title of a licentiate in medicine, surgery, and midwifery." Then referring to clause 22, he found "That no person shall be entitled to assume the name or style of a physician who is not, in England, a member of the Royal College of Physicians of England, or in Scotland, a member of the Royal College of Physicians in Edinburgh, or in Ireland, a member of the King's and Queen's College of Physicians in Ireland; and no person shall be entitled to assume the name or style of a surgeon who is not, in England, a member of the Royal College of Surgeons of England," &c., &c. Now, then, they first of all examined the student, and said that he was qualified to practise in medicine, and then they said he was not qualified to practise. Why should he be compelled to go to another College before he could assume the title? Mr. PIDDUCK said that all he contended for was, that there should be surety for an efficient education, and that an examination should be made; and when that was undergone, that the student should bear the title of surgeon. There were only two titles known to the public—surgeon and physician—and if they took either of those titles from the practitioner they would degrade him.

Dr. BAKEWELL concurred with Mr. PIDDUCK.

Mr. WILDING asked why those who were members of the College of Surgeons went to that College at all? It was to gain a higher title. He presumed that all were licentiates; and he could not, for the life of him, see how it could degrade the practitioner.

Mr. BROOKES said what they had found so beneficial to themselves he should like to see handed down to posterity. He should like to see it made compulsory for the student to go to the College of Surgeons.

Mr. CARTWRIGHT thought that Mr. PIDDUCK would agree with him that the basis of everything that would produce an uniformity amongst them, and enable them to take each other by the hand, was education. By that Bill they would have uniformity of education. Every man would have to go before the same Board, and pass through the same examination, in order to receive his licence to practise. What was the case at present? Why, there were eighteen different means of getting a title, that would authorise its possessor to practise. Would they tell him that a Board composed of all the heads of the Colleges, and united to form and superintend the education of students, was not more respectable than that of a mere trading company? They perfectly well knew that the College of Surgeons admitted men to the highest functions without any examination in medicine at all; and this Bill would, therefore, improve the College of Surgeons itself. He strongly protested against any one implying that it was at the present time compulsory for any one to become a member of the College of Surgeons; it was well known that it was not so. He thought it would be proper for the meeting to give their opinion on this point, in accordance with the request of the Worcester Council.

Mr. WOOP then proposed that licentiates should, in the opinion of this Branch, be compelled to become members of the College of Surgeons.

Mr. BROOKES seconded the proposition.

Mr. WOOP's amendment was then put to the vote, and carried by a considerable majority.

Mr. CLEMENT inquired if it would not be better to go to the Bill in general at once?

Mr. CARTWRIGHT moved the following resolution:—

"That this meeting of the Shropshire Branch of the Provincial Medical and Surgical Association, impressed with a deep conviction that it is essential to the best interests of the profession and the public that the question of Medical Reform be brought to issue, feel much gratification in the assurance that there is a fair chance of so desirable a result, in consequence of the Bill being brought forward in the name and by the authority of the Provincial Medical and Surgical Association. The members of the Shropshire Branch beg to express their hearty concurrence in the principles of the Bill, and in the just and equitable constitution of the Medical Council. They approve most highly of a Provident Fund, to which every medical man will hereafter have a claim, and which they regard as the best guarantee against that overwhelming affliction which is too often the lot of many who have to labour hard in a toilsome and ill-requited profession. Finally, regarding the Draft Bill as only provisional, the members of the Shropshire Branch beg to express an earnest wish that the Council will mature the measure, and carry it on to completion, satisfied that the profession at large will hail with gratitude the settlement of those differences and perplexities which have so long troubled its tranquillity."

Mr. WILDING, in seconding the resolution, begged to express his admiration of the Bill.

Mr. BROOKES could not bring himself to believe that the measure was a legitimate offspring for maintaining the honour of the profession. He objected to it because it was not based upon a fair representative

principle, and because he was convinced that it tended to degrade the future practitioner by instituting an inferior caste in the profession.

Mr. BROOKES proposed, and Mr. KEATE seconded, the following amendment :—

#### PROPOSALS FOR THE REFORM OF THE APOTHECARIES' COMPANY.

"First.—A new Act under the title of the Royal College of Medical Practitioners of England and Wales.

"Second.—The governing body to consist of twenty-four Councillors, to be chosen from among the electors of the said College; one fourth to go out of office either annually or triennially. The voting for the Council to be by balloting papers, transmitted by post.

"Third.—The Council to decide on the preliminary and professional education of candidates, and to appoint an Examining Board to examine in all branches of medical education, midwifery and surgery excepted, in which latter branches the candidate, before obtaining his licence to practise, shall be examined by the Royal College of Surgeons, of which he shall be a member.

"Fourth.—The electors for the Council of the said College of Medical Practitioners to consist—1st, of all medical and surgical practitioners, not possessing diplomas, but legally qualified by having been in practice prior to 1815. 2nd. All licentiates of the Apothecaries' Company. 3rd. All who, not possessing a licence from the Apothecaries' Company, are members only of the College of Surgeons. 4th. All persons hereafter licensed to practise medicine by the said College of Medical Practitioners, and surgery and midwifery by the College of Surgeons, and who shall be registered as surgeons and medical practitioners.

"Fifth.—The present governing body of the Apothecaries' Society to form part of the first Council, and the present Examiners to remain in office as long as they would under the existing Act of the Apothecaries' Society; but their number to be increased, if deemed necessary by the Council.

"Note.—The surgeon or general practitioner will thus have a voice in the management of his own medical college, and be enabled to secure for his own class a high standard of education—preliminary and professional. He will also be connected, as at present, by membership, with the College of Surgeons, of which institution he may also become an elector by taking the fellowship, for which honour every candidate for the licence to practise under the title of Surgeon, should be required to prepare himself in his education.

"Lastly.—A Council of Health and Medical Education to be formed of members of the Councils of the three Colleges, and of persons appointed by the Government, to be presided over by a Minister of Health, or by the Secretary of State for the Home Department. All plans for medical and surgical education to be submitted to such Council of Health and Medical Education, for their  *veto* , if deemed by them of too low a standard, but not otherwise. Such council not to be empowered to appoint any examining board."

The PRESIDENT remarked that Mr. Brookes ought to have had this proposal printed and circulated among the members a week ago, for their private consideration.

Mr. CARTWRIGHT begged to congratulate Mr. Brookes on his new Apothecaries' College.

After some further discussion Mr. Brookes's amendment was put to the vote, and lost.

Mr. Cartwright's motion was then put and carried.

Dr. DRURY moved, and Dr. JOHNSON seconded, a vote of thanks to the Chairman, which was carried with acclamation.—The meeting then separated.

## LANCASHIRE & CHESHIRE BRANCH.

At a special meeting of the LANCASHIRE AND CHESHIRE BRANCH of the Association, held at Newton-le-Willows, on the 11th of February, instant, JOSEPH DICKENSON, M.D., of Liverpool, in the chair,

It was proposed by Mr. NOBLE, of Manchester, seconded by Mr. MEDD, of Stockport, and carried unanimously,

"That this meeting of the Lancashire and Cheshire Branch of the Provincial Medical and Surgical Association, after maturely considering the Medical Bill referred to them by the Worcester Council, and published in the *Provincial Medical and Surgical Journal*, is of opinion that such Bill faithfully represents the principles of Medical Reform so long advocated by the Association, and is worthy of the cordial support of every member of that body."

Moved by Mr. SOUTHAM, of Manchester, seconded by Mr. DUNSTAN, of Holmes Chapel, and carried unanimously,

"That this meeting recommends the framers of the Bill to persevere in their endeavour to pass it into a law, with such alterations in the details as circumstances may require, and trusts that the members of the Association will exert themselves in their several localities to induce Members of Parliament to take an interest in the passing of this measure, so important to the welfare of the profession and of the public."

After these resolutions had been carried by acclamation, the Honorary Secretary read the different clauses of the Bill *seriatim*, and an interesting discussion ensued.

The Bill, as a whole, was highly approved of; and the Secretary was requested to express to the Central Council at Worcester the high approval of the meeting of the Provident Fund, and the uses to which any surplus provided by the 19th clause may be applied.

They also requested him to inquire whether the 22nd clause inculcates the necessity of all graduates in medicine becoming members of the different metropolitan Colleges; and whether this clause is intended to include graduates of Oxford and Cambridge, who already possess peculiar privileges.

To clause 25th it was thought desirable to include merchant and emigrant vessels professing to carry a surgeon, as many known abuses had existed from the want of such provision.

Mr. Medd having taken the vacated chair, it was carried by acclamation, "That the best thanks of this meeting be given to Dr. Dickenson for his kind and impartial conduct in the chair.

JOSEPH DICKENSON, M.D., Chairman.

JOHN HATTON, Honorary Secretary.

## MIDLAND BRANCH.

### MEETING AT DERBY.

At a meeting of the Members of the Provincial Medical and Surgical Association, held on the 10th instant, at the Philosophical Society's Rooms, in DERBY, to consider the provisions of the Draft Bill for Medical Reform, the members present were unanimously of opinion that the Bill, if carried into effect, is calculated to elevate the *status* of our profession, and to confer important blessings upon the community.

A general determination was also expressed to aid, by all practicable means, the progress of the Bill in Parliament.

S. W. FEARN, Hon. Sec.

#### MEETING AT NOTTINGHAM.

At a meeting of the NOTTINGHAM AND NOTTINGHAMSHIRE DIVISION of this Branch of the Association, Dr. J. C. WILLIAMS in the chair, the "Draft Bill To Produce Uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine" having been considered,

*It was resolved unanimously,—*

"That the same be recommended for adoption as a satisfactory basis of a bill for the regulation of the medical profession, so soon as the Royal Colleges of Physician and Surgeons of England shall have obtained amended Charters."

#### YORKSHIRE BRANCH

##### MEETING AT HULL.

A MEETING of the members of the Provincial Medical and Surgical Association resident in Hull and the neighbourhood was held at the Hull Infirmary, February 10, 1852, to consider the proposed Medical Reform Bill.

Present,—Dr. HORNER, Vice-President of the Association, in the chair; W. H. Eddie, Esq., of Barton; Drs. Cooper and Lunn, Messrs. Hardey and Locking, of Hull, &c.,

*It was unanimously resolved,—*

"That this meeting views with much satisfaction the Medical Reform Bill, proposed by the Council of the Provincial Medical and Surgical Association, and is of opinion that its provisions and principles are calculated to ameliorate the position and satisfy the requirements of the profession."

Letters to the same effect were read from Dr. Sandwith, of Hull, and Messrs. Gags and Medcalfe of Howden.

#### GENERAL MEETING OF THE PROFESSION AT NOTTINGHAM.

At an influential meeting of the profession generally in Nottingham and its neighbourhood, Dr. WILLIAMS in the chair, after maturely considering the clauses of the Draft Bill, on the motion of Dr. Hutchinson, and seconded by John Northon Thompson, Esq.,

*It was resolved unanimously,—*

"That this meeting highly approves of the general principles of the Bill proposed by the Council of the Provincial Medical and Surgical Association, and recommend its adoption by the profession."

In the discussion which ensued on the several clauses contained in the Bill, the accompanying suggestions and alterations were agreed to as being required for the due working of the measure. We take the following from an abridged report of the meeting furnished by the Secretary of the Branch:—

*Clause 13.*—For England and Wales read England or Wales. This clause, which is retrospective, does not compel registration, but permits it only, therefore it will be inoperative.

*Clause 14.*—The following brief addition was suggested:—"Unless able to prove his title to registration under clause 13."

*Clause 14.*—It was thought this clause does not state

sufficiently clearly that medical men qualified previously to the passing of this Bill are at liberty to practise if the registration fee has not been regularly paid.

*Clause 21.*—It was thought this clause should give to the members of the Royal Colleges of Physicians and the Royal Colleges of Surgeons in England, Scotland, or Ireland respectively, reciprocity of privileges in case of transfer of residence.

*Clause 22.*—The wording of this clause is insufficiently explicit, and appears to require members to practise in their respective countries, where their diplomas are obtained.

*Clause 23.*—Read visits or medicines instead of visits and medicines.

*Clause 26.*—A query was put on this clause—"Who shall be the informer?"

At the conclusion of the meeting it was proposed by Dr. Massey, and seconded by Henry Taylor, Esq.,—

"That this meeting begs to offer its thanks to the Council of the Provincial Medical and Surgical Association, for the ability displayed and the trouble they have taken in drawing out and laying the Bill before the profession."

It was also proposed by Joseph White, Esq., and seconded by B. Eddison, Esq.,—

"That the thanks of the meeting be given to Dr. Williams for his valuable services as chairman."

In connection with the foregoing we extract the following remarks from a letter received from A. Darby, Esq., Secretary:—

"That there should be a Registrar in every county town to look after irregular practitioners.

"Clause 13 should run somewhat to this effect:—That the Registrar or Registrars of each of the said Boards shall, within thirty days of his or their appointment, and shall from time to time, till the first day of February, 1853, require all legally qualified persons to be registered in books to be kept for that purpose, and to pay a fee of five shillings, &c. &c.,

"With something of the kind Clause 26 may be operative.

"Clause 16.—How are the advantages to be obtained?"

#### EAST KENT & CANTERBURY MEDICAL SOCIETY.

SESSION 1851-52.—SECOND MEETING, JAN. 2, 1852.

Pathological specimens relating to the following cases were exhibited:—

*An Aneurism of the Arch of the Aorta bursting into the Trachea by two openings and involving the Recurrent Nerve, so as to produce symptoms resembling Chronic Laryngitis.*—By Dr. GOOCH.

The paper relating to this case will be found at page 87 of the *Journal*. In the conversation which followed the relation of this case, and in connection with the position of aneurism in the first portion of the aorta, Dr. LOCHER exhibited a specimen of a diseased aorta, in which an aneurism had formed in the pouch behind one of the semilunar valves.

Mr. W. R. SMYTH mentioned a case connected with the encroachment of aneurism upon other organs, in which a person died suddenly, with some previous evidence of venous obstruction, and it was found that an abdominal aneurism had burst into the vena cava.

In relation to the occasional absence of bruit in an



aneurism, Mr. HALLOWES related an interesting case that had occurred in the hospital. A man was admitted with a firm swelling in the popliteal space. No pulsation could be detected in it by the repeated examinations of different observers, and no bruit was heard by as frequent applications of the stethoscope. The case had been sent as one of popliteal aneurism; the investigation was, therefore, minutely and accurately conducted, yet nothing but a tumour of uncertain nature could be made of it. After a time, the integument over it became red, and suppuration appeared to have taken place; a lancet was introduced but nothing followed. Several hours after, a sudden gush of blood occurred, and before assistance could be rendered the man died. At a *post-mortem* examination, an aneurism, filled with concentric laminae, was found connected with the popliteal artery.

*Two Tumours removed from the front of the Chest and the Back, associated with Cancer of the Forearm.*—  
By Mr. P. B. HALLOWES.

S. M., aged 40, is married and has borne children. Her complexion is fair, and of late rather sallow. Her health was never robust. About six years since she noticed a small hard lump of the size of a pea in the integument of the inner surface of the left forearm, nearly midway between the wrist and the bend of the elbow. A slight occasional pricking sensation was the only uneasiness felt. The lump slowly increased, and after it had existed three years she became an out-patient of the Canterbury Hospital, under the care of Mr. Reid. There was then a flat circular growth with rounded edges, raised above the general surface nearly a quarter of an inch. It was about the size of a sixpence, and the centre was depressed and ulcerated. Strong nitric acid, and ultimately potassa fusa, were applied. It required five or six applications of the caustics before all traces of the disease were removed, and a healthy surface produced. A deep ulceration was caused by the remedies, but the sore healed soundly. About six months afterwards, the disease returned in the cicatrix, and one or two lumps appeared in various parts of the body, and increased in size. She applied to Mr. Hallowes about eighteen months since, when there appeared, arising from the cicatrix on the arm, a growth of fungoid appearance, but not showing a malignant character. It was attached to the arm by a broad base, and immediately from its origin spread with prominent and everted edges in a circular form, so that a probe could be passed from its edges some distance before it reached the base. The surface was unequal, scooped out in parts, projecting in others; the hollowed portions were ulcerated, and discharged a thin, colourless, inodorous fluid; the raised portions were covered by a very delicate transparent membrane, on which small blood vessels were beautifully ramified. There has been little alteration in the character of this growth up to the present time, except its increase of size, and an occasional slight hæmorrhage. Various applications—nitric acid, muriatic acid, arsenic, &c., have been made for its destruction, but without effect.

The tumours on the body continued to grow, some attaining the size of four or five inches in length by two or three in breadth; one on the chest seemed to be advancing to suppuration; the skin covering it was inflamed and slightly adherent. This was removed, and was found to consist of a firm homogeneous structure, of a density between that of a fibrous and scirrhous growth; it had a whitish colour and glistening aspect, with an appearance of being slightly lobed; at one or two points a small yellowish grey deposit was noticed, and under the spot where the integuments were inflamed there was an irregular cavity of the size of a hazel nut, containing some apparently well-formed pus. Another tumour of large size, removed from the back, resembled the above in all its characters, with the exception that there was no purulent deposit.

The great amount of constitutional disturbance following the operation, and the length of time which ensued before the patient recovered her health, deterred Mr. Hallowes from removing the other tumours, six in number. Since the operation, two small additional growths have appeared.

From a full consideration of this case, Mr. Hallowes was inclined to think that organic disease would ultimately destroy life, and that the liver would be its seat, unless the tumours should suppurate, and be succeeded by growths similar to that on the arm, in which case it is probable the health would be worn down by the discharge and irritation.

Several months after her discharge from the hospital, and since the case was related, Mr. Hallowes was called to visit her in the country, and learnt the following particulars:—Additional tumours had appeared in the loins and back; the original tumour on the arm had much increased, and become very painful; her health had slowly failed; great emaciation, followed by ascites, had taken place. At the period of his visit she was generally anasarous, especially about the face, and was suffering much pain in the head and chest, with palpitation of the heart, and was at times delirious. She died a fortnight afterwards. No examination was obtained.

*Placenta Prævia.*—By Mr. A. B. ANDREWS.

Mr. A. B. Andrews presented a placenta, with the membranes entire, and containing a foetus between the fifth and sixth month of development. The placenta was dark, and injected with blood throughout the greater part of its extent, and numerous coagula were entangled in, and adherent to its surface. A defined line separated this portion from the remainder, and indicated the extent to which it had been placed over the os uteri. The patient was 41 years old, and had borne seven children. At the third period, when menstruation would have occurred had she not been pregnant, hæmorrhage had taken place, and continued for a week, and then ceased until the fourth period, when it recurred, and continued more or less until she miscarried, which was about a week after the fifth period. The hæmorrhage was at this time very considerable, but ceased after the expulsion, in one mass, of placenta

and membranes, with the foetus. She had a good recovery.

*Warty Ulcer, or Epithelial Cancer of the Cicatrix of a Burn.*—By Mr. JAMES REID.

This case, with two others, and some observations relating to the disease, has been published at page 62 of this journal.

PATHOLOGICAL SOCIETY OF LONDON.

DR. LATHAM, PRESIDENT, IN THE CHAIR.

DR. JENNER presented specimens of

*Crimson or Hematoid Crystals (of Virchow), and Calcification of the Minute Arteries of the Cerebrum.*

The beautiful rhomboidal crystals under the microscope were obtained, Dr. Jenner stated, from what appeared to be an old clot in the right corpus striatum, and white matter adjacent, of a woman about 60 years of age. Although these bodies were first figured by Sir Edward Home, they were not fully described in detail. Virchow published his memoir on Morbid Pigment in the first volume of his "Archives für Anat. Pathol." Under the microscope might also be seen much orange-coloured, amorphous, and more or less granular matter, in which the crimson crystals lie. Both the orange-coloured granules and the red crystals are, Virchow states, modifications of hæmatosin; and, therefore, he terms the latter hæmatoid crystals. Independent of the interest which their appearance might excite, they are probably of some practical importance, for it would seem that, whether really, as Virchow states, a crystal-line form of hæmatosin or not, they are never found unless preceded by stasis of blood; and that several days, perhaps weeks, are required for their formation. The earliest period at which Virchow knew them to be found was seventeen days. This was in the case of an individual who received an injury whereby extravasation of blood was produced. With reference to the case from which the crystals under the microscope were obtained, it was a matter of great interest to determine the age of the clot. The woman had had no paralysis of the left arm or leg, and very trifling loss of power in the muscles of the left side of the face. She died from apoplexy, with right hemiplegia, of two days' duration. An evidently recent clot occupied the left corpus striatum and optic thalamus, and a clot of considerable size, having a somewhat orange colour, and containing the crimson crystals, a part of the left corpus striatum and adjacent white substance. Now, what was the age of the clot on the right side? Was this woman walking about without any signs of paralysis of the left arm or leg, with a large clot in the right corpus striatum and white matter adjacent? Many of the minute arteries in the corpora striata, and a few in the white matter of both hemispheres were, in the same subject, the seat of a deposit of calcareous matter. The deposit was in some cases limited to the middle

coat, and in several the calcareous matter existed in the form of minute granules, giving only a clouded appearance to the coat. Hydrochloric acid dissolved the calcareous matter, giving off bubbles of gas, probably carbonic acid. The coats of the arteries, after the action of the acid, looked perfectly healthy. The walls of a few of the capillaries were studded with fat. Some of these calcified, and also many of the apparently healthy minute vessels of the white substance of the hemispheres were filled with orange-coloured granules, no blood-discs being perceptible among them. Dr. Jenner thought these granules had been formed during life, as a consequence of congestion, from which the patient had been supposed to suffer, and that their presence must seriously have interfered with the circulation through, and consequently with the functions of, the cerebrum. He adverted to a case that lately fell under his observation, in which the external coat of the minute arteries of the brain was greatly thickened by fibrous tissue, and to the effect on the cerebral function which this condition might have produced.

Dr. BALY referred to a paper on the anatomy of thrombus by Sir E. Home, in which these bodies are spoken of as being found after a certain period; so long a period, indeed, that he (Dr. Baly) thought they must in Dr. Jenner's case, be referred to the earlier date.

Mr. SOLLY inquired of Dr. Jenner, how much of the corpus striatum and optic thalamus had been left intact on the right side? The question he thought interesting in a physiological point of view.

Dr. JENNER read that portion of the case which referred to this point; from which it appeared that about three-fourths of those bodies were normal.

Mr. SOLLY remarked, that it was interesting to notice how much of these bodies could be destroyed without the occurrence of paralysis.

Mr. SOLLY represented a specimen of

*Necrosis of a Portion of the Head and Neck of the Thigh Bone.*

The sequestrum is about an inch in length and half an inch in breadth. It is quite detached from the sound bone. The cavity in which it is contained occupies the neck and head of the femur, and the centre of the articulating surface of the head of the bone is quite absorbed. The joint is obliterated by the absorption of all the cartilaginous surfaces and synovial membrane. The head and neck of the femur are fully united to the pelvis by a firm fibrous tissue, forming a complete but not osseous ankylosis. On the anterior surface of the neck of the bone, just in front of the anterior intertrochanteric line, there is an opening through the sound cancellous structure about the size of a horse-bean. This allowed the exit of the pus into a fistulous abscess, which runs behind the tendon of the rectus to the outer side of the thigh. The subject of this disease was a young woman, aged 32, who was under Mr. Solly's care in St. Thomas' Hospital. She traced the disease to an injury received when she was 12 years old. Nine years ago she was under Mr. Solly's care, and the disease of the joint was so far arrested that she was able to walk

well and without pain with a high shoe; but she abandoned the use of it, not liking its appearance, and got fresh inflammation in the joint, but remained suffering for some years without any medical treatment. She died with ulceration of the intestines, with a large fatty liver, and disease of the ovary. Mr. Solly considered that the necrosis was consequent on the supply of blood being partly cut off by the ligamentum teres, and the obstruction of the other arteries of the head of the bone by general inflammation of its cancellous tissue. Mr. Solly remarked, that if the health and general power of the patient when she went into the Hospital had warranted any operation involving loss of blood, and the exact condition of the necrosed portion could have been ascertained during life, it might have been removed by a little enlargement of the osseous structure.

Mr. SOLLY inquired of Mr. Stanley whether, in his experience, he had met with such a case as that he (Mr. Solly) had just related.

Mr. STANLEY, in reply, asked Mr. Solly which, in his opinion, was the original malady, the diseased hip-joint or the necrosis.

Mr. SOLLY believed that the disease originated in the synovial membrane of the hip-joint, and that ultimately necrosis of the femur occurred. Such was his opinion, but, unfortunately, he had not been able to obtain such information respecting the case as to satisfy his mind that his opinion was quite correct.

Mr. STANLEY replied, that it would be of course difficult to make out such matters quite satisfactorily. He had met with such cases, and generally in females from 20 to 25 years of age; there would be sinuses discharging freely for years, and considerable suffering. The probe passed in deeply, and struck upon dead bone, but the evidence of its being loose was not usually satisfactory. If such were discovered during life, it would be right to attempt its removal, but not otherwise.

Mr. WM. ADAMS exhibited for Mr. Mackmurdo a specimen of

*Extensive Laceration of the Liver, which the Patient Survived Seven Weeks.*

J. W., aged 23, admitted into St. Thomas's Hospital in a state of extreme collapse, having been squeezed between a cart-wheel and a post. He remained without any re-action for nearly forty-eight hours, and then slowly revived, having taken a very large quantity of brandy. Symptoms of peritonitis supervened, and were somewhat relieved by calomel, &c. The abdomen remained swollen, with distinct fluctuation on the right side. Oppression at the chest, with difficulty of breathing, gradually increased, till his death, which took place seven weeks and two days after the accident.

*Post-mortem examination.*—Right side of the chest more prominent than the left. Abdomen uniformly tense. On opening the chest the right pleural cavity appeared to be filled with turbid serum, tinged with blood, in which was a large quantity of imperfectly coagulated blood, about a quart, coated with fibrin or lymph, tinged with bile. The right lung had evidently suffered extreme compression. This fluid commu-

nicated with fluid in the abdominal cavity, through what at first appeared to be a laceration in the diaphragm; further dissection, however, showed that the fluid in the chest was not in the pleural cavity, but that the diaphragm had been pushed upwards into the chest as high as the upper edge of the third rib anteriorly and laterally, and internally to the interval between the second and third dorsal vertebrae; below the points indicated it was adherent to the thoracic parietes. The right lung was compressed into the apex and posterior part of the thoracic cavity, the anterior margin of its base not extending lower than the interval between the second and third costal cartilages. The substance of the lung was healthy. Continuous with this thoracic extension of the abdominal cavity was a large and imperfectly-circumscribed cavity, occupying nearly the right half of the abdomen, bounded below and towards the mesial line by the great omentum, passing obliquely downwards across the right iliac fossa; in this situation the boundary was imperfect, so that the large cavity above described as occupying the right thoracic and right half of the abdominal regions, communicated with a smaller cavity occupying the pelvis, and extending into the left iliac region, and also filled with serum, turbid with pus, the pus being most abundant in the iliac region. These cavities were circumscribed by peritoneal adhesions. There had been slight general peritonitis, a small quantity of lymph being diffused over the surface of the intestines, but the adhesions were principally in the neighbourhood of the cavities above described. The liver was lacerated extensively, the injury extending nearly through the centre of the right lobe, the outer portion of which, nearly detached, was displaced upwards, lying over the heads of the sixth, seventh, and eighth ribs; this portion was of a very light yellow colour on the surface, and extremely pale in its interior. The laceration ran parallel for a considerable distance with one of the largest branches of the right hepatic vein, but no branch of the first or second order appeared to have been opened, though the laceration extended almost to the vena cava. The liver was tilted towards the right side, and one margin of the laceration being drawn towards the ribs, contributed to the deceptive appearance of a laceration through the diaphragm. All the other organs were healthy, with the exception of a very slight laceration of the right kidney.

## General Retrospect.

### ANATOMY AND PHYSIOLOGY.

*Researches on the Structure of the Spinal Cord.*—By LOCKHART CLARKE, Esq.

Some new and independent observations on the minute anatomy of the spinal cord have been published by Mr. Clarke, which lead to the following inferences:—

1. That the posterior grey substance at the lower extremity, and in the dorsal region of the cord, consists only of a single mass; and that the *substantia*

*gelatinosa* extends uninterruptedly across from one side to the other.

2. That the nerve fibres of the grey substance, including those of the *substantia gelatinosa*, are not grey fibres bearing nuclei, like those of the sympathetic, but fine tubules.

3. That two considerable columns of caudate vesicles (*posterior vesicular columns*), in intimate connection with the posterior roots of the nerves, extend the whole length of the cord; commencing small at its lower extremity, increasing in size in the lumbar and cervical enlargements, and terminating at the upper part of the medulla oblongata.

4. That the number of caudate vesicles, particularly in the anterior grey substance, is in direct proportion to the size of the nerves.

5. That the column of vesicles, into which, in the cervical region, the spinal accessory nerve may be traced, extends down the cord as far as the lumbar enlargement.

6. That a considerable branch of the spinal accessory nerve, which is the only nerve immediately attached to the lateral column, after entering the grey substance, may easily be traced to the caudate vesicles of the anterior corner.

7. That the posterior roots of the spinal nerves are immediately attached to the posterior white columns only, and the anterior roots to the anterior columns only; but that fibres from both these roots, after traversing certain portions of the grey substance, pass again into the white columns.

8. That neither the anterior nor posterior white columns are connected by a transverse commissure.

9. That the central portion of the grey substance immediately surrounding the spinal canal is not a commissural structure, but is a layer of fine fibrous tissue for supporting the walls of the canal, which is lined with columnar epithelium.—*Philosophical Transactions*, Part II, 1851.

#### *Observations on the Sounds of the Heart.*—By R. BROWN, Esq., M.R.C.S., L.A.C., &c.

The author of this communication disputes the generally-admitted theory of the heart's action. After giving a brief *resumé* of the opinions of Laennec, Hope, Williams, &c., he says:—On applying the ear or a stethoscope over the præcordial region, two sounds are heard following each other; the first is dull and prolonged, whilst the second is shorter and sharper. The first sound is produced during the diastole, and the second during the systole of the ventricles; and in support of this theory I will briefly state the circumstances under which this opinion was formed.

Some few weeks since, attending a patient labouring under increased action of the heart, and whilst conducting an examination, I could distinctly appreciate the inward current of blood from the auricle to the ventricle, producing the first sound by suddenly distending this latter cavity. The apex of the heart striking against the walls of the chest in the neighbourhood of the fifth and sixth ribs, communicated to the ear at this moment a shock (the heart's impulse). Immediately followed the second sound, produced by the onward current of blood through the aortic opening, propelled

by the contraction of the ventricles. I observed, moreover, that the first sound did not exceed the space in which the impulse was felt, but that the second sound was audible in nearly the whole extent of the chest, which would tend to strengthen the theory I have advanced, inasmuch as the sound produced by the diastole of the ventricle would be circumscribed, whereas that produced by the systole would be diffused. —*Lancet*, Jan. 3, 1852.

### PRACTICAL MEDICINE.

#### *On the Variation of Alkaline Urine.*—By Dr. B. JONES.

It is of some importance to diagnose the exact origin of alkalinity in the urine, inasmuch as the prognosis and treatment widely differs. This is clearly set forth in some lectures by Dr. Bence Jones in the *Medical Times*.

The differences between ammoniacal and alkaline urine are mentioned in the following table:—

#### Contrast between—

Ammoniacal Urine	and	Alkaline Urine.
Alkalescence from carbonate of ammonia.		Alkalescence from fixed alkali.
Caused by local disease.		Caused by general disorder.
Blue paper made red on drying.		Blue paper remains blue on drying.
Alkalescence is constant.		Alkalescence is occasional.
Excess of mucus and pus present.		No pus. Rarely much mucus.
Prismatic crystals generally seen.		At first granular deposit only seen.
The iridescent film has prismatic crystals.		The iridescent film consists of thin plates.

The alkalescence of ammoniacal urine, Dr. Jones continues, is caused by carbonate of ammonia. It arises from local disease,—from some altered mucus setting up a change in the urea, and giving rise to carbonate of ammonia. *When tested by blue paper it is made red on drying.* The alkalescence is generally found to be constantly present for days or weeks together. The local disease consists in inflammation of the mucous membrane of the bladder, which gives rise to an excess of mucus, and frequently to pus. In the sediment prismatic crystals are constantly seen. If the urine is left to stand, an iridescent scum forms on the surface, giving all the prismatic colours, and in the film distinct prismatic crystals can be found. The difference when the urine is alkaline from fixed alkali is great. It is caused by general disorder, as indigestion, which is not a derangement of the stomach alone, but a disorder of the whole system. *When tested with blue paper, it remains blue when the paper is dried.* The alkalescence is only occasional, lasting usually a few hours. No pus can be found, and there is rarely much mucus present. There are sometimes oxalate of lime crystals present, but these are very variable. In many points such urine differs thus from ammoniacal urine; the most striking difference is the absence of pus, and of an excess of mucus. But there are other points of difference still to be mentioned. In urine alkaline from fixed alkali, the precipitate which forms at first consists only of a granular deposit of phosphate of lime. Usually there is no appearance of prismatic crystals at all until the urine has stood for some time. The iridescent film, if examined with a microscope, will not be found to consist of prismatic crystals, but of fine thin plates of phosphate of lime, which are perfectly soluble in any acid, and have no crystalline

appearance. If these facts are true, then what has been called the phosphatic diathesis, should be called alkaline urine; and this must be subdivided into two very different states, the one ammoniacal urine, and the other urine alkaline from fixed alkali. As the causes which produce these states are totally different, the practical importance of the distinction cannot be overlooked.

[The presence of prismatic crystals in the iridescent pellicle is not strictly characteristic of ammoniacal urine, we have repeatedly met with them so large as to be visible to the naked eye, in the pellicle which forms in the urine of patient's labouring under irritative dyspepsia.—Ed. P. J.]

*Bleeding and Colchicum in Acute Rheumatism.*—By  
DR. ALDIS.

Dr. Aldis relates a case of acute rheumatism in a female, aged 53, which he treated by bleeding to eight ounces, calomel and opium at night, and colchicum and sulphate of magnesia. The recovery was rapid. As medical opinion is somewhat divided on the best treatment for this disease, we subjoin the author's comments. He observes that he learnt the way of treating rheumatism from Dr. Chambers, and has himself had twenty-four years experience of it. He has also tried other modes of treatment, but prefers this. It has been objected that bleeding debilitates the patient very much, and that calomel salivates. To this he replies that it is not necessary to push bleeding so far as to occasion the first; and with regard to the second, he never salivates the patient, unless pericarditis is present. It has been asserted that venesection produces pericarditis; of this the author never saw a single instance; but he has seen numerous cases of chronic pericarditis, in which venesection had never been used. It is, however, quite true that, in spite of active antiphlogistic treatment, pericarditis may supervene; nevertheless, he believes it is much oftener cured or relieved when met by antiphlogistic treatment. From the frequent coincidence of pericarditis with acute rheumatism, the vitiated state of the secretions, and the painful nature of the disease, the author strongly recommends the above mode of treatment, being, as he believes, a judicious combination of powerful and valuable remedies, calculated to fulfil the indications required for treating the complaint. He only remembers two cases where the venesection caused even temporary distress, the patients had been addicted to drinking, and slight delirium tremens was induced.—*Lancet*, Jan. 10, 1852.

SURGERY.

*Fatal Tetanus following Ligature of Hemorrhoids.*  
By JAMES BOLTON, M.D.

Dr. Bolton relates the case of a negress in whom the operation for piles was thus performed:—The patient was fully narcotised by chloroform. The hæmorrhoidal mass was so vascular that merely sponging with cold water caused the loss of about half a pint of blood in a few minutes. It was divided by sulci into three tumours. A needle was passed through the base of each, carrying a double ligature, which was tied on both sides of the tumour. In forty-eight hours nearly the whole had sloughed off. Chlorine wash was applied to

correct the fætor and to promote healthy action. A moderate dose of sulphur and bitartrate of potash was ordered, to remove constipation caused by opium used to allay the pain which was produced by the ligatures. About three or four times the quantity ordered was given, and produced violent hypercatharsis. This was not checked until it had lasted several days, owing to neglect of directions. On the fifth day the patient felt remarkably well until night, when she suffered from cramps of the ham. Next day there were symptoms of decided tetanus. Ordered morphine sulph. gr. ss.; quinine disulph. gr. i., every second hour. Chloroform to be used as often as necessary, to subdue spasm. Direction not attended to until night. Observing some fætor from the anus, applied injection of strong solution of nitrate of silver. The following day the spasms continued, when free from the influence of chloroform; some tendency to sink; inability to swallow. Directed mercurial inunction extensively. After relaxing the patient, completely by chloroform, passed a stomach tube and injected morphine sulph. gr. j.; quinine sulphate, dr. j., and brandy, oss. Only one spasm occurred after this, but the patient continued to sink, and died without a struggle in about four hours. A post-mortem examination was not permitted.—*Stethoscope* (U.S.) *Journal*.

*On the Local Treatment of Suppurating Joints.*

[Surgeons in general are averse to making incisions into joints, under a vague impression that the contact of air is prejudicial. The fallacy of such impressions so clearly demonstrated by Mr. Gay, is also exhibited by Mr. Solly, in some clinical remarks on injuries of the knee-joint. He says:—]

With regard to the local treatment, I have no hesitation in recommending a free opening into the joint, where there is extensive suppuration, and much constitutional irritation in consequence; and on this subject I think the opinion of Mr. Rutherford Alcock of infinite value, from his great experience. He says:—

"The great object, then, is, firstly, to prevent the deposit and accumulation of matter in the articulation, which, notwithstanding all that has been said of its bland, innocuous nature, previously to the admission of atmospheric air, quickly erodes all the articulating surfaces, in the generality of cases; I have seen exceptions but they are few; and, secondly, to prevent the matter from burrowing among the muscles extending upwards and downwards, thus involving the whole limb in a suppurative and disorganizing disease.

"No sooner, therefore, is suppuration established, than it becomes necessary to devise the best means of obtaining its evacuation, and to secure its draining off, in proportion, or as fast as it forms. Any fears of the contact of air, I cannot but think, are out of place. The matter will do more mischief by being allowed to lodge. Counter openings in pendant positions, and free incisions, either in the vicinity, or, if necessary, through the capsule, should be promptly and boldly practised, together with such regulated pressure, above and below the articulation, as the state of the limb may indicate and allow, in order to counteract the tendency to spread and burrow."—*Lancet*, January 10th, 1852.

## Correspondence.

## TREATMENT OF THE INSANE.

To the Editors of the *Provincial Medical and Surgical Journal*.

SIR,—Dr. Munro favoured me with a little Greek: his Latin quotation I had somewhat to correct; and I may perhaps find out who can best construe the verb—*απαρτάνω*. I will now present him with a little German.

“Der erste Fehler des Menschen ist, das er Theorien für Erfahrungen nimmt; der zweite das er Seine Erfahrungen für alle halt.”

I am sorry your opinions differ from mine: but fairness and courtesy is all I can require in discussion. I write from a review of opinions formed upon an experience of thirty-five years, as a student and a practitioner in this branch of medicine. I write, therefore with some confidence in the matter upon which I dissertate.

To what does my argument tend? Truly that the cure, relief, proper care of insanity, is not to be trusted to honourable and experienced minds, but that all who engage in it, are to be suspected of fraudulent motives, self interest, unjust suspicions, a desire of retarding, instead of promoting cure; whereas the best advertisement of a private asylum is the number it restores to society and to their social duties. My greatest pleasure is, when I can say my patient is recovered, and I am certain this is a general feeling; but I will contend, the minute observation practised as the law requires, often throws back the patients, often engenders angry feelings, is often subversive of good order, and of that intimate relation which ought to subsist between patients, attendants, and the superior, upon whom all the responsibility devolves. That the patients friends are often hurt by this machinery, I have no doubt.

In former days, the facility of confinement might be too lax, but whenever reform, so called, is instituted, it frequently passes to an extreme, and both common sense and common intelligence are sacrificed.

To what does all this tend?—as if every one would not have greater pleasure in showing a clean than a dirty house, and would not prefer a sociable to a turbulent dwelling.

I am sure this minute inspection could not be suffered in any private domicile. Perhaps a dirty patient may be fouled at the very moment of the Commissioners' visit—perhaps the visit may have caused the circumstance—as has occurred in one of the best-regulated establishments in the kingdom, down goes a note, which has to be reported, that there is an offensive smell. An early visit may be made before the rooms can be cleaned, and the report is made. Surely this is sufficient to provoke, when every house in Europe, if subjected to such investigation, might be equally taunted.

The complaints of grumbling patients are often much more attended to, than their reality can admit; if the Commissioners would observe the condition of the other patients, taste the cup or food complained of, their judgment would generally be properly determined.

The case book does certainly afford some protection, but though absolutely insisted upon under a fine of not being adequately kept, is not always believed.

Why, again I ask, are we—the proprietors of private asylums, to be submitted to such subordinate inquiries, and why are we to be suspected of conduct, that can only apply to felon prisons, or to inhuman governors of houses of correction?

Take the level of this, proprietary system, and there will be found in it, that class that would desire to do unto others, as they would wish should be done unto themselves.

I repeat, I am sorry we differ; but my regret diminishes as I read the words of your quotation in your leading article. The “recent writer,” I know not. His sentences are highly figurative, also highly delusive; they might adorn a novel;—well mouthed, might move an audience to tears;—in reality, *nothing*. I could turn them into a song of a poetical maniac, and I believe could quote them from a book in my library, entitled “The Maniac's Hall.” Permit me also a quotation;—

“The proper study is to guide the mind,  
From ills supposed, or fancies unconfin'd.  
To bring its actions to their proper course,  
Nathless too eager, nor too weak their force.  
Check sudden Elysium, melancholic tears,  
Wild wand'ring thought, or nightmares' horrid fears.”

“Ah! what avails, when reason's lost its power,  
But gently try to calm the present hour,  
Urged not by motives, but improve not much,  
Vain is your guidance, be your plan not such.  
This is our proper duty, this the plan,  
To prove the study of mankind is man!”

These are noble lines, and worth all the day dreams of rhapsody. What! can it be believed for a moment, that any part of a private asylum is a dungeon, where no ray of hope enters!—where the starling sings to the miserable captive!—where the iron enters into the soul? Alas!—alas! that I should write these words, and that the leader of a journal, I so estimate, should force me to do so.

“And yet they are all brethren.” True; but are we all the same in intelligence, in equality of faculties—of mind—physical force, in ability of direction, in what God, as a general law of humanity, has consigned to his work. Then, away with every system—every code of laws that is or may be formed, to unite the social circle for the purposes of general advantage, either in religion, property, or disease. The rivers flow, the tide alternates: these are obvious to our senses. What can the writer mean by his “Ocean of Eternity.”

It cannot be denied that all treatment, must be guided by the moods of insanity. View the conditions of private life. Melancholy will not be subdued by laughter; a paroxysm of rage by oily words of persuasion; nor the giddy flights of an hysterical girl by reading her a long sermon. So in the various phases of insanity, amusement will not amuse, kindness will be treated with insult; indulgence with contempt; and these feelings, when in abeyance, are often re-excited by the visits of either Commissioners or of relatives. I could cite many examples, and some of our most sensible writers lay much stress upon the prevention of frequent communication. Yet I know, and have known, many very happy in these “hopeless rayless prisons;” many desirous to remain, many after their cure, repeatedly

visiting their former habitation, and partaking of the family meal.

I object entirely to the plan propounded. I consider it useless, unnecessary, expensive to the public, and more likely to do harm than good. I am unable at present to continue my letter, but one more will conclude my observations.

Yours obediently,  
E.B.

# ABSORPTION OF THE MAMMÆ AND TESTES UNDER THE USE OF IODINE.

To the Editors of the *Provincial Medical and Surgical Journal*.

GENTLEMEN,—To the question proposed in the *Journal* for January 21st, relative to the absorption of the mammæ and testes under the use of iodine, I beg to refer to a case of ovarian tumour in St. Mary's Hospital, under the care of Dr. Tyler Smith, published in the *Lancet* of February 7th, 1852. At page 149 the following observations occur, bearing on the subject:—"The body of the patient gave out a strong smell of iodine; she had been using this remedy internally, and by inunction, for many weeks. There was considerable emaciation, and the *mammae* were greatly shrunk. The nipple, which remained full and rounded, stood out as from a perfectly flat surface."

I am, Gentlemen,  
Your obedient Servant,  
P. GARDNER.

Southampton, February 9, 1852.

# BATH AND BRISTOL BRANCH MEETING—MR. BARRETT'S CASES.

To the Editors of the *Provincial Medical and Surgical Journal*.

GENTLEMEN,—I beg the insertion of the following in correction of an error in the report of the late Branch Meeting at Bristol. It is stated that I detailed two cases which I had, during my attendance on them, diagnosed as colic, but which *post-mortem* examination showed to be internal strangulation of the ileum. What I stated was, that in the first case, at the commencement, I looked on it as colic; that when I had no doubt of the nature of the case, the general symptoms would not have warranted an operation; that in the second case, which I only saw once, I immediately, when I saw it, recognised its nature, but the circumstances of it rendered any idea of an operation perfectly out of the question.

I am, Gentlemen,  
Your obedient Servant,  
JOHN BARRETT, F.R.C.S.

Bath, 13, Pierrepont Street,  
January 8, 1852.

[In consequence of the press of matter, the above note has been unavoidably postponed.—ED. J.]

# Medical Intelligence.

## HOMŒOPATHY.

At a meeting of the medical profession of Hull and the neighbourhood, held in the Library of the Hull Infirmary, January 6, 1852, Dr. Cooper in the chair; on the motion of Mr. Eddie, of Barton, seconded by Mr. Watson, of Cottingham,

*It was resolved,—*

"That this meeting considers that the system of treating diseases known by the name of homœopathy is entirely without foundation in theory or fact; that it is dangerous to the public health, and prejudicial to the cause of science, and that it is propagated by the combined influence of ignorance and imposture.

"That this meeting notices with much regret that the Council of the Royal College of Surgeons does not think it expedient to interfere with the practice of homœopathy by individuals holding the diploma of the College and practising with the sanction and approval which the possession of that diploma implies.

"That this meeting would respectfully submit to the Council of the College, and to the other Medical Corporations, the importance of at least making an official avowal of their condemnation of the doctrines of homœopathy, and of their conviction of the evils likely to result from its practice."

That copies of these resolutions be sent to the Secretaries of the College of Surgeons and of the Apothecaries' Company; and that the Editors of the *Provincial Medical Journal*, *Lancet*, and *Medical Times and Gazette*, be requested to insert them.

## STATISTICS OF LUNATICS.

From the annual report of the Commissioners in Lunacy, just printed, it appears, on the 1st of January, 1851, there were 16,456 insane persons confined in asylums, hospitals, and licensed houses in England and Wales, of whom 7,843 were male, and 8,613 female. The total number of pauper lunatics in asylums, registered hospitals, and licensed houses on the 1st of January last was 12,052—5,592 male, and 6,460 female.

## NEW MEDICAL COLLEGE.

At the annual general meeting of the Governors of the Farringdon Dispensary, held at the end of last month, Mr. Chippendale, the senior medical officer, directed attention to the New Medical College, and brought forward a plan by which institutions giving assistance to the poor might be made to contribute towards the funds of the College. He observed that the poor were debtors to an enormous extent to the medical profession, for services rendered them without fee or reward; that he, himself, had now attended at the dispensary for upwards of fifteen years, during which long period he had neither directly or indirectly reaped any advantage, either pecuniary or otherwise; that he could not, himself, accept the small contributions which might be offered by the poor, and he would say the same for his colleagues, but that we had the necessitous, the widow, and the orphan, in our own ranks, and that

it seemed but just that those who were enjoying the benefit of our labours, (for time was money,) should offer some little token of their gratitude to those of our profession who were desolate and distressed. He therefore suggested that each patient, on first coming to the dispensary, should, if a physician's or surgeon's case, give one penny, and if requiring the aid of the accoucheur, twopence; and that the sums so collected should be annually presented to the College. It might at first sight appear that such trifling amounts would not be worth the acceptance of the College; but, from calculations he had made, it would be found, that if all the hospitals and dispensaries in the kingdom would adopt the plan, enough would be raised to form a handsome endowment for the College. In such a movement it was necessary that some one institution should take the first step, and, as he was the originator of the scheme, he was anxious that the dispensary to which he was attached should have the honour of setting the example. The matter having been duly discussed, was adopted, and ordered to be forthwith carried into effect.

#### LIABILITY OF EMPLOYERS FOR THE MEDICAL EXPENSES OF SERVANTS.

At the Wolverhampton County Court Mr. Kempson, a surgeon, sued Frederick Woodhall, a miner in the employ of Lord Ward, for £33. 19s., being his charge for amputating defendant's leg, for attendance, and medicine. Defendant pleaded *non debet*, inasmuch as he was in Lord Ward's employ at the time of the accident, and that, therefore, his Lordship was bound to pay the bill. Mr. Smith, agent to Lord Ward, argued, *contra*, that his Lordship was not responsible, because, at the time of the accident, the man was not engaged in the mine, but was riding a cart over ground when, by his own carelessness, he fell under the cart, and sustained the injuries. The learned Judge, Mr. Sergeant Clark, adjourned the case, in the hope that the matter might be amicably arranged. It is but fair to add that but one feeling pervaded the court—that Lord Ward was morally bound to pay the bill.

#### KING'S COLLEGE HOSPITAL.

According to the plans and specifications of the proposed additions to King's College Hospital, the new buildings will cover the whole of the Green Yard Burial Ground, and also the site of the houses lately pulled down in Carey Street. The excavations for the foundations will be made very deep, in order that the bodies in the grave-yard may be removed to a suburban cemetery. It is unnecessary to add that so dense and so populous a neighbourhood demands an hospital of very large extent.

#### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 6th instant:—Wyndham F. Armstrong, Adare, Co. Limerick; Robert Elliott, Tyrone; Henry Ellis, Bangor, Carnarvonshire; John Gabriel French, Jewin Street, Aldersgate Street; Henry Gramshaw, Gravesend; John Henry Hewer, Chobham, Surrey;

Peter Nevill Jackson, Beverley, Yorkshire; Richard Pery, Dublin; Ridley Porter, Bishopsgate Street; Clement Sconce, Bath; David Swining, Winslow, Bucks.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, Jan. 29, 1852:—Frederick Ward Cleeve, Bradnich, Devon; Thomas Edward Halls, Broad Street, Horsleydown; Henry Simpson, Chester.

Gentlemen admitted on Thursday, Feb. 5, 1852:—Alfred Ball, Brighton; Charles Chibnall, London; Mark Kebbell, Brighton; John Lacey, Brighton; William Tidbald Luxton, Winkigh, Devon; John Bidlake Mountford, Exeter.

#### OBITUARY.

On the 30th ult., at Bicester, Oxfordshire, after a few days' illness, Edward Hugh Thorpe, Esq., surgeon, aged 38.

Feb. 3rd, at Frankfort-on-the-Maine, Sir Alexander Mackenzie Downie, M.D., aged 41 years.

On the 25th of June last, at Spring Bay, Hobart Town, aged 39, W. Morgan Underwood, M.D., sixth son of the late Rev. Thomas Underwood, Rector of Ross and canon residentiary of Hereford Cathedral.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### NOTICE.

THE COUNCIL OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION hereby offer a PRIZE OF TWENTY GUINEAS for the best *Series of Reports of Medical Cases* that may occur in any of the Provincial Hospitals, which shall be sent to the *Provincial Medical and Surgical Journal* for publication, between the FIRST OF OCTOBER 1851, and the FIRST OF OCTOBER, 1852.

The COUNCIL also offer a PRIZE OF TWENTY GUINEAS for the best *Series of Reports of Surgical Cases* that may occur in any of the Provincial Hospitals, which shall be sent to the *Provincial Medical and Surgical Journal* for publication, between the FIRST OF OCTOBER, 1851, and the FIRST OF OCTOBER, 1852.

House-Surgeons and Pupils of the Provincial Hospitals to be eligible candidates for the Prizes.

##### NOTICE TO MEMBERS.

Members who wish to propose Associates are reminded, that as the subscription commenced on the first of January, it is the most convenient time to introduce new Associates.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

JAMES P. SHEPPARD, Secretary.

Worcester, January, 1852.

#### TO CORRESPONDENTS.

Communications have been received from Observer, Dr. Dickenson, Scrutator, Mr. Ikin, Dr. Hall, Mr. Hughes, Dr. Oke, Mr. Postgate, Mr. Barrett, Mr. Foote (twice).

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.



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ESTABLISHED JUNE, 1851.

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THE COUNCIL have much satisfaction in being able to publish, thus early, the SECOND LIST of Contributors to the Funds of the College, and they are induced to hope that, as the principles and objects of the Institution become better known, it will receive the unanimous and cordial support of the entire profession.

Subjoined is a list of gentlemen who have kindly consented to act as Honorary Local Secretaries for their respective neighbourhoods:—

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LECTURE  
ON THE  
DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By DR. MEREL,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Peth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Peth; Fellow of the Imperial Society of Medicine at Vienna, etc.*

LECTURE VIII.

*Children's therapeutics in general. The remedies for the first weeks after birth; quantities to be prescribed at once; when to abstain from medicine. Direct antiphlogistics—bleeding, cold water, cooling prescriptions. Purgatives—the aromatic senna tea.*

GENTLEMEN,—

The tenderness of the organization of children, their system being so easily deranged by inconvenient qualities and quantities of medicines, and on the other hand, the important fact, of which I have been satisfied by a large amount of comparative cases—viz., that children's diseases, though in general more fatal than those of adults, end in recovery in their great majority by the activity of nature alone, if the dietetic and hygienic circumstances be suitable to the case, these considerations, I say, ought to induce the practitioner, in particular the young one—

1st. To abstain from active remedies in cases not very clear to him.

2nd. To maintain in general a great simplicity, and moderate quantities in his prescriptions.

Certainly, acute diseases of children, especially of the inflammatory kind, should be met by a quicker decision on the side of the physician, and much more energy in the application of remedies than in the case of adult patients; but as medical practice is but an art of approximative truth, and of relative results, I am satisfied, that the practitioner who, in cases ambiguous to his understanding, abstains from active treatment, will have in his favour a better proportion of success than one who goes on in the opposite line.

With regard to remedies for the first few weeks after birth, there are but few suitable and safe. Cold water, with a little sugar, as a frequently repeated drink, is the best and the most active, cooling, antiphlogistic medicine for this age, which, if not effective enough, I know farther for that purpose only cold fomentations and leeches; other remedies of the kind, such as calomel, neutral salts, and acids, being decidedly improper for an organism so delicate and sensitive. Then, for other indications, castor pill, small doses of hot infusions of camomile, mint, fennel seeds, a few doses of a stimulating tincture, or a quarter of a drop of tincture of opium. Besides these, different fomentations, poultices, ointments, and injections, constitute almost the whole apparatus to which I limited my practice in this early

period of life. Blisters and sinapisms, if requisite, must be applied in a six-fold weakened state, mixing the one with simple plaster and the other with linseed powder. Syrups and emulsions I have entirely ceased to employ at this age. They are inactive, heavy to the stomach, easily derange the digestion of the breast milk, and promote acid fermentation and flatulence; whilst, on the other hand, the milk of the breast itself possesses an excellent soothing quality for the inflammatory affections of infants, in particular those of the throat and bronchi.

Powders are in general improper for the first month or two, and insoluble ones—like calomel, the most objectionable. I have been satisfied that calomel easily causes erosions of the mucous membrane of the stomach of tender infants. I cannot conceive why and how any practitioner could prescribe calomel for the purpose of expelling the meconium. Is not castor oil evidently the most suitable for it? Salts, acids, and mucilaginous or astringent decoctions, either by their quality or relative bulk, are liable to produce gastric derangement, which it is very important to avoid in infants. Subsequent to the second month, there is already much more tolerance of remedies; and in the second year, when the child's stomach has become accustomed to substantial food, there is already a field for a variety of powerful drugs, if they are truly indicated and properly administered. But, supposing even the most skilful practitioner—one able to fix upon the time and indication, even for him it ought to be a general rule to prescribe small quantities in children's practice. One reason for this lies in the unaccountable rapidity of changes in their maladies; the other is the extreme delicacy and manifold idiosyncracies of their stomach and nervous system; and one reason more, our own professional credit, because it always makes a better impression to repeat the same prescription, if necessary, the same day, than to write another whilst the former is not yet consumed, and to cause in this way, at the bedside, an accumulation of half-emptied medicine bottles and powder-boxes.

I am sorry to say you will find medical practice more arduous than we found it when I commenced the study; your credit will be placed in greater difficulty, and be more easily lost; a great revolution in the human spirit has taken place; and whilst absolute authority in science, and blind faith in our practice have become lessened very much, you will require more of scientific information, and much more accuracy and attention in the exercise of the art than your predecessors did.

I beg your pardon in making these remarks, which I merely regard as a digression; but I entreat you, do not forget, that even one teaspoonful given every hour or two hours, of a dense liquid, with taste and small very heterogeneous to the organs of a child, is a large quantity, and liable to add a new disorder to that which you wish to cure. It is a fact that infants and children are frequently over-drugged, and their speechless complaints arising therefrom are easily overlooked. The public are aware of this.

I recommend to you the following proportion for

liquids :—For a child less than six months old no more than one ounce, as a single prescription. For a child about two years old no more than two ounces. These quantities you may regard in general as sufficient for one day. With powders you must act upon the same principle; in acute cases *never prescribe more than sufficient for one day*. I feel anxious to direct your attention to this point in children's practice, because you will find even in modern works of great value for the student's information, (as, for instance, that of Professor Churchill, of Dublin,) prescriptions of too large a supply. You will find, for instance, a solution of tartar emetic in four ounces of almond emulsion, one teaspoonful every three hours, consequently enough for at least four days, whilst (besides the possibly earlier change in the disease) the emulsion will always become spoiled, decomposed, and non-applicable, by the end of the second day. You will meet there, with the prescription of other mixtures, of a powerful character, containing ammonia, ordered in acute and severe cases, of children under two years of age, to the amount of four ounces, and more, to be administered by teaspoonful doses, at three or four hours' interval. I have nothing to say of the indication, and find the prudence of so distinguished a physician worthy to be imitated by yourselves—viz., to order of similar remedies only by teaspoonfuls every three or four hours; in this way you will be able to watch its effects upon your delicate patient, and do away with it in case that you find them unfavourable, before mischief could have been produced. But, one teaspoonful at similar intervals will hardly amount to one fourth part of the whole alluded to in twenty-four hours, during which interval you will certainly repeat your call, in the case of an acute malady, so subjected to sudden and unaccountable changes. I think there is no physician, however clever he may be, who can exactly know what may happen the next day with an acute malady of a child, consequently why should you expose yourself unnecessarily to the accumulation of half-consumed drugs. This you must avoid, because it is almost disgusting to look upon these remains at the bed-side, and it is not seldom unfavourable to the credit of a young practitioner amongst the enlightened classes. It is sufficient if you prescribe in acute cases, just as much as you think enough for twenty-four hours. And even these small quantities we are frequently obliged to discontinue after a few doses. The causes of discontinuance are by far more numerous with children than with adult patients. There are plenty of idiosyncracies with them unexpected and unaccountable. The child cannot complain; so much the more attentively must you follow the effects of your medicine, and suspend or part with it, according to circumstances. It happens then not unfrequently that your next prescription will be still less supported, and you incline to supply a third. Be cautious with these cases where your indications are repeatedly delusive. If there is not the most evident urgency for another prescription, I advise you to wait a certain time, and observe the little patient when freed from medicinal impressions. This conduct be-

comes almost an imperative rule, if you have observed that your former prescriptions caused a long-lasting uneasiness or gastric disturbance to the child. There is a certain system of—you know what I mean, which, after repeated, overhurried, and overwhelming medicinal attempts, in many cases gets the patient better by doing nothing, confiding in hygiene and Nature's power, and then praising the cure as their own work. It is useless, if not altogether inconvenient, to attack such a system directly and violently. Let us improve in science, and be more correct in the exercise of our art; in this way, and perhaps only in this way, we may prevent or check the growth of parasites in medicine.

I will now proceed to communicate to you my experience and views upon the most useful, and almost the only necessary remedies for the diseases of children. Some of them, as you will find, are more or less extraneous to the English pharmacies, but by the kindness of an eminent pharmacist of this town, (Mr. Robertson, Oxford Street,) who partly prepared them in his chemical laboratory, and partly procured them from Hamburg, I shall be able to show you several specimens, some of which I have brought with me to day. But let us proceed with a certain order, and speak before all of the direct antiphlogistics.

*Bleeding*, as you know, is the most powerful of this class; and venesection is the kind of bleeding which, in childhood as well as in other ages, is decidedly indicated against acute inflammation of parenchymatous organs; but it is very improper to bleed with the lancet, if there is no vein of sufficient dimension. The very indication of venesection supposes a free flow from the wound, which I have been satisfied is seldom attainable in children under five or six years of age. In similar cases, instead of harassing the child by long and ineffective attempts at the operation, I am accustomed to supplant this kind of bleeding by a proportionally large number of fine leeches, to be applied all at once, exactly along and upon the clavicles, detaching them altogether, as soon as a sufficient quantity of blood has been obtained, and stopping immediately with efficacious means the hæmorrhage. In this way we approach the sudden and strong effects of venesection much better than cutting a vein, which gives the blood only drop by drop.

With regard to the general purpose of local abstraction of blood, we may consider it as a rule to leech a tender infant with small leeches, and to use larger ones in proportion to the age. It would be impossible to express an exact quantitative scale of leeches; their number must be proportioned not only to the age and malady, but should vary according to a great many other circumstances. If you would ask me, however, some points of an approximate scale, then supposing the child to be of a good constitution, and allowing the bites of the leeches to bleed for half an hour, I would regard the following gradation as answering the purpose of an energetic bleeding :—

In the	1st month	2 leeches, small ones.
"	2nd "	3 " "
"	4th "	4 " of middle size.

In the	8th month	6	leeches of middle size
"	12th "	8	" "
"	16th "	10	" "
"	2 years	12	" "
"	3 "	14	" "
"	5 "	16	" "
"	8 "	18	" "

These, I repeat, are powerful quantities of blood, only applicable in the first stage of the most acute and extensive inflammation in a healthy and strong constitution.

The *counterindication* of bleeding is of higher importance with children than grown-up patients. A few leeches, by a mistaken indication, can, in the latter, produce a disastrous effect. Guard against leeching a chlorotic, atrophied, or rachitic child; these are the most decided counterindications, and you must be a good observer, in order to detect these counterindicative complexions, even in a moderate degree, to avoid hurtful mistakes; for instance, by leeching the head of a rachitic child, on account of repeated headaches, to which they incline, or the chest, because it coughs, with simultaneous dyspnoea, the result of its narrowed chest. For ambiguous cases accept the rule, that it is better to let an inflammation, which would be very much benefited by leeching, run its course without it, than to leech in a case which is not inflammatory, in a rachitic or in an anæmic child.

*Cold water.*—I had already opportunity to recommend it as the unique antiphlogistic remedy, to be taken by mouth, for suckling infants. As much as one or two dessert spoonfuls every hour, may be considered as effective quantities for children one or two years' old. Of the external application of cold water, I shall speak amongst the external remedies.

Very frequently we meet, amongst the antiphlogistic apparatus, emulsions, (sometimes strengthened with a solution of nitrate of potass,) acids, and neutral salts. All these prescriptions I find objectionable for infants or tender children. If we continue to give them for one day or two, the stomach of these delicate creatures commonly becomes deranged. Of mercury I will speak in another place. There are, however, cases of children already past the age of lactation, in which some circumstances invite you very much to prescribe a cooling medicine. No doubt cold water is not so active with them as in suckling children; and, on the other hand, their stomach bears already some heterogeneous impressions. Then let me recommend to you for such the following *cooling mixtures*:—*℞.* Aque Destillatæ, 3 j.; Kali Citrat., 3 ss.; Syrup. Citr., 3 iss. For a child about one year old, every hour or two one teaspoonful. Or, if there is a fever, characterised by the high temperature and dryness of the skin, with a tendency to a pharyngeal inflammation, the following is worthy your confidence:—*℞.* Decoct. Fruct. Tamarind. (ex, 3 ij—iij.; ad Aque 3 iss.) Acid. Hydrochlor. Dilut., ʒ j.; Syrup. Citr., 3 iij.

*Purgatives.*—To void, if necessary, the meconium, and in general for tender infancy there is but one convenient purgative, that is, castor oil. After the fourth month, if a stronger purgative is wanted, I have

found the following preparation to answer the best, of which I show you here in this bottle, under the name of *aromatic senna tea*, prepared by Mr. Robertson, as follows:—

A quantity of Alexandrian senna leaves are digested with proof spirits of wine during twenty-four hours, then taken out, moderately squeezed, and then slowly dried by moderate heat. Then take of the—

Prepared senna leaves	...	...	...	4 parts
Camomile flowers	...	...	...	1 "
Elder flowers	...	...	...	1 "
Fennel seeds	...	...	...	1 "
Anis seeds	...	...	...	1 "

Of this mixture the quantity adequate for a child about six months old will be for one infusion, dose ʒ j.; for a child two years old 3 ss. or ʒ ij.; for an adult about 3 ij.—iij. To each portion you may add bitartrate of potass in the proportion of gr. xij to 3 j. of the tea. At the time, when needed, a hot infusion is to be made, during fifteen or twenty minutes, with a quantity of water not larger than the patient is able to take at once, sweetening it with a little sugar. The action is generally exerted after about three or four hours; if not at that time, then the same dose must be repeated.

With regard to the camomile and elder flowers, entering in the above composition, I must observe that I use the samples of these aromatics imported (by the care of Mr. Robertson) from Hamburg. All aromatics of the English soil are considerably less strong than those of the Continent. The English camomile, as everybody can be satisfied by comparison, is very different from that of Germany, the former being much more bitter, and much less aromatic; consequently the English makes the infusion disagreeable and less antispasmodic. The difference of climate, in particular the dry hot summer of Germany, as well as of the southern countries of Europe, account for this difference.

From this aromatic senna-infusion, I can assure you, you will derive great benefit with delicate children as well as ladies. Its aromatic ingredients obviate, in general, griping, and promote the expulsion of flatulencies. For a child above six months old, and of a good complexion, if you desire a strong derivative effect of the purgative, you may use the common senna-infusion with some neutral salt dissolved in it. In some cases jalap with calomel. This latter, however, I object to very strongly as a simple purgative; it is in its place if we wish to act upon the excretion of the bile.

Next we will proceed further in the series of remedies.

#### CASE OF

#### FRACTURE OF THE SPINOUS PROCESSES OF THE LUMBAR VERTEBRÆ.

#### REMARKS ON THE TREATMENT OF SPRAINED BACK BY "FIBING."

By JAMES DICKINSON, Esq.

Among the various, I may say numerous, accidents, which are continually occurring in the iron works, none perhaps are so frequent in occurrence as injuries to the

spine; nor need this surprise us if we consider for a moment the class of men to whom these accidents happen, viz., miners and colliers, who work in small compartments, technically termed "stalls," the roofs of which are so low as to compel the men, while working, to stoop forward, and at times to sit, so that if any of the superincumbent mass give way, it is almost certain to fall on their backs. These pieces of mine vary in weight from a few pounds up to a ton. In no case but in the one reported below have I met with fracture, nor, I may add, any unfavourable symptoms. Retention of urine, generally spoken of as being so common, has not occurred in a single instance. The men complain of some stiffness, but are generally able to resume their work in a few days.

At eight A.M., I was sent for to see J. M., a collier, who stated that about one o'clock that morning a lump of mine weighing upwards of half a ton had fallen on his back. On examination I found great effusion in the lumbar region, circumscribed, having the appearance of a cyst to the touch; it was soft and yielding, giving one the idea of a bladder filled with water. On feeling for the extremities of the spinous processes, all traces of them were lost from the first to the fourth lumbar vertebrae or thereabouts. This abnormal appearance, I was inclined to attribute at the time to the effusion, which prevented a perfect examination. The part was ordered to be constantly fomented, determining to check if possible, any unfavourable symptoms that might arise. The accident occurred on the 10th of May, and he was visited daily up to the

24th.—No symptoms having arisen demanding interference, all swelling having now subsided, I was enabled to examine more accurately the spine, when my previous diagnosis was fully confirmed. From the first to the fourth lumbar vertebrae inclusive, in a line corresponding to the extremities of the spinous processes, all traces of them were lost, and in their places was a soft yielding surface; the outline of one of the spines, however, I fancied I could detect, deflected to one side. The last dorsal and lumbar spines could be distinctly felt. He never lost sensation and power over his legs, and only complained of weakness in his back. The man improved daily, and six weeks from the date of the accident resumed his work.

*Remarks.*—Mr. Shaw accounts for the absence of unfavourable symptoms in these cases, by stating "that from the tenth dorsal vertebra, where the cauda equina commences, to the termination of the spinal cord at the second lumbar vertebra, the roots of the nerves enclose and protect that important organ so effectually, that severe injury to the surrounding bones may not reach the cord. When fracture occurs lower down, of course the dangers of paralysis taking place are diminished, for the long loose nervous fibres composing that part can accommodate themselves to the changed direction of the canal, without loss of function." He also points out the fact of "the lumbar vertebrae having to sustain the greatest weight of all the spine, as well as enjoying considerable freedom of motion, and accordingly liable to sudden and severe shocks, it was provided that the

spinal marrow should close this up, in order to protect it from injury." The case is interesting, as affording an illustration of Mr. Shaw's views, as well as pointing out the fact, that in these cases we are enabled to give a more favourable prognosis, and speak with greater certainty, than in injuries situated higher up.

"*Sprained backs*" are cases which give the surgeon, both in private and public practice, much trouble and annoyance, appearing, as they do in many cases, to resist every remedy. Many cases having come under my notice, and finding that blisters, cupping, stimulating liniments, &c., failed, at the suggestion of Mr. Hinton, I tried "firing," and the results have been most successful: patients who for many weeks have evinced the greatest agony, have, after the first or second application, been perfectly cured. The plan to be adopted is as follows:—Heat a small metal button, (the shank of which is fixed in a wooden handle,) over a spirit lamp to such a temperature as can be borne with alight pain, then pass it several times lightly over the part referred to, and which, in most cases, is confined to a particular spot on the back. It is unnecessary to produce vesication, a slight redness of the skin sufficing. A second application is not often required; a third seldom, if ever. The pain, I would observe, produced by the application appears to be rather severe, and causes them to jump, the effect produced being not unlike that of galvanism; it is, however, quite transient, passing off in a few minutes. Of the beneficial results of this remedy the following case will afford an example:—

An old man had been suffering from a sprained back for seven weeks; he was unable to follow any employment, from the constant pain, aggravated as it was by the slightest motion. I well recollect seeing him walking to the surgery, at a very slow pace, with the aid of two sticks, and his body bent forward, and also the change that resulted from the "firing." He felt much easier, was enabled to walk home at a moderate pace, and carried himself more upright. Two more applications were necessary. At the end of ten days he was quite free from all pain.

It is in such long-standing cases as this, that two or three applications are required; in recent cases one will be found sufficient. That there is nothing novel in the plan of treatment I am well aware; that it has from time to time been recommended is no less true: nevertheless, it appears to me to be a remedy which has fallen into desuetude; I have, therefore, brought it before the notice of my professional brethren with the hopes that they may be induced to employ it. The easy mode of application, the certainty of its results, and the rapidity with which it gives relief to the patient, (in many cases in a few hours), are points which, in my opinion, more than counterbalance the chronic plan of treatment, (if I may use the term), by which a patient becomes incapacitated as much from the severe cupping, blistering, and counter-irritation, in its various forms, as by the original sprain. Ought we, then, I ask, to discard a remedy so simple and unailing?

Blaina, February 6, 1852.



# Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

## CASES

*Reported under the Terms proposed by the Association.*

BY SCRUTATOR.

### *Injuries of the Head.*

JAMES HACKNETT, aged 14, was admitted into the Queen's Hospital, July 21st, 1880, and his friends gave the following history of his case:—Just one week before he had received a kick from a horse on the back part of the head, about an inch to the left of the occipital protuberance. The immediate effect of this blow seems to have been concussion, as the friends state he was "stunned," and shivered much during the time which elapsed before he could be taken home. He also vomited. He was during the day seen by a medical man, who prescribed castor oil, and eventually bled, leeches, and blistered him. These means succeeded, in a great measure, and the boy appeared to have been progressing favourably, when symptoms of excitement supervened, and his friends brought him to the hospital, in consequence, as they stated, of not being able to manage him, particularly in the night time.

On admission there was observed to be a certain wildness of manner, combined with fear, which gave the lad the appearance of idiocy; he, however, knew his friends, and said he was brought to the hospital, but was stated to have forgotten everything relative to his accident, and would not answer any question put to him. The pupils were dilated, and the pulse counted 90, having some force and roundness. He did not complain of pain, and there was no tumour or other indication of the blow present, although it was stated that at first there was a large swelling in such situation.

When taken into the ward he remained tolerably quiet for some time, but towards evening he became restless, wished to go home, and implored the nurse and others not to harm him, putting his hand to his head, and complaining of pain there. The bowels not being open, he was ordered to take a dose of calomel and croton oil, which operated powerfully. During the night he was very restless, shouting, and endeavouring to get out of bed at times, saying he must go to work, or should lose his situation. Towards morning he fell asleep.

22nd.—This morning he is much more quiet, but restless; pupils much dilated; some heat of scalp; pulse about 90. He will not answer questions, but implores to be allowed to go to work, and complains that some one has stolen his clothes. His manner altogether is very peculiar, and he has a very anxious look. He calls the nurse "Annie," Mr. Cox "gaffer," and the House-Surgeon "Tom," his mind evidently being confused by recollection of his friends and his present

situation among strangers. Ap. Cucurbitulæ ad oz. viij. nuchæ postea Emp. Lyttæ. Hab. Cal., gr. ij., tertiis horis.

23rd.—After the cupping he appeared relieved, and again went to sleep for a time; during the remainder of the day he was very restless, and on one occasion darted out of the ward and through the hospital into the street, before any one could stop him. The night had been passed on the whole more tranquilly than before, but he had occasionally been very violent, requiring force to restrain him. His pulse this morning counts 96, and the pupils still dilated, and he at times complains of acute pain in his head. Cont. Cal.

24th.—Has been more quiet during the night, and to day has the appearance of a person much fatigued, it appearing a trouble to him to move or turn. The calomel has affected his mouth, and the pupils are less dilated, but still very large. Pulse counts 100, weak. Cont. Pulv. Calom., ter in die. Rept. Emp. Lyttæ nuchæ.

27th.—Not much change; he does not now attempt to get up, but moans occasionally. To have better diet. To take no medicine.

30th.—Has improved the last three days, and now sits up, and begins to join in conversation with those around him. He relishes his food, but still has a peculiar wildness in his looks and manner.

August 8th.—Since last report he has been progressing favourably, and is now well. He has lost the wildness of manner, and the pupils have become natural. He can go on an errand well, and does not remember the accident, or anything for some days after. He was discharged August 11th, and has since that time remained perfectly well.

HENRY STANLEY, aged 14, was admitted Jan. 24th, under Mr. Sands Cox. Some time before admission he had received a kick from a horse on the head, and was brought to the hospital in a state of insensibility. The body generally was cold; the pupils moderately contracted, and the eyelids half closed; the face pale and pulse feeble and intermittent. There was a swelling about the centre of the right parietal bone, and also a slight abrasion on the hip. Warmth was applied to the feet, and quietude enjoined. In the course of the afternoon he became sensible, and complained of pain of the head, and general uneasiness. A dose of calomel, followed by castor oil, was administered, and cold applied to the head. He had no other symptoms, and was discharged two days afterwards well.

CHRISTOPHER ARCHER, aged 16, admitted February 13th, under Mr. Sands Cox. Was found insensible at the bottom of some cellar steps, which it was inferred he had fallen down. When admitted into the hospital he was still insensible, but could be partially roused. The pulse was weak and intermittent; the pupils contracted; body cold, and breathing of a sighing character. Warmth was applied to the feet, and the boy became perfectly sensible and collected in the course of a few hours.

14th.—He complained to day of some headache; pulse small, and intermits occasionally; pupils act well, and there is no heat of scalp; bowels not moved. Hab. statim, gr. v.; Calom. et postea. Mist. Purgant., oz. ij.

15th.—Bowels have been well moved, but the boy to-day seems frightened, and wishes for his relations. Complains of pain in the head, but is tractable. He does not, however, notice anything that passes around him. Pulse weak, intermitting occasionally. No particular heat of scalp. Ap. Hirudines xx. Capiti raso. Rept. Calom. et Mist. Purgans.

16th.—About the same in all respects.

17th.—During the night has been very violent, wishing to get up and go out, and fearing some imaginary person was about doing him some injury; he was, however tractable, and easily induced to lie down again. Pulse counts 100, and has more force than yesterday. Pupils slightly contracted, and head rather hot. Ap. Hirudines viij., temporibus. Hab. Calom., gr. ij. Tertius horis.

18th.—Was much quieter during the night and slept a little. In most respects he seems about the same, but says he is quite well and wishes to go home. Continue calomel.

19th.—Has been quiet during the night, and seems much better this morning. The calomel has slightly affected his gums, but he has no pain or uneasiness in any part, and the pupils act well. Pulse is moderate. He continued to improve and eventually left the hospital, March 1st, being then quite strong and well.

It has often been observed that there is no other part of the body which, being affected with disease, gives rise to such anomalous symptoms as the head, thus rendering the diagnosis at once uncertain and difficult, and requiring the utmost amount of discrimination to approximate to a correct conclusion regarding the existing state of affairs; and this difficulty is moreover increased because we cannot explore the interior by manipulation, or by the exercise of any special sense, as we are enabled to do in other parts of the body. As in disease, so are these difficulties equally felt by the surgeon when called upon to treat injuries of the head, and there oftentimes will be sound symptoms of a dangerous nature, following perhaps a minor injury, while what appears of greater moment gives rise to little or no disturbance. (Case 2.)

The variety of symptoms observed after concussion are very remarkable, and can scarcely be explained on any principles with which we are acquainted. Sometimes we find a patient really without the slightest ill effect, scarcely feeling any headache afterwards, while another seemingly affected primarily in the same way, lies in a half conscious state for some days, (Case 3,) or becomes delirious, or dies comatose. Some, again, agree in many respects with that peculiar state which Mr. Frasers has designated as prostration with excitement. Sometimes, however, and this was verified in Cases 1 and 3, symptoms are observed much resembling those of delirium tremens; often the symptoms will be found

to correspond very minutely; thus, although the patient is violent he will easily be prevailed upon to lie down, and will often answer rationally for a moment or two. Besides this, it is generally of his affairs that he talks, wishes to go to work, and continually asserts that he is in health. He is also afraid of strangers, and considers every one mistrustfully, thus making the analogy between the two states still stronger.\* Occasionally, also, the patient recovers in all respects except one; the hearing may be deficient or not so acute as before the accident, the taste may be perverted, the names of places may have been forgotten, or the patient may be affected in various ways or quite lost, as lately happened in a case under Mr. Sands Cox. As regards the treatment of these cases it seems to be of the utmost importance to preserve a strict quietude during the critical period of reaction, for in that state a little thing will determine the balance; and a patient, who is subjected to noise, light, or other annoyances, will not be so likely to progress favourably as one equally injured who is kept free from these excitants, therefore too much importance cannot be well attached to this point. The treatment, moreover, laid down by Mr. Guthrie, in his work on "Injuries of the Head," is fully adequate to the desired end.

#### *Severe Laceration of the Scalp; Erysipelas; Recovery.*

RICHARD WILKINS, aged 36, was admitted into the hospital, under Mr. Sands Cox, January 2nd. He had, some hours before admission, fallen from a cart, the wheel of the vehicle causing a scalp wound, which extended nearly from ear to ear, slightly behind the coronal line. The scalp could be turned back for some distance, and the pericranium was in one or two places detached from the bone. The wound was filled with grit and dirt, which was, as much as possible, removed, a syringe, sponge, &c., being used. The parts were then brought into apposition, and sticking plaster and a bandage applied. He was stated to have been slightly in liquor at the time when the accident happened, and appeared, from what was related, to have suffered from concussion; but when he was brought to the hospital the pulse had regained its frequency and force, and there was nothing particular observed.—Hab. nocte Cal., gr. v. cap. Mist. Purg., oz. ij.

January 3rd.—Going on well; makes no complaint; bowels well opened.

4th.—Complained yesterday evening of shivering, and this morning has pain of head, with general feverishness, pulse counting 100. The wound was dressed, but union had not taken place, and its aspect was such as to require poulticing, in place of other dressing.—Rept. Pulv. Cal. et Mist. Purg.—R. Ant. Pot. Tart., gr. j.; Mag. Sulph., oz. v.; Misce, sumat oz. j., quartis horis.

5th.—Bowels have been well moved, and he feels better to-day. Wound has begun to discharge; pulse

\* See Copeland's Fract. Med. Dict.

counts 90; there is but little pain of head, and he makes no complaint. Cont. Mist.

6th.—Wound about the same; bowels open. The back part of the scalp over the parietal and occipital bones is puffy and tender. Pulse counts 100. Has wandered slightly during the night. Cont. Mist. To go on with the poultice.

7th.—An incision was to-day made into the swelling on the occiput, which gave exit to a large quantity of pus. He expresses himself as feeling better. Old wound discharges more. Cont. Mist.

8th.—To-day a large portion of the occipito-frontalis tendon was removed in a sloughing state from the wound. He appears very weak, but has no pain. Bowels open. To have half a pint of porter daily, and meat diet.

9th.—Wounds are now granulating, and discharge but little. In all respects better. To be dressed with plaster, &c..

11th.—Going on well. Full diet.

He continued from this date gradually going on well. The wound was dressed daily, and compresses placed at different parts to expedite the union of the scalp and periosteum. It was not, however, until February 27th that he was discharged, on which date the head was quite well.

It is an old maxim in surgery that no injury of the head, however trivial, should be neglected; and this applies equally to the external as to the internal parts. Wounds of the scalp are very likely to be followed by erysipelatous inflammation and formation of matter, which, if not checked by energetic treatment, will probably terminate in necrosis of the bone, and render the case not only dangerous, but tedious and troublesome in the extreme. Also, in consequence of the free communication between the vessels of the external parts and those of the dura mater, inflammation is very likely to pass internally, and thus further complicate the case. Owing also to the loose cellular tissue beneath the scalp, the matter will burrow, raising the integuments, and giving the head a swollen and unnatural appearance, as happened in the case related. This state of things can only be combated by energetic treatment. Antiphlogistics must be used, and in many cases blood extracted, while free incisions must be made for the exit of any pus which may have formed. Frequently, as in the case reported, a portion of the aponeurosis of the occipito-frontalis muscle sloughs away; and this may take place without any ultimate injury: but we never find the scalp take on such action, which fact is accounted for by the great vascularity of its texture.

#### *Nævus of the Scalp Treated by Tartar Emetic.*

ANNE SHALLARD, aged nine months, was admitted into the Queen's Hospital, under the care of Mr. Sands Cox, February, 1851, on account of a nævus situated over the right parietal bone, about the size of a half-crown piece. The mother stated that a slight discolouration of the scalp was observed at birth; that it remained stationary for some time, but eventually

began to increase, and had during the last two months attained its present size. There was no pulsation evident in the tumour, which was of a bluish cast, and slightly raised above the adjoining integument. The child's general health was good, and all the functions regular; but a branch of the temporal artery was enlarged, and could be traced almost into the diseased parts. On the third day after admission Mr. Sands Cox ordered the potassio-tartrate of antimony to be applied, which was accordingly done. In two days, the application having been several times repeated, the whole of the discoloured portion was converted into a pustular mass, and this with but little or no inflammation or irritation of the scalp. Poultices were now applied, and in the course of a week there was a healthy granulating surface, which was cicatrized entirely three weeks afterwards. The patient left the hospital without any appearance of returning disease, and some time after continued quite well.

Dupuytren considered tumours of this description to be a kind of erectile tissue, to which they certainly have a considerable resemblance. There are several varieties, which have been classed differently by various authors; perhaps the best mode of describing them is to divide them into the cutaneous and subcutaneous, although it must be confessed that we frequently meet with specimens which partake of both these varieties. Some have divided them into venous, arterial, and mixed, according as they were thought to contain more of arterial or venous tissue in their structure. This, however, can only be judged of by the colour, which must be a deceptive mode of forming an opinion, as at certain times the colour is much deepened. Nævi are popularly supposed to arise from some influence of the mother's mind on the foetus, and are frequently supposed to bear a resemblance to something definite; but as they are oftentimes of various and fantastic forms, it is easy to invent a likeness to some known object. Still, however, the influence of the mother's mind may have something to do with it, as it is a well ascertained fact that the foetus may be disfigured, should the mother undergo any strong mental exertion.\* Nævi frequently remain stationary during life, hardly requiring any interference; but if they present a disposition to grow, and appear inclined to attain any considerable size, it is prudent to recommend their extirpation by one of the many methods adequate to that purpose. For the cutaneous variety, pressure will sometimes succeed; and the continued application of collodion has, with small nævi, been followed by success. Nitrate of silver and caustic potash have also been used, likewise vaccination; all evidently acting in the same way as the tartar emetic,—producing inflammation and suppuration, and thereby destroying the diseased texture. If, however, the nævus is of the subcutaneous kind, other methods must be had recourse to, and the ligature or

\* In proof of this, some time ago the writer saw a child minus the left hand, which appeared to have been amputated, there being a cicatrix, &c., as after the operation. The mother stated she had during pregnancy been much frightened by seeing a beggar on whom amputation of the forearm had been performed.

knife then present themselves for use; but, from the immense hemorrhage which takes place if these tumours are cut into, the former is the most in vogue. If the knife is used, the rule laid down by Cooper should be adhered to—"not to cut into the tumour, but to cut it out;" and the whole must be taken away, else what is left will certainly continue to grow as before. Mr. Keate first applied the ligature for the cure of this disease; and he has been followed by many other eminent surgeons, as the cases related in "The Mirror" show, with great success. *Lancet*, 1850, Vol. I., p. 127, 129, 246, 421; Vol. II., p. 31. 1852, Vol. I., p. 74.

#### *Stricture of the Urethra,*

GEORGE HUMPHAGE, aged 40, affected with stricture of the urethra, admitted into the Queen's Hospital October 25th, under the care of Mr. Parker. On examination, his bladder was found greatly distended; he complained of much pain, and a constant desire to pass water, which he could only do by drops. The urine was clear and did not deposit. He could not sleep at night, and his countenance was haggard, and showed signs of acute and long-continued suffering. His bowels were moved daily, but his appetite was gone. It appeared that he had experienced much difficulty in passing his water during the last two years; that he had neglected it, and in consequence had become gradually unable to make the slightest stream. He had frequently suffered from gonorrhoea. On a bougie being introduced, the whole of the urethra was found to be in a hardened, semi-cartilaginous state, and the smallest instrument could not be passed more than three inches and a half. As the patient complained very bitterly, it became a question what treatment should be adopted; but a sufficient quantity of urine passing during the twenty-four hours, Mr. Parker ordered a bougie to be introduced daily, and suffered to remain a short time, while the patient took five grains of soap and opium pill at bed-time.

This treatment was continued until Nov. 15th, an occasional dose of castor oil being required to regulate the bowels. The bougie would pass about four inches, but was then stopped by an impediment harder than anything which had been overcome. A small silver catheter was now used; and in two or three days it could be readily passed as far as the membranous portion. He was now put in a warm bath daily, and on two or three occasions had leeches applied to the perineum, the catheter being used after each bath. On November 26th, No. 6 catheter was passed fairly into the bladder, and a considerable quantity of urine taken away. The instrument was allowed to remain for an hour. On November 30th it was again introduced, secured by tapes, and kept in the bladder about thirty-six hours, during which time suppuration was established; and on its removal the patient, in a few days, could make water with great facility, and in almost as good a stream as he ever could. On his discharge he was free of pain, much increased in weight, and his countenance showed none of the haggard appearance it

did on admission. No. 8 catheter could also be passed with perfect ease. He was advised to have a bougie passed at intervals for some time.

Concerning the treatment of strictured urethra there has always been a great variety of opinion; and at the present time the differences do not seem much diminished, each party advocating their own peculiar treatment. It seems, however, proper that this should be swayed by concomitant circumstances, and that the state of the urethra as regards its denseness, its irregularity, its cartilaginous condition, and the fact of there being a false passage (if such be the case) should be taken into consideration. But it is tolerably certain, that so long as a patient makes a sufficient quantity of water, although ~~gustation~~, the knife should not be resorted to, as no incision can be made without some risk of unpleasant consequences; and this is the more evident, when other and milder procedure not calculated to bring life into danger, will effect the desired object. Cooper says:—"The cure by dilatation may be regarded as that which, on the whole, retains the greatest share of approbation, and in the case reported (as had a one as could well occur) the use of the catheter and bougie succeeded admirably. Had sudden retention occurred, or had not a sufficient quantity of urine passed, the knife would have been requisite. Liston remarks, in speaking of the treatment of stricture by the catheter:—"There are few strictures indeed which will not yield to this treatment;" and afterwards, "incision of stricture may be required in retention, scarcely otherwise."

#### *Provincial Medical & Surgical Journal.*

WEDNESDAY, MARCH 3, 1852.

A TRIAL has recently taken place at the Marylebone County Court, which presents matter of considerable importance to provincial practitioners, especially those who are engaged in consultation practice.

It appears that Mr. BROWN, a consulting-surgeon residing in London, was summoned a distance of 150 miles to visit a patient, for which his charge was £39. 7s. 6d. This demand was resisted by the patient's friends, as exorbitant! For the plaintiff, several witnesses were called, who spoke of the customary fees of London physicians and surgeons for country visits, as varying from 10s. 6d. and upwards per mile; stating also that the amount charged in the case in question was below the average fee.

The reflections suggested by this transaction point to the necessity which exists for something like regularity in the demands of metropolitan consulting practitioners. Now that

labour and time expended in travelling are both so much curtailed by railways, it would not, of course, be reasonable to adhere to the old posting fee of £1. 1s. per mile; but it is equally unreasonable, as well as undignified, that a London consulting-practitioner should travel, in proportion to distance, for less than a provincial physician or surgeon of repute would think himself entitled to demand. To do so is to take a most unfair advantage of the, in many cases, foolish prejudice in favour of metropolitan advice. As regards the sum charged by Mr. Brown, it is small in comparison with the charges of those physicians and surgeons who are most frequently summoned from London; and it betrays a most despicable meanness on the part of the defendant to dispute a demand so liberal. It is plain that Mr. Brown had exercised a charitable consideration for his patient.

It is obviously of great importance to the mutual good understanding of provincial and metropolitan practitioners that nothing like "underselling" should be countenanced, but that, except under special circumstances, some uniform rate of charge should be made; and we are inclined to agree with one of our London contemporaries that half a guinea per mile "out" by railway would be both equitable towards the patient and honourable towards the country physician and consulting-surgeon. We allude, of course, here, to those whom a well-earned reputation has placed high in the confidence of the profession. There are, we are aware, not a few in the great Babylon who endeavour, by sundry more clever than creditable manœuvres, to secure a consultation practice, which would never reach them in a more legitimate way. It were vain to expect such to adhere to any recognized rule of conduct whether pecuniary or otherwise. Among these latter it need hardly be said, we do not class Mr. Brown.

## Reviews.

*Medical Aspects of Death, and the Medical Aspects of the Human Mind.* By JAMES BOWER HARRISON, M.R.C.S.L., &c., formerly one of the Resident Medical Officers of the Manchester Royal Infirmary, &c., &c.

In this little volume Mr. Harrison presents us with a couple of remarkably readable and pleasantly-written essays on two subjects, neither

of which it is easy to treat pleasantly. In his preface, the author *naïvely* observes that he has "never thought it essential that a book should be dry in order to be useful." We think that he has produced a useful book; we are sure that he has not added to the stock of dry ones.

In the first essay, the premonitory signs of death, the several modes in which death is occasioned, and the indications of death having really taken place, are discussed with an absence of disagreeable detail, and yet with a fulness of description that bespeak a skilful and not unpractised hand. We do not know of any other work in which the unprofessional reader could meet with the same information so intelligibly and pleasingly conveyed, nor in which the medical man would find the subject so appositely garnished with anecdotes and classical quotations. The following is interesting:—

"In order to provide against premature interment, the Romans are said to have waited seven days before they interred the dead; those who had charge of the corpse calling the name of the deceased many times in a loud voice. It was this custom which constituted the Conclamatio. Just before the body was finally buried, the name was again loudly called; and then it was considered proper to enter on the funeral ceremonies. Terence makes allusion to this custom, when he says:—

"Desire,—jam conclamatum est."

Those who dread the possibility of premature interment will be glad to read our next quotation:

"It would seem, then, that the indications of death are sufficiently marked to render it improbable that premature interment can often take place; and whenever this occurs, it must be the result of great carelessness, ignorance, and haste."

We recollect a case of cholera in which considerable excitement was occasioned in the mind of the public by the circumstance of the corpse becoming warm some hours after death. The not infrequent occurrence of this phenomenon after death from cholera does not escape notice in the work before us.

We extract the following for its practical bearing. It indicates the professional acumen of the coroner for Middlesex, and sufficiently proves the desirableness of selecting members of the medical profession to fill the important office of coroner.

"A man, who had just been married, got into a dispute with one of his own party, and was knocked down by a blow. Eventually he was able to rejoin his party; but it was observed that whilst engaged at his dinner he hastily got up and went out of the room. A friend followed him, but immediately returned to announce that

the man was dead. On examining the body after death, a surgeon pronounced that he had died from apoplexy, and attributed the fit to the injuries he had received in the quarrel. The coroner (Mr. Wakley) asked the surgeon if he had examined the windpipe. The surgeon confessed that he had not done so; whereupon he was desired to complete the examination. He repaired presently to perform his task, and on his return stated that he found a piece of meat wedged firmly in the glottis. Thus death had in reality arisen from this source; and the congested state of the brain was the effect of impeded respiration, and not the first occasion of his death."

As a specimen of the curious information the reader will find in the work, we select an instance of a judicial sentence unworthy of Pagan barbarism. It occurred in England in the reign of George the Second.

"Strangeways refusing to plead at the bar, was sentenced by Lord Chief Justice Glynn, "to be put into a mean house, stopped from any light, and that he be laid upon his back, with his body bare, and his arms and legs stretched by cords in opposite directions; and that upon his body shall be laid as much iron and stone as he can bear, *and more*; and the first day he shall have three morsels of barley-bread; and the next shall he drink thrice of the water in the next channel to the prison door, but of no spring or fountain: and this shall be his punishment till he die." On the Monday following, at eleven in the forenoon, the sheriffs and their officers came to the press yard, whither the miserable prisoner was presently brought. He wore a mourning cloak, beneath which he appeared clothed in white from head to foot. By the sheriffs he was conducted to a dungeon, where, after prayers, his friends placed themselves at the corner of the press, whom he desired, when he gave the word, to lay on the weights! This they did at the signal—"Lord Jesus receive my soul;" but finding the weight too light for sudden execution, many of those standing by added their burdens to disburthen him of his pain. He died in about eight or ten minutes."

The second essay touches pointedly but gently upon the slighter deviations from health of mind; such as not constituting acknowledged insanity are still indicative of disorder of the mental balance. To do justice to Mr. Harrison's mode of treating his subject, we should have to transcribe his essay. We take at random an extract or two as illustrations of the author's style.

"There is a story told of a cockney, who visited the beautiful and romantic scenery of the Alps, and being asked his impression of a sublime prospect which suddenly burst on his view, said, that he must confess 'it was a well got up thing.' This is the school of fashion which gives us two fingers to touch as a welcome, after the absence of as many years."

"Man is perhaps as beautiful in the passions and affections of his nature as in the highest reach of his intellectual powers. Terrible indeed are the passions,

but they are also glorious and lovely. The very emotions, feelings, and instructive impulses of our nature constitute more than all else our humanity. The cold calculations of the strongest minds are dead without the warm influence of affection: and we would rather pardon the forwardness of childhood, and the caprice of women, than lose all those endearing sentiments which bind us to the one and to the other."

We need scarcely say that we commend this work to our readers. It is such as we may frequently find convenient to place in the hands of our more intelligent patients. The author has managed to combine the *utile* with the *dulce* in a way which must ensure success.

## Proceedings of Societies.

[SINCE our last publication the opinions of the members constituting the NORTH WALES, WEST SOMERSET, BATH AND BRISTOL, and YORKSHIRE BRANCHES, have been obtained on the several clauses in the New Medical Reform Bill, either by a meeting of the branch or by writing individually to each member. The conclusions arrived at will be found embodied in the subjoined letters, which have been obligingly forwarded by the Secretaries for publication.]

### NORTH-WALES BRANCH.

To J. P. Sheppard, Esq., Secretary to the Council.

SIR,—Having perused the "Draft of the Proposed Medical Bill," as published in the *Journal* of Jan. 21st, 1852, I give my approval of the Bill as a whole, but would hope to see some little alteration when it comes to be considered in detail. I hail with especial satisfaction the uniformity of education and qualification, and that the profession is to be entered by one common portal, leaving gentlemen at liberty to choose and advance with that branch, (be it surgery or medicine,) most congenial to their taste and interest. I, however, dislike the proposed name, that of "Licentiate in Medicine, Surgery, and Midwifery," and would suggest that the present name of Surgeon be given to this class; and that the higher grade of Member of the Royal College of Physicians and Surgeons be respectively designated *M.D.*, Doctor of Medicine, or *Ch. D.*, or *C.D.*, Doctor of Surgery, and that they may be commonly styled Dr. A., or Doctor B. In Clause 13 I would suggest that the year begin January 1st instead of February 1st.

Clause 15.—I advocate the system of a short apprenticeship or *pupilage*, called "articled pupil," when habits of business may be formed, and the mode of conducting a practice may be acquired, as well as familiarity with drugs, minor operations, &c., &c., two or three years being sufficiently long.

Clause 17.—I like the formation of a Provident Fund,

but dislike the *annual* trouble and annoyance of registering. Could it not be made *optional* for a person to pay one larger sum instead?

Clause 36.—I should wish to see the clause having reference to the business of druggists and chemists made *more stringent*, and such as would compel them to abstain from prescribing and dispensing their own nostrums—a practice *very prevalent* and injurious in country districts.

Clause 13.—I hope we, who reside in the provinces, will not be obliged to "produce our diplomas" at the Registrar's office, in order to secure our registration, as that would involve a risk of losing an important document in its transit through the post-office, or otherwise, as well as a considerable expense to the parties. I hope that the "attested certificate," together with a reference to the books of the several Colleges and Halls, may suffice.

I trust that nothing in this Bill will have a retrospective and injurious influence upon those *British* Colleges and Universities at present possessing certain privileges.

E. WILLIAMS,

District Secretary to the North-Wales Branch

Wrexham, February 16, 1852.

Llangefni, Feb. 12, 1852.

MY DEAR SIR,—I have only to-day received the whole of the replies to my circular letter respecting the "Draft of the Proposed Bill for Medical Reform," and hasten to communicate the result to you, by giving a short account of the doings of the North Wales Branch upon that interesting subject.

With *one solitary exception*, in the person of Mr. Walthew, of Holyhead, (an old and experienced and very respectable practitioner,) all the others *agree* and *heartily approve* of the principles of the proposed bill generally. Many of them have offered suggestions, and some only of which I think it my duty to particularize.

Dr. John Roberts, of Bangor, warmly approves of "the plan to set aside a portion of the registration-fee to form a benevolent fund, for (he continues to write) I feel convinced that no *practical* good can result from a fund supported entirely by voluntary contributions." In this sentiment he meets with a *heartily seconder* in me.

Mr. Owen Richards, of Bala, who approves of the leading principles of the bill, inquires:—"By clause 3, the Society of Apothecaries is empowered to choose six Members of Council; in the event of the existing powers of the Society being resigned or abolished, by whom should the six members be chosen?" Again, he says of clause 26:—"The object of this clause will be virtually defeated unless it be clearly defined what constitutes an act of practising in any of the capacities specified, and unless the evidence required to convict be made as simple as possible. The great difficulty of obtaining a conviction under the Apothecaries' Act turned upon these two points."

Mr. Thos. Charles, of Bangor, says:—"I should have been glad had it been practicable, to give the profession more elective power in the appointment of the Medical Council." But upon the whole he considers the proposed bill a very good one and will support it.

Mr. Robert Jones, of Carnarvon, "approves most highly of the proposed bill for the regulation of the profession," and communicates very gratifying news for the welfare and success of the North-Wales Branch, at least as I consider it, by stating,—"I am glad to inform you that Mr. Hamilton Roberts, has this day authorized me to add his name to the list of our members, and beg you will enrol him."

Mr. Lloyd, of this place, is conspicuous amongst the approvers of the intended measure. Besides those I have here mentioned, there are some five or six members who think with Mr. George Frederick Wills, of Crewkerne, (*vide Medical and Surgical Journal* of the 4th ult.,) that some *very stringent* clause should be embodied in the proposed bill, to prevent chemists and druggists from *practising as surgeons and apothecaries*. To this expression of feeling upon their part, I must add my own and Mr. Lloyd's concurrence. I know too well that the druggists in this and the adjacent counties do nearly, if not more than, as much as the regular medical practitioner in *prescribing and dispensing* medicines. Why should this be allowed? Upon what grounds of justice and equity should it be permitted, I ask? I have heard medical friends say that they are aware the druggists frequently *visit* before giving medicines, and I can testify (as also can Mr. Lloyd) that the statement is perfectly correct as far as it concerns this county. I do hope our wise legislators will not lose sight of this most outrageous and anomalous state of things.

As I said before, there was only Mr. Walthew who disagreed with the proposed Medical Reform Bill. I will just recite his own words:—"In answer, I beg to say there are many parts in it which meet with my approbation, but I cannot affix my name to any measure of reform which does not recognize the privileges of the Apothecaries' Company, as granted to them by the Act of 1815. I am also one of those who think that every student should serve an apprenticeship. As the proposed bill does not appear to me to be clear on these points I must decline supporting it."

I have now concluded all I have to say, and you can make whatever use you think proper of it.

I remain, yours very truly,

D. KENT JONES.

District Secretary North Wales Branch.

Dr. Williams, Wrexham.

P. Lardner Green, Esq., of Buckley, Flintshire, and T. T. Griffiths, Esq., of Wrexham, write to the following effect:—

Buckley, Flintshire,  
February 13th, 1852.

DEAR SIR,—In accordance with the wish expressed in the circular you sent me, I beg to offer the following observations upon the "Draft of the Bill for Reforming the Profession." There can be no doubt of the imperative necessity of having in force a Bill to legislate for the profession *as a whole*; the proposed Bill appears, with some exceptions, to be the best yet proposed, and perhaps equal to any we can expect in the existing state of public opinion:—

1. The payment of the fee of £10 seems unnecessarily low. Those who will pass the Examining Board will possess a legal title to practise *all the branches of the profession*, equal to those who now hold the double qualification, and who have paid a higher sum; nor ought the diminished and diminishing value of money be lost sight of in making this regulation.

2. I see no good reason why the annual certificates should commence on February 1st, but, on the contrary, think there would be some advantages in their being dated January 1st.

3. That practitioners who had held certificates during five years be entitled to claim to the Benevolent Fund, though to a less amount than those who have held for ten years.

4. A well-marked distinction should be drawn between the degree of culpability attributed to, and the consequent amount of penalties incurred by, two distinct classes of irregular practitioners,—viz., on the one hand, those who would be regularly qualified members of the profession, and had been registered previously as such, but who may not possess the current annual certificate; and, on the other, those who not only would be without the annual certificate, but who had never been registered, nor had ever entered into the profession, and who would be, in fact, mere quacks.

5. That the Examining Board require students, attending lectures and hospital practice, to register their names personally *three times* at least during each session, and during the same time to enter their names twice a week in a book kept at the respective hospitals. That a visitor (or visitors) be appointed by the Examiners, who shall inspect the various classes of students during lecture hours, each class being visited twice at least during each session.

6. That the Board of Examiners be required to examine each candidate upon anatomy with the *recent subject*, and that one examination, or a part of an examination, shall be with papers, to which the candidate shall give written answers. To these last regulations I attach much importance.

7. To add a clause to the Bill to empower the Medical Council of England to take charge of the proposed Medical Benevolent College, (should it be completed,) and to govern the same upon certain conditions.

In conclusion, I hope the Bill will be introduced into Parliament without loss of time, and after due consideration become law, and thus see the long-wished for result of the union of the *disjuncta membra* of our profession, the welfare of which is so important to the public as well as to ourselves.

I am, dear Sir,

Yours very truly,

Dr. Williams.

P. LARDNER GREEN.

Chester Street, Wrexham.

SIR,—After a careful perusal of the "Draft of the Proposed Bill," I cannot but consider its adoption as most desirable in almost all its provisions. The point that appears to me most to require reconsideration, is

the age (21) at which a young man becomes entitled to enter upon all the responsibilities of independent practice. And it may happen, and often does, that within a year or two of commencing practice, cases in midwifery, surgery, or medicine, of the most urgent nature and important character, may depend upon the decisions of his judgment. I wish the age were 22, because that additional year matures a young man's judgment, adds to his knowledge and experience, and acquaints him more fully with the realities of life, and of those important professional duties and responsibilities he is about to take upon himself. I think four years too short a period for a young man to acquire that knowledge of, and familiarity with, diseases that even in commencing practice he is supposed to possess. I should prefer five years, because two years might be passed in the surgery of an experienced practitioner, with many advantageous results. The shortness of the time would lead a young man to commence at once; and from the beginning, the study of at least the elements of his profession, he would acquaint himself with the appearance, properties, doses, and uses of drugs and medicinal preparations in a practical manner, to be, I believe, acquired in no other way. He learns the habits of private practice—a lesson never to be acquired in hospitals; he benefits by the practice and experience of his principal; he acquires habits of business and punctuality; and, in the quietness of private practice, he has an opportunity of feeling those requirements, the value and the possession of which he sees are essential to successful practice, and thus he will probably be led to arrange for himself those objects of study when he attends lectures and hospitals, which his own particular genius or taste, or which the peculiar requirements of private practice, or the importance of particular cases as then observed, may render most interesting, valuable, and important in his estimation. And these views may be confirmed by following a young man into general practice at 21, who has passed from school to the study of the higher branches of the profession in ignorance of its elements. He studies his profession rather as an abstract science, for he has had little or no opportunity of estimating its close and important connection with the moral as well as physical wants, distresses, welfare, and happiness of those who are to depend upon him for counsel, direction, and support, under urgent and severe trials of bodily and mental distress and suffering. A wide field is suddenly opened to his untutored mind and judgment; he feels that it contains the treasure important to his future well-doing, but in the multiplicity of objects he is at a loss how to select those most immediately necessary to that knowledge, without which he could not conscientiously even commence practice, and as this bill will mainly affect the great body of general practitioners, these observations are intended to apply chiefly to them.

T. T. GRIFFITH.

Dr. Williams.



## WEST SOMERSET BRANCH.

To J. P. Sheppard, Esq., Secretary to the Council.

SIR,—On receiving your letter, dated Jan. 22nd, containing the request of the Central Council that I should submit the "Draft of the Bill for Medical Reform" to a meeting of the members of this Branch, I convened the Local Council for the 24th of January, when it was resolved to hold a special meeting of the Branch to consider the said Draft Bill, on the 4th of February. I have been unable to communicate to the Central Council earlier the results of that meeting.

The Draft Bill was considered by the meeting with great attention, section by section; and I was instructed to communicate to the Central Council the earnest desire felt by the Branch for a permanent and satisfactory settlement of the Medical Reform question, and its unanimous and full approbation of the general principles of the proposed Bill.

At the same time I was instructed to submit the following remarks and questions on the details of the said bill to the consideration of the Central Council, which were unanimously agreed to by the meeting:—

With reference to Section 11, I am to ask whether it is intended that the Examining Boards for the three kingdoms are to be chosen from the Council, or from the profession at large?

In Section 13 what provision is to be made for the registration of qualified members of the profession who may be absent from the country, or otherwise prevented registering within the time prescribed by the bill? Also, should it not be compulsory to prove *legal possession* of the diploma, certificate, or licence, if required? Or, should there not be some provision to prevent persons holding diplomas, &c., illegally, from registering?

In Section 16 cannot a clause be inserted making it the duty of the Medical Councils in congress to cause a uniform Pharmacopœia, to be drawn up and published in place of the widely-differing Pharmacopœias now issued by the three Colleges of Physicians?

In Section 19 should it not be the duty of the Medical Councils to cause an annual statement of the income and expenditure to be published?

In Section 21 are we right in assuming that, by Section 17, persons who may have transferred, will be able to renew their certificate without further reference to their original country?

In Section 22 what provision is to be made for the great majority of provincial physicians who now hold hospital appointments, and practise, without being members of any College of Physicians? Are they to be compelled to join one of the Colleges, whether they will or not?

In sections 26 and 30 the members of this Branch are unanimously and strongly of opinion, that the profession would, as a general rule, be safer under the decision of the Judges of the County Courts than under a single, irresponsible, and often strongly prejudiced magistrate; and, if it be practicable, would press this

proposed alteration on the Council and framers of the bill.

In Section 27 I am to suggest, that the number of registered practitioners to complain to the Medical Council, &c., should be not less than five, it being felt, that when sufficient ground of complaint existed, there would be no difficulty in procuring the assent of that number to the complaint, while at the same time it is highly necessary to guard and protect individual members of the profession from frivolous or vexatious complaint.

I am, dear Sir,

Very faithfully yours,

F. H. WOODFORDE, M.D., Hon. Sec.  
Taunton, February 18, 1852.

## BATH AND BRISTOL BRANCH.

To J. P. Sheppard, Esq., Secretary to the Council.

SIR,—In compliance with the request contained in your notes of January 22nd, Mr. Bartrum and myself have written to every individual member of the Bath and Bristol Branch of the Association, for an expression of their opinion on the "Draft of the Proposed Medical Reform Bill." We have also had meetings of the Council to take the replies into consideration, and after carefully doing so, in conjunction with the bill itself, have agreed to the following report as from the Bath and Bristol Branch, viz.:—That

In Clause 11 the word *yearly* be struck out.

Clause 14.—They *strongly approve of*; as it proposes that all candidates for a licence to practise should pass the same preliminary examination.

Clauses 18 and 19.—They are quite of opinion that the *whole surplus receipts* after payment of the working expenses of the Act should be devoted to the one object—a *provident fund*: the regulation of which must vest in the Council.

Clause 22.—Does this clause exclude British graduates from registering as physicians unless they become members of the College of Physicians of the country in which they practise, such physicians having been in practice prior to the passing of this Bill? Will not this make the degrees of British Universities a dead letter?

Clause 26.—The punishment is too summary. The party offending should be proceeded against in the County Court. The party prosecuting should be deputed by the Council of the country in which the offender resides. The general tenor of the law of prosecution should be similar to that *at present* in use under the Apothecaries' Act.

Clause 27.—The Governing Body or Council should have the power of expelling disgraceful members, but should not be required to call on any individual for his defence, unless the *ex parte* or *prima facie* evidence were such as to be satisfactory to themselves, and not merely because A. B. and C. form a cabal, and think fit to denounce any one who may be, perhaps, quite innocent of the charge.

Clauses 29 and 30.—For one read two justices, one being too irresponsible.

Clause 33.—Highly approved.

Clause 34.—Is it intended to ignore all degrees in medicine, *provided the Council have a proper control over the various University Examiners?* The possessor of the degree of M.D. at any recognised university should, on payment of a small fee, *be at once admitted a member of the College of Physicians of the country in which he may practise, and be entitled to transfer his name from the College of one country to that of any other in which he may desire to practise.*

Clause 39 requires modification, unless the Council have the power *to reinstate a member thus excluded,—* Suppose a man be found guilty of manslaughter, should that entirely exclude him?

With the above exceptions and modifications the Councils cordially approve of the aforesaid "Bill to Produce Uniformity of Medical Education," &c.

I remain, my dear Sir,

Yours faithfully,

J. COLTHURST, Hon. Sec.

11, The Mall, Clifton;

February 22, 1852.

# LIVERPOOL MEDICO-ETHICAL SOCIETY.

To J. P. Sheppard, Esq., Secretary to the Council of the Provincial Medical and Surgical Association.

SIR,—I am directed by the Council of the Liverpool Medico-Ethical Society to inform you, that at a meeting held on the 17th ult., the following resolution was agreed to:—

"That this Council desire to express their approbation of the general tenor of the 'Medical Bill' proposed by the Provincial Medical and Surgical Association."

At the same meeting a Committee was appointed, which reported upon the Bill yesterday, and offered some suggestions for the consideration of the framers, these I am also directed to send you, they form the concluding portion of the following paper:—

The Committee appointed to consider the "Proposed Medical Bill," beg to report, for the information of the Council, that they consider that the following are the most important principles contained therein:—

The repeal of previous statutes, including part of the Apothecaries' Act, thus producing uniformity and simplicity in the law.

The appointment of a Medical Council, with power to direct uniformity of education and competent examination.

The formation of a body of Licentiates in Medicine, Surgery, and Midwifery, independent of any existing bodies, which alone will have a licence to practise.

Reciprocity of practice throughout the United Kingdom.

Registration of legally-qualified practitioners.

Annual payments for licence to practise.

The compulsory formation of a benevolent fund.

The protecting the registered practitioner by certain legal powers and privileges.

The punishment of unregistered or irregular practitioners, or those who misconduct themselves.

They recommend that a separate vote of the Council should be taken upon each of these principles, and the following points for the consideration of the framers of the Bill:—

Whether the Council be elected on the representative principle? Whether, if so, it be distinctly stated how—i.e., whether by the bodies, or their executive?

Whether, when the licensing power be taken away from the Apothecaries' Company, it will not be advisable to have six persons, chosen by the Licentiates themselves, in place of those elected by the Society of Apothecaries?

Whether the Clauses against quacks and irregular practitioners are not too stringent?

Whether midwives shall be exempted from the Act by name?

Whether a shorter name may not be devised for Licentiates than that proposed in the bill?

I remain, Sir, yours &c.,

JOHN HARRICKS,

Secretary to the Medico-Ethical Society.

Liverpool, February 24, 1852.

In that portion of our impression devoted to general correspondence, (p. 127,) will be found two other letters upon this subject, to which we beg to refer the Members of the Association, as also our readers generally. We have also received the report of the meeting at Leeds, which is printed at page 130, having arrived too late for insertion in its proper place.

## Foreign Department.

### FRANCE.

#### PROCEEDINGS OF THE FRENCH ACADEMIES.

##### ACADEMIE DE MEDECINE.

##### Distribution of Prizes.

THE prize of the Académie de Médecine for 1851, value 1,500 francs (£60), was awarded to Dr. RICHET, for the best essay "On White Swellings,"

The Portal Prize, 1,200 francs, for the best essay "On the Normal Anatomy of the Liver, and the Nature of the Pathological condition called *Fatty Liver*," was not decreed.

The prizes for the year 1853 are as follows:—

The Academy Prize of 1,000 fr. (£40) will be given to the author of the best essay on the question—"Does Paraplegia occur independently of Myelitis? If so, to trace its history."

The "Portal" Prize of 1,000 francs is for the best essay "On the Nature and Treatment of Goitre."

A prize of 1,500 francs for a "History of Tetanus."

A prize founded by Dr. Capuron, 1,000 francs, for

the best essay "On the Physiology and Pathology of the Puerperal State."

The "Itard" Prize of 3,000 francs (£120) for the best memoir on some subject connected with practical medicine. This will be awarded in the present year.

The "Argenteuil" Prize for the author of the most important improvement in the treatment of strictures of the urethra, not having been awarded for some time, in consequence of want of merit in the candidates, now amounts to 12,000 francs (£480).

The "Civrieux" Prize of 1,200 francs has for its subject the "Pathology of Epilepsy."

#### *Treatment of Ununited Fracture of the Patella.*

Fractures of the patella sometimes fail in becoming consolidated, but are united by ligamentous tissue, which is incompetent to sustain the necessary movements of the knee-joint. A case of this kind is recorded by M. Bonnet (*Revue Medico-Chirurgicale*), in which he obtained bony union by a peculiar process, which, together with section of the triceps muscle, is thus narrated:—

The subject of this case was a vigorous man, aged 44, who had been treated for fracture of the patella in the usual manner, without inducing consolidation. He therefore entered the Hotel Dieu of Lyons, under the care of M. Bonnet, who considered that some amelioration, at least, might be accomplished by section of the triceps, and after scarifying the ends of the bones, keeping them in contact by clamps, as suggested by M. Malgaigne.

Accordingly, M. Bonnet commenced by subcutaneous section of the triceps, a few lines above the upper fragment. This allowed the descent of the fragment, which, together with the lower portion of the bone, was scarified by two other subcutaneous punctures; and the limb was then placed in appropriate splints, with the heel elevated. For the first few days there was some swelling of the joint; but the inflammation speedily subsided, and M. Bonnet proceeded to complete the operation by inserting small screws into each fragment, and causing these to be brought together, and retained in apposition by waxed thread. The screws are said to have remained forty days without producing any other unpleasant effects than some hydrarthrosis. The result was highly satisfactory, the fragments being brought nearly into apposition, and the uniting tissue being sufficiently resisting to allow of active use of the limb.

#### *On the Treatment of Erythematous Lupus.*

By M. ARAN.

M. Aran (*Union Médicale*, Janv. 19, 1851,) gives this name to a form of lupus which destroys the surface only of the integument. Bielt called it "Centrifugal Lupus," because it spreads in a circular manner, invading, in some cases, the entire face, and leaving the integuments depressed as it creeps onwards. The disease is almost confined to the face, where it commences in the form of red patches of the size of a

shilling, or larger, and leaving a cicatrix resembling that of a burn. Another form more common than the above attacks the end of the nose, producing a redness similar to that of a chilblain. After a time the skin becomes thinner, and ulceration occurs. This form is most common in females. The treatment recommended by M. Aran consists in steam douches to the part, with laxatives and sudorifics.

[It has occurred to us to treat several of these cases successfully. The means adopted were the steam douche twice a-day for a period of twenty minutes, and cod-liver oil internally. We have never found any material benefit from lotions or ointments, so commonly prescribed in these cases.—Ed. P. J.]

#### *Brachial Neuralgia.*

M. Neucourt (*Archives Générales and Medical Times*) speaks of a form of neuralgia, which he thinks has excited but little attention. Pain is, of course, a chief symptom, but it exists in very various degrees, from that which scarcely calls for attention to the most exquisite. In some cases, too, whatever is done, it obstinately continues; but in most, in proportion to the duration of the disease, its severity abates. Although with this spontaneous pain there is usually associated pain on pressure, the latter is sometimes quite absent, while in other cases it may be so marked as to become a true dermalgia. Pain on moving the arm is a very constant symptom, even when the other two forms are absent, the least movement sometimes causing such suffering as to compel the patient to keep himself quite motionless. Sometimes it is only certain movements that are painful; and when there is great pain on movement there may be none from pressure. Muscular paralysis is another occasional consequence of neuralgia, especially when the pains have been intense. The deltoid is oftenest affected. Each portion of the brachial plexus may be the seat of the neuralgia, which may thus be termed cervical, scapulo-thoracic, or humero-palmar, according to which portion is chiefly implicated. All may be so, but usually a portion only is; the cervical is the least, and the thoracic the most frequent. It is rare to find the pains following the direction and distribution of the nervous branches, they being usually confined to some limited region, as the point of the shoulder, lateral part of the chest, elbow, &c. There is rarely any fever present, the pulse being usually quiet. Insomnia is a marked symptom, even in the absence of severe pain. With respect to the prognosis of the disease, it may be observed, that in its acute form it is often of no great severity, and soon disappears, even without aid; but in other of such cases, the pains are excessive, and resist the operations of remedies with obstinacy, which, however, when they do not relieve the pain, often may prevent the affection falling into a chronic condition. The worst cases are those which are originally chronic, coming on imperceptibly at first, and gradually increasing in severity and obstinacy. In several cases the disease attacks persons apparently quite well, and

without any obvious cause. Still, external agents exert a great influence in determining diseases that are especially attended with pain, and this one offers no exception; great extremes of cold and heat being common exciting causes of it.

*Treatment.*—Some of the cases pursue their course in spite of all treatment, and yet get well whatever means be used, so that it is often difficult to assign the share due to nature and that due to the remedy. In others, however, long left to nature without improvement, the efficient aid of medicine is undeniable. Leeching is very useful in the strong and plethoric, and emollient cataplasms are valuable adjuncts, or in other cases substitutes. A plaster of treacle, powdered with opium and surrounded by diachylon, forms a good application, as does a liniment formed of one ounce of almond oil and six to eight grains of hydrochlorate of morphia. As antiphlogistics act best in the strong and plethoric, so are narcotics best adapted for delicate and nervous subjects, failing in the former unless preceded by bleeding. After these two classes of means, revulsives often exert a decidedly good effect, and in particular cases various remedies, as champooing, acupuncture, electropuncture, and the iodide of potassium, are useful. Sudorifics are not useful remedies, though sweating from a vapour-bath has proved very efficacious.

#### *On Catarrhal and Lobular Pneumonia of Infancy.*

The *Union Médicale*, Sep. 1851, contained an article on this subject by M. Trousseau, who considers that, although the different inflammations known as lobular pneumonia, capillary bronchitis, catarrhal pneumonia, &c., have been accurately described, practitioners in general have but a very indistinct conception of their differences. Simple pneumonia and catarrhal pneumonia are, M. Trousseau maintains, as distinct as are small pox and erythema, and this he proceeds to show by the difference in the mortality of each.

In the six months of his clinical practice in the "Hôpital des Enfants Malades," of twenty children attacked by simple pneumonia, not one died; while on the other hand, of thirty infants the subject of catarrhal pneumonia, not one survived. He further lays down the differential diagnosis of these diseases as follows:—

*Simple Acute Pneumonia* seldom or never attacks a child under the age of two years; it is not often seen under three years, but it becomes more common as age advances. The symptoms are much the same as in the adult, but the crepitous râle is never heard, the respiration becoming at once bronchial. The progress of the disease is more rapid than in the adult, but the mortality, as before said, is very small. The treatment adopted by M. Trousseau consists in bleeding according to the age and strength of the child, followed by tartar emetic.

*Catarrhal pneumonia* is a disease of much greater severity. It commences as bronchial catarrh, which rapidly spreads to the minute ramifications, producing abundant and sub-crepitous râles. After a few days consolidation occurs, giving rise to bronchial soufflé,

thus evidencing that the inflammation has reached the parenchyma of the lungs. The febrile excitement is not so great as in simple pneumonia, and is subject to partial remissions. The treatment in M. Trousseau's practice is most unsatisfactory, but he distinctly attributes this to the unfavourable conditions under which the patients are placed in the crowded wards of the hospital. In private practice the disease is far less formidable, and yields to a plan of treatment well understood in this country.

## General Retrospect.

### PRACTICAL MEDICINE.

#### *Dilatation of the Common Bile-Duct.*

A case, which is almost, if not quite, unique, is mentioned by Dr. Halliday Douglas, in which the common bile-duct became dilated to an enormous size. The patient, aged 17, was a servant, who was admitted with symptoms of jaundice, with pain on the right side of the abdomen, which was full and tender to the touch. She stated that her complaints had commenced three years previously, with frequent paroxysms of pain in the right hypochondrium.

The first of such paroxysms observed in the hospital was preceded by rigor, and followed by an increase in the fulness of the right side. Pulse 100. Tongue dry, and constipation obstinate. The pain lasted three days. Several other paroxysms occurred, but they were greatly diminished in intensity by blistering and enemata. Eventually the hypochondriac tumour became so prominent with fluctuation, that tapping was performed with immediate relief, but she daily lost ground, and died somewhat suddenly.

*Post-mortem examination.*—On opening the abdomen a large fluctuating sac was found occupying the whole right side, and closely connected with the liver. It contained half a gallon of yellow foetid fluid, having the consistence of thin syrup. The walls were dense and fibrous; the internal surface had also a fibrous appearance, and patches were seen of a pearly texture. In the upper part of the sac the orifices of the hepatic and cystic ducts were dilated, so as to admit the finger. The hepatic duct was dilated as far as its second and third divisions. After a careful search, an orifice was also found in the lower end of the sac, which opened into the continuation of the common duct. The fluid contained crystals of cholesterine.—*Monthly Journal of Medical Science*, February, 1852.

#### *On Diseases of the Chest supervening on Accidents and Operations.*—By Dr. BLAKISTON.

The object of the author's paper is to point out a fact, which cannot be too strongly impressed upon surgeons, viz.,—that most of the secondary inflammations with which they have to do, after operations and severe injuries, are of an asthenic character; and that they are caused by the depressing effects of the accident, combined with, to no small extent, in our belief, the low diet and regimen to which routine practice too

generally submits the patient. The forms of inflammation which the author mentions are,—pericarditis, pleuritis, pneumonia, and purulent deposits. Speaking of the prevention of these formidable consequences, the author alludes to the time when patients were prepared for operations by preliminary starvation and purging. Misled then, as too many surgeons are in the present day, by the term "inflammation," the operator was induced to adopt a lowering plan of treatment, little suspecting that the majority of inflammatory attacks were of a passive asthenic character. In the author's opinion the treatment best suited to ward off secondary chest affections is such as is calculated to preserve the health at its full standard; blood-letting being employed in a very guarded manner, giving the preference to local over general depletion; purgatives being given so as only gently to move the bowels; with well ventilated apartments and nutritious diet, and stimulants proportioned to the patient's previous habits, so that a healthy blood plasma may be formed, with little effort of the digestive organs.

A modification of this prophylactic treatment may be necessary in accidents to the head, with the prospect of acute meningitis, or in the case of acute pleuritis after fractured ribs; but here the author thinks general depletion is seldom called for, the preventive treatment consisting rather in the exhibition of mercury and local blood-letting.

In the treatment of these diseases, the author states that antimony is seldom so well borne as in primary pneumonia; and that mercury and opium should be our chief remedies, with wine and ammonia. So, too, in secondary pleurisy and pericarditis.—*Medical Times and Gazette*, Feb. 14, 1852.

## SURGERY.

### *Treatment of Spermatorrhœa.*

Mr. Henry Thompson has proposed a modification of Lallemand's caustic bougie, the application of which is in his opinion, uncertain as to its effects, often causing more irritation than is either requisite or innocuous. He suggests, in lieu of the solid caustic, the application of solutions of various strengths, by means of the instrument which he thus describes:—

It consists of a curved cannula, resembling a No. 9 or 10 cannula. Within this is a strong stilette, at one end of which is a well-fitted piston, while the other protrudes in the shape of a handle from the outer extremity of the cannula. Immediately below the piston is a piece of sponge an inch long, and fitting the cannula; at one end of this is an oval bulb forming the end of the cannula; at the other, nearest the piston, is a metallic plate.

This sponge is charged with the solution to be employed, and then drawn within the cannula. The instrument is then introduced as in the case of Lallemand's caustic holder, and when opposite the membranous portion of the urethra the sponge is again caused to protrude and rotated by a motion of the handle. It is again withdrawn into the cannula and the instrument is removed.—*Lancet*, Jan. 24.

[In the *Medical Times* of February 14th, the priority of claim to this invention is maintained

by Mr. H. Smith. We have frequently had occasion to prescribe the operation by means of Lallemand's instrument, and have never known any unpleasant consequences in properly qualified hands; we can, however, easily conceive that with incautions or inexperienced operators, Mr. Thompson's modification would be the safer resource.—Ed. P. J.]

### *Gastrotomy successfully Performed.*

Three cases of this formidable operation are reported in the recent American journals.

In the *New Orleans Medical Journal* Dr. Boling relates a case of extra-uterine pregnancy in a negress, aged 28. The operation was successfully performed, and a seven months' foetus was extracted from the right Fallopian tube.

In a second case the foetus was hydrocephalic, and rupture of the uterus occurred, nevertheless the patient is said to have recovered.

The third instance was that of a negress in whom there was total occlusion of the os uteri. The Caesarian section was preferred to incising the cervix, (why, it is not said,) and both mother and child were saved.—*American Journal of Medical Science*, Jan., 1852.

### *Cystic Bronchocele Cured by Injection with Iodine.*

By JOHN HILTON, F.R.S.

The patient was a female, aged 26, presenting a large fluctuating swelling in the seat of the thyroid gland, and extending from the os hyoides to the sternum. It was tapped, and a considerable quantity of dark fluid was drawn off, which was found, under the microscope, to contain granular corpuscles, shrivelled blood discs, and plates of cholesterine. The tumour filled again, and was again emptied; but this time Mr. Hilton caused it to be injected with Tinct. Iodini, dr. j.; Aque, dr. iij.

On the following day the swelling had much increased, and was hot and tender. The pulse became quick, the skin hot, and the tongue dry. During the succeeding week the constitutional symptoms became very threatening, and the swelling further increased in size. Vomiting also became an urgent symptom. Mr. Hilton now punctured the cyst with a lancet, and let out a quantity of gas, mixed with a very offensive sanious and purulent fluid. This gave great relief; and in a few days healthy suppuration became established. This ultimately disappeared, and a complete subsidence of the tumour was the fortunate result.—*Medical Times*, January 10, 1852.

## MIDWIFERY.

### *Turning as a Substitute for Craniotomy.*—By Professor SIMPSON.

The Edinburgh Professor of Midwifery has made his opinions familiar to our readers by a series of valuable papers which appeared in this journal, (1847—48); the subject is continued in the *Monthly Journal of Medical Science* by some further observations, the pith of which may be thus recapitulated:—

1. Turning substitutes delivery by the hand for the use of formidable instruments.
2. The transit of the cone-shaped head of the child

through a narrow brim is facilitated by the narrow end of the cone (the bimastroid diameter) being made first to enter the strait; and the hold obtained on the body of the child enables the engaged fetal head to be effectually compressed, so as to allow of its passage.

3. When the child is brought down footling, we have more power to adjust the shape of the head to the brim, than when the spherical arch of the cranium presents.

4. The lateral and temporary compression of the fetal head in the contracted brim which is produced during the operation of turning, is less dangerous to life than its oblique or longitudinal compression with the long forceps, or by the long impaction of the head itself.

5. In cases of still greater deformity, a degree of pressure, causing indentation of the cranium, if transient, is not necessarily destructive of life. Perforation of the head necessarily is so.

6. On these accounts turning offers a fair chance of life to the infant, while craniotomy affords none.

7. The operation of turning will also, Dr. Simpson believes, be found more safe to the mother than craniotomy. In every instance the latter is necessarily fatal to the infant, but in a large proportion of cases also it is fatal to the mother. Dr. Churchill's statistics give 1 death in 5 cases to the mother, while in version cases, even of a complicated nature, the deaths are but 1 in 15 or 16. It also affords this great source of safety to the mother, that turning would be adopted earlier in labour than craniotomy, and it is capable of demonstration that the maternal mortality is in direct ratio to the duration of labour.—*Monthly Journal of Medical Science*, February, 1852.

## Correspondence.

### ABSORPTION OF THE MAMMÆ AND TESTES UNDER THE USE OF IODINE.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—In reference to the interesting question, inserted in your journal by Mr. Gall, of Ripley,—Whether the use of iodine really produces wasting of the mammæ and testes, I beg to remark that I have prescribed the use of iodine, both internally and externally, in several cases of bronchocele, all of them in females; and that in four of these cases the internal administration of the remedy was carried to the extent of producing decided emaciation of the body generally. In these cases the breasts participated in the general wasting of the system: but *their true glandular structure remained unaffected*. On suspending the remedy the patients regained their plumpness, and the breasts recovered their former size. I can easily imagine that in these cases the mistake might have been made of supposing that there was wasting of the mammary glands, attributable to the use of iodine; but it was evident that the wasting of the mammæ was *apparent* only, from the absorption of some of the adipose tissue entering into their structure, and not really a *wasting of the organs from absorption of the glandular*

*structure*. This was my conviction from careful examinations, made in reference to the question at issue; and I have ever since entertained a suspicion of the correctness of the statement that iodine will cause wasting of the mammæ and testes, which appears to have obtained credence by most writers on materia medica and therapeutics. As far as the mammæ are concerned, the error may readily be accounted for by the *apparent* emaciation referred to. It is, perhaps, not so easy to account for the similar statement in regard to the testes, if it should be ascertained that these organs are really unaffected by the continued use of iodine, since they are not surrounded by adipose tissue, as are the mammary glands, and, therefore, could not be subjected to any *apparent* diminution of size in general emaciation of the system. All the cases of bronchocele under my treatment have been in the female; and I have not used iodine for any disease in the male to such an extent as to produce any wasting of the body, so that its effects upon the *testes* must be decided by the experience of other practitioners. Before leaving the subject, I would just remark that I have generally found the bronchocele reduced by the moderate internal and external use of iodine, without the necessity of pushing it to the extent of causing wasting of the body. Of the four cases referred to, two yielded to the remedy, but the other two were unaffected by the medicine, after persevering with it to the utmost limit of safety.

### THE RECIPROCAL INFLUENCE OF PREGNANCY AND PULMONARY PHTHISIS.

The opinion is generally entertained that *pregnancy temporarily arrests the progress of phthisis, which, after delivery, then proceeds more rapidly to its termination*; but according to Dr. Grisolle (*Archives Générales de Médecine*, and quoted in the periscope of the *British and Foreign Medico-Chirurgical Review*, July, 1850,) this opinion is founded upon insufficient data; and he arrives at an opposite one from the consideration of twenty-seven cases, seventeen of which were under his own observation, and ten communicated to him by M. Louis.

It would appear that the number of cases adduced by Dr. Grisolle is too limited to decide this interesting question; and that the subject may with advantage be investigated on a large scale, and set at rest by the combined efforts of the members of this Association. If every member who may have taken notes of these cases will forward them to the *Journal*, and if each member will take special notice of the subject during the ensuing twelve months, particularly in reference to the subjoined questions, and will kindly forward the particulars to the *Journal*, I shall be happy to take charge of the subject, and, to the best of my ability, to collect and put into shape the facts communicated, with the view of permanently settling this doubted point of pathology.

Where it is practicable, it will be better to record the following facts; but should the questions be too numerous to be answered as a whole, I would urge upon the members of the Association to answer those directly bearing upon the *influence of pregnancy on the progress of pulmonary consumption*, and to leave the rest:

1. When did the signs of phthisis first appear ;—before or during the period of pregnancy ?
  2. Was hæmoptysis a symptom ?
  3. In how many months after the first appearance of the symptoms, and at what period after delivery, did death occur ?
  4. Has abortion (and at what period) occurred during the progress of phthisis ; and has the patient died in any case before the full period of pregnancy ?
  5. Has labour been difficult in any case during the progress of phthisis ; and was the child vigorous and full-sized ?
  6. Was the secretion of milk in due quantity ; and when did it diminish or cease ?
  7. What was the effect of suckling—1st, upon the mother ; 2nd, upon the child ?
  8. In *post-mortem* examinations were tubercles observed in the lungs of the child ?
  9. Where the auscultatory signs have been traced, what has been their progress during pregnancy ?
  10. Has any case occurred in which *unequivocal signs of phthisis existed at the period of conception*, and in which the symptoms have been *decidedly kept in check during the entire period of pregnancy*, manifesting themselves immediately after parturition, and going on uninterruptedly to a fatal termination ?
- Any other particulars not mentioned in these questions will be gladly received.

I am, Sir, your obedient Servant,

T. HERBERT BARKER, M.D.

Bedford, February 17, 1852.

## THE NEW MEDICAL BILL.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—In answer to your repeated requests for individual expressions of opinion respecting the "New Medical Reform Bill," I give you mine, individually unimportant enough, but worthy of publication, if they express, as I believe they do, the feelings of a very large body of medical men. I am sorry to see divisions and discussions on minor matters, or assertions that the new Act "will lower the profession."

What is the present standard of professional character, that such fears are entertained of its being lowered ? Are there not names on the list of the College of Surgeons who advertise, who homeopathise, who will fawn and lie to gain a patient ; or blacken the character of a professional brother. Are there not men whose ignorance is notorious, who have spent their years in idleness and drunkenness, yet who, after a careful grind, struggle through College and Hall ; and are not the town and country crowded with a large and increasing class of irregular practitioners, who, having failed to pass their examinations, or even having only acquired a smattering of medical knowledge, from spending a few years behind a druggist's counter, deal with the lives of their fellow-creatures as ignorant unprincipled adventurers may be supposed to do. We want, Sir, a law that will separate us from all these,

and ally us to a class of our profession who are an honour to England, and whose skill and honourable bearing, whose benevolence to the poor in their private practice, and whose expenditure of time and trouble in public charities, is unequalled by any other body of men in England, or, I believe, the world.

An Act of Parliament that provides for the expulsion from our body of men who have forfeited their character, that by frequent registration shows who *do* belong to us, and that provides an easy way of punishing those who practise without a qualification, and, lastly, that gives an examination not more difficult but more practical, must raise the profession ; and we ought, in the spirit of its proposers, to consider whether, by the alteration of any parts, it can be made more effectually to answer objects all have in view. Allow me to urge for these reasons a sacrifice of pet schemes and theories, and an unanimous approval of the chief features of the "New Medical Bill."

I remain, Sir,

Your obedient Servant,

ALEX. H. PATERSON.

Altrincham, February 18, 1852.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—I am desirous of offering my warmest thanks to the framers of the Medical Bill, for the zeal and judgment displayed by them, and in addition to the gratitude of the profession, which is eminently due to them for the service they have rendered, I trust they may be further rewarded by the measure quickly passing into a law.

I would submit the desirability of increasing the admission fee to practise to above £10. None of our medical corporations are wealthy in a pecuniary view, although the fee in some of them is higher than this, and I doubt very much whether all the good objects contemplated in the bill could be effected without a larger fund than could thus be raised.

I strongly approve of the annual renewal of the certificate and of the appropriation and amount of the fee by which the certificate is to be obtained.

The strictest possible penal measures should be adopted to prevent those from practising who have not obtained the licence to practise. It is not a proper argument against this that the Apothecaries' Company have failed in this object. Their law proceedings have hitherto been expensive, unwieldy, and of doubtful success, while the fine has been much too large. Moreover, the Company have brought disavowal on such efforts by generally selecting for their victims those who, although not possessing their licence, have in many cases received a regular professional education, while they have permitted the uneducated quacks and druggists to realize fortunes unmolested. The fine should be under £5, and the delinquent should be summoned before a magistrate by any informer, and summarily convicted. If this could not be carried out, the least that may be done is to fine any unlicensed person who *visits and prescribes* for a patient, while no debt contracted in such manner should be recoverable at law.

Trusting the profession may be unanimous in the support of a bill so greatly calculated to forward their interests and increase their political and professional status,

I remain, Gentlemen,

Very obediently yours,

PHILOP.

ON THE  
VARIETIES OF CRANIAL PRESENTATION.

To the Editors of the *Provincial Medical and Surgical Journal*.

GENTLEMEN,—In my paper which appeared in the last number of the *Journal*, I quoted some statistics of Dr. Simpson's in reference to the relative frequency of the different cranial presentations. These statistics were taken from a review of Dr. Miller's book "On Midwifery," in the *British and Foreign Medico-Chirurgical Review*. Dr. Simpson has since written to me on the subject, and has sent me a copy of the original pamphlet, from which the statistics mentioned in the review were taken. From this it appears that there has been some unaccountable error in the figures quoted in the *Review*. Thus it has been stated that the whole number of Dr. Simpson's cases was 668 instead of 335; also that there were 256 cases belonging to the second presentation instead of the first, and 76 cases belonging to the fourth instead of the third; so that the results of Dr. Simpson's statistics corroborate those of the German accoucheurs instead of contradicting them. When I wrote my paper I had not seen these lectures of Dr. Simpson's, in consequence of their having been published some years ago, in the *Northern Journal of Medicine*, (which has since ceased to exist,) and I was thus led into the error which Dr. Simpson has kindly furnished me the means of correcting.

I am, Gentlemen,

Your obedient Servant,

J. G. SWAYNE.

12, York Place, Clifton,

February 25, 1852.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—Allow me to reply to Dr. Swayne's article "On the Varieties of Cranial Presentation," as he therein cites Dr. Simpson as an authority which will support his own views.

That he is in error will be at once apparent from the subjoined table, in which are given Dr. Swayne's statistics, (from his article,) and those of Dr. Simpson, as first published in the *Northern Journal of Medicine*, April, 1846, which have recently appeared in "Churchill's Manual," 1850, p. 165.

	Swayne.	Simpson.
1st position	247 in 286 or 86.3 per cent.	256 in 335 or 76. " per cent
2nd "	28 in 286 or 9.7 "	1 in 335 or 0.29 "
3rd "	3 in 286 or 1.0 "	76 in 335 or 22. "
4th "	8 in 286 or 2.7 "	2 in 335 or 0.6 "

I have, moreover, Dr. Simpson's authority for stating, that his experience up to the present time accords with

the above, as to the great preponderance (99 in 100) of the first and third positions; that the second and fourth rarely, if ever, occur, unless the head of the child be unusually small, or the pelvis of the mother unusually large, or some other abnormal condition be present,—e. g., the passage of the rectum into the pelvis on the right side.

On further comparison of Dr. Swayne's letter with the article above referred to, I find that Dr. Simpson agrees with Naegelè on the frequency of rotation of the head of the foetus in occipito-posterior positions rather than with Dr. Swayne. In the seventy-six cases of the third position, rotation was observed in seventy-four; Naegelè observed it in ninety-three out of ninety-six cases.

We cannot, therefore, admit Dr. Swayne's conclusion, "that the difficulties which are said to attend such (occipito-posterior) positions are more theoretical than practical;" nor his explanation that they are believed in, "from making comparisons of dried pelvis and crania." From such a mode of study we may indeed assume, that a head will pass where it is difficult and often impossible, as from the fourth position. Or, again, may be likely to agree with Dr. Swayne, that "the second presentation (position) is in every way similar to the first." But there is little danger of practical error in concluding that the same difficulties which oppose the ready passage of the dry head through the dry pelvis, exist in the recent pelvis where the bones are covered, and other organs *in situ*. We shall allow very little for "the very great alteration which may take place in the shape of a child's head during labour," if we rely on the experiments of Baudelocque, who found that compression of the head of a foetus to an extent greater than four lines produced fracture of the cranium, and that the force required was sufficient to bend a strong pair of forceps.

Dr. Swayne's method of diagnosis seems very simple. If others can confirm his observations in practice, (I have not at present the opportunity,) a notice to that effect in your journal would be valuable and a just acknowledgement to Dr. S., meanwhile the modes proposed by Dr. Simpson—the movements of the foetus, the sounds of the fetal heart, the tactile examination of the child's head—being independent, may be useful as a test.

Your obedient Servant,

WILLIAM OGLE.

Student of Medicine.

Edinburgh, 150, George Street,  
February 25, 1852.

MR. HUGHES AND MR. NOBLE.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—In your publication of last week I find the same lengthy correspondence as appeared in the *Lancet* and *Medical Times and Gazette*, in which I am courteously described as a person notoriously disqualified. The facts are these:—I attended Mrs. O. C. in her confinement; all went on well for seven days, when she was suddenly attacked with symptoms of puerperal mania. A messenger was despatched to me in great haste, but did not



arrive or deliver the message. Mr. O. C., tired of waiting, consulted Mr. McG., a chemist and druggist, (Mr. Noble's Poor-law vaccinator,) hence Mr. N's visit, but I arrived at the house soon after Mr. Noble's departure. I beg to state that the case never was Mr. N's, (but indirectly.) Being of opinion that the case was of a more serious nature than what Mr. Noble represented it to be, I advised Mr. Windsor to be sent for, when her attendants sent for him, he not being aware of Mr. Noble having visited her previously.

Respecting my own qualifications, I would just add, that I have served a regular apprenticeship to the profession, and completed the full course of lectures required by the College of Surgeons, and I intend presenting myself for examination as soon as my circumstances will allow me to do so. The *Medical Times* states, that all persons practicing as apothecaries without the Apothecaries' license are irregular practitioners. I am fully convinced that Mr. Noble is in the habit of meeting persons in consultation who have no legal medical qualifications.

I am, Sir, your obedient Servant,  
WILLIAM HUGHES.

15, Chatham Street, Piccadilly, Manchester.

January 30, 1852.

## Medical Intelligence.

### MEDICAL BENEVOLENT FUND.

We are requested by Mr. Newnham to insert the following remarks on the Benevolent Fund and notice of the forthcoming dinner of this charity:—

This fund is truly catholic in its nature, its operation extending to the entire kingdom of Great Britain, and requiring only that the recipients of its bounty be regularly educated medical men or their families, and that they be in distress, and of good moral character.

It is not a provident society, in which a certain subscription constitutes a member, and membership gives a claim for relief; but it is purely a charitable institution, and extends its aid to every authenticated case of misery. It is the only society in the kingdom for the immediate relief of the temporary embarrassment of medical men, or for those frequent emergencies to which humanity must ever be liable, in spite of the utmost providence and foresight. Its benefits are conferred not simply on medical men themselves, but on their widows and orphans. The aged widows, too, are not forgotten, and annuities are granted to these, as circumstances admit, out of the income arising from the donation or accumulating fund; and in this way, wherever, from straitened circumstances, there is embarrassment—wherever sickness has deprived a family of the means of their support—wherever death has left a household in a state of destitution and helplessness, oftentimes in a state of starvation—wherever the sting of misery is to be assuaged, or the feeble efforts of penury are to be encouraged or sustained—and, finally, wherever the bed of death is to be softened, and the last hours of life are to be irradiated by the bright ray

of charity, there is the peculiar sphere of operation of the Medical Benevolent Fund.

London, 46, Princes Street, Soho.

Dear Sir,—I have the pleasure to inform you that the Right Honourable the Earl of Carlisle has consented to preside at the dinner in behalf of the Medical Benevolent Fund, to be held at the London Tavern, on Thursday, the 20th of May, 1852. The Committee will esteem it a favour if you will become a steward on that occasion. The expense is limited to a guinea, the price of a ticket.

I am, dear Sir,

Yours very faithfully,

W. NEWNHAM,

Treasurer and Honorary Secretary of the Fund.

P.S. The Treasurer requests that each individual subscriber will consider the above invitation as sent to himself, and will be obliged by a communication stating if it be the intention of the subscriber to honor the dinner with his presence; or, if without such intention, he would like to take a dinner ticket in aid of the charity.

W. NEWNHAM.

### APPOINTMENTS.

Joseph Toynbee, Esq., has been elected Consulting Aural Surgeon to the Asylum for the Deaf and Dumb. It is, we believe, the largest establishment of the kind in the world. This is the first time that any surgeon has been appointed especially to examine the children in reference to their deaf-dumbness, and, we doubt not, that much good to the profession will result from this appointment.

Dr. Shaw, of the Bombay Medical Service, has been appointed Deputy Assay-Master at Madras.

### ROYAL COLLEGE OF SURGEONS.

The examination of candidates for Fellowships, in classics, mathematics, and French, will be held in the first week in March, and the professional examination for Fellowships in the first week in April. The following will be the subjects of examination:—In Classics—Either of the following Greek and Latin authors—Herodotus, book 3; the Iliad, book 6; Virgil's *Æneid*, book 8; and Livy. In Mathematics—arithmetic, algebra, as far as to include the doctrine of proportions and simple equations, with one or two unknown quantities; Euclid, books 1, 2, and 3; hydrostatics, acoustics, and optics. In French—translations into English of passages from one of the French classical writers.

### SOCIETY OF APOTHECARIES.

The following gentlemen were admitted members on Thursday, February 12;—William Maxwell Burham, Wath-upon-Deane; John Kent Spender, Bath; James Strange Biggs, Devizes, Wilts.

The following gentlemen were also admitted members

on Thursday, February 19:—Thomas John Eames Brown, Dorchester, Dorset; George Samuel Rhodes, Dewsbury, Yorkshire.

### NAVAL PROMOTION.

In consequence of the successful storming of Lagos, Mr. Frederick Foster Morgan, assistant-surgeon, has been promoted to the rank of surgeon. All the medical officers of the squadron were highly commended in the despatch received from Commodore Bruce.

### OBITUARY.

Dec. 11th, at the Indian Valley House, near Auburn, of bilious fever, W. T. Benedict, M.D., formerly of New York city, U.S.

Dec. 13th, in San Francisco, Richard R. Davis, M.D., recently from Syracuse, N.Y., U.S.

Feb. 11th, Charles Packer, Esq., surgeon, of Pitfield Street, Hoxton, aged 44.

Feb. 6th, at 4, Broadway, Westminster, Charles E. Painter, Esq., surgeon.

Feb. 12th, at Edinburgh, Thomas Hogg, Esq., formerly surgeon to the 76th regiment.

Feb. 27th, at Malvern, aged 56, Herbert Cole, Esq., House-Surgeon to the General Infirmary, Worcester.

### BOOKS RECEIVED FOR REVIEW.

On the Natural History, Physiological Action, and Therapeutical Uses of Colchicum Autumnale, &c. By Dr. MacLagan. Edinburgh. 1852. pp. 56.

Half-Yearly Abstract of the Medical Sciences. July to December, 1851. Edited by W. H. Ranking, M.D., Cantab. London: John Churchill. 8vo.

The Retrospect of Medicine. Edited by W. Braithwaite, Esq. July to December, 1851. London: Simpkin and Marshall. 8vo.

Medicina Mechanica; or, the Theory and Practice of Active and Passive Exercises and Manipulations. By John A. F. Blundell, M.D. London: Churchill, 1852. 8vo, pp. 292.

The Descriptive and Surgical Anatomy of the Arteries, and Relative Anatomy of the Veins and Nerves of the Human Body. By Joseph Henry Corbett, M.D. London: Taylor, Walton, and Maberly, 1852. 12mo, pp. 355.

On Rupture of the Perineum. By Isaac Baker Brown, F.R.C.S. London: John Churchill. Pamphlet. 1852.

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

#### SOUTH WESTERN BRANCH.

A special meeting of the South-Western Branch of the Association, will be held on Wednesday, the 10th instant, at the Exeter Dispensary, to consider and discuss the "Draft Bill for Medical Reform," published in the *Journal* of the 21st of January last. The chair will be taken precisely at one o'clock, P.M.

W. D. KINGDON, M.D., Secretary.  
Exeter, February 28, 1852.

### YORKSHIRE BRANCH.

A SPECIAL meeting of the YORKSHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, was held at the Philosophical Hall, Leeds, on February 26th, for the purpose of considering the "Draft of a Bill for Medical Reform." Present—Dr. Branson, of Sheffield, the President, in the chair; Dr. Chadwick, of Leeds; W. Hey, Esq., Leeds; Caleb Williams, Esq., York; H. Jackson, Esq., Sheffield; J. P. Garlick, Esq., Leeds; William Price, Esq., Leeds; S. Hey, Esq., Leeds; Thos. Nunneley, Esq., Leeds; J. Crosby, Esq., Great Ouseburn; J. I. Ikin, Esq., Leeds; J. Ellerton, Esq., Aberford; William Matterson, jun., Esq., York, Secretary.

After some interesting remarks from the Chairman, the following resolution, proposed by W. Hey, Esq., and seconded by Dr. CHADWICK, was carried unanimously:—

"That this meeting of the Yorkshire Branch of the Provincial Medical and Surgical Association, after carefully considering the Draft of the Bill presented to them by the Worcester Council, is of opinion that such Bill represents the general principles previously entertained and constantly advocated by the parent Association; but in order to secure for it the general support of the profession, several modifications in its details will have to be effected."

The meeting then proceeded to examine the several clauses of the Bill, and the following modifications were proposed and adopted, as suggestions for the consideration of the Central Council:—

Clause 3.—That after the appointment of the six members by the Apothecaries' Company, the succeeding appointments to fill up these vacancies as they arise shall be placed in the hands of the 'Home Secretary.'

Clause 9.—That there shall be paid to the members of the several Councils such reasonable expenses incurred by the said members in the performance of their duties under this Act as shall from time to time be allowed by the said several Councils.

Clauses 11 and 12.—That three months instead of one month be adopted.

Clause 17.—That there be a fee, but that "20s." be omitted.

Clause 18.—That so much of the clause as follows the word "direct" be omitted; and that a portion of clause 19 be appended to it, omitting the Medical Provident Fund.

Clause 22.—There is an omission of other recognised Colleges in Scotland and Ireland.

Clause 23.—That surgical operations be inserted.

Clause 25.—That all unqualified persons be prevented giving evidence in Courts of Law.

Clause 34.—Not to omit other recognised Colleges in Scotland and Ireland.

Clause 39.—That it is questionable whether this clause should be retained.

WM. MATTERSON, JUN., Secretary.

York, February 27, 1852.

### TO CORRESPONDENTS.

Communications have been received from Mr. Soden, Oculus Apertus, Medicus, Mr. Perceval, Mr. Collison, Mr. Foote, and Dr. Barker.

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THE COUNCIL have much satisfaction in being able to publish, thus early, the **SECOND LIST** of Contributors to the Funds of the College, and they are induced to hope that, as the principles and objects of the Institution become better known, it will receive the unanimous and cordial support of the entire profession.

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ON THE VIRTUES OF KOUSSO.

By W. BUDD, M.D.,

PHYSICIAN TO THE BRISTOL ROYAL INFIRMARY.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The best thanks of your readers are, I think, due to my friend and colleague, Mr. Prichard, for the very interesting accounts of koussou and its anthelmintic uses, which he has lately extracted, for their advantage, from the time-worn pages of Bruce and Ludolphus, (*Vide Provincial Medical and Surgical Journal for January 21, 1852.*)

As recording the testimony of two very remarkable men, whose travels in Abyssinnia lay more than a century apart, these accounts possess a lasting value. On close examination, it may, however, be doubted whether they warrant the inferences which at first view they seem to suggest, to the discredit of koussou as a remedy for worms in general, and for tape-worm in particular. I have, myself, given the koussou, now, in a considerable number of instances of tape-worm, and the result has been, with two or three exceptions, the expulsion of the worm, including its head, within a few hours of the administration of the drug. In the greater number of cases, too, the happy riddance has been effected at the cost of little or no pain, or other inconvenience to the subject of the parasite. Now, this is, presumably, all we are entitled to expect, or can reasonably hope to obtain, from a vermifuge, whatever its nature. It may not be out of place to add, that having at different times given a pretty extensive trial to various other remedies, among which I may mention turpentine, the æthereal oil of male fern, and the bark of the root of the pomegranate, I have found the koussou to surpass them all. If my experience in the matter may be trusted, koussou is at once more fatal to the worm, and less hurtful to man, than any of these medicines.

The following, among many others of which I have preserved notes, are good illustrations of its power, and as they present some other points of interest, you will, perhaps, give them a place in the *Journal*.

I remain, Sir,

Your obedient Servant,

WILLIAM BUDD.

28, Park Street, Bristol.

March 3, 1852.

CASE I.

MARY MCGOWEN, aged 48, a spare and emaciated-looking woman, and the mother of six children, was admitted to the Bristol Royal Infirmary on the 4th of October, 1850, for the cure of tape-worm.

First discovered that she was voiding joints of tape-worm eighteen or twenty years ago; has been infested with the parasite ever since, and although she has not had any acute or severe illness in the interval, her general health has much suffered in consequence. Has lived for many years past in a house in Pennywell

Road, but lived in Castle Street when the worm first made its appearance.

*Chief Symptoms.*—Habitual looseness of bowels; gnawing pain, with a sense of sinking at the pit of the stomach; a tendency to faintness; drowsiness; a sensation as of something twisting and rolling within the belly; itching at the nose, and similar but less urgent itching at the anus; winter cough, with profuse yellow expectoration, and, of late, great and progressive wasting. (When this woman first came under my care, these last features of her case were so strongly marked that, attended as they were by diarrhoea, it was only by repeated and careful examinations of the chest that I satisfied myself she was not *phthisical*.)

Has taken turpentine in large doses on at least twelve different occasions. The general result has been the discharge of a considerable length of worm, but the head has never been forthcoming, or, at any rate, has never been found, although always carefully sought for. Has also taken bark of pomegranate root, both in powder and in decoction, several times, but with still less effect.

On the 6th of October, after a twelve hours' rigid fast, and the bowels having been previously well cleared out by castor oil, koussou was administered in the usual fashion at eight in the morning. In the afternoon, the bowels not having acted; another dose of castor oil was given. In about an hour after a tape-worm was voided, including the head. It measured ten yards. It was remarked that the broad part of the worm showed a little movement for a short time after its expulsion.

The koussou caused no griping or other uneasiness, but there was a good deal of *internal commotion* for an hour or two before the worm came away.

On my seeing this woman some months afterwards, she had grown so fat, and was so much improved in appearance, that I scarcely knew her. She had seen nothing more of her old enemy; although from the circumstances in which she was living, the wonder rather was that she had not again become infested.

To the preceding history I have now to add the interesting fact that this parasite has fed on the chyle of, at least, three successive generations of this family. Mary McGowan's mother fostered a tape-worm for many years, and two of her children have succeeded to the same unenviable distinction. The worm has become a sort of heir-loom to the family. Soon after her own cure, the mother brought one of these children to me, and also some fragments of worm which the child had discharged the same morning. It is important to bear in mind that these children were both born after the removal of the mother to Pennywell Road.

Facts of a similar order will appear in the succeeding narratives. To those who have seen much of tape-worm, they will be no novelty, but they are so interesting in relation to the propagation of this creature that they are worthy of especial mention.

Another fact of interest, in many ways, in Mary McGowan's case, was the great length of time during

which her intestines had been tenanted by the worm. For eighteen or twenty years fragments had been passing from her at short intervals. One is naturally curious to know whether this long period represents the life of a single individual, or the aggregate lives of several successors. This question, interesting as it may be, is one which we cannot hope to solve by direct observation. Probabilities would seem to be in favour of the latter view. Twenty years seem, at any rate, a monstrous longevity to assume for so simple and so prolific an organism. Under either view, when one thinks of the countless myriads of ova which must have been discharged from this woman in the course of that time, one cannot fail to be struck with the prodigal nature of the provisions made in the occurrence of every single instance for the maintenance of the species. The greater number of these ova were, no doubt, only cast off to perish; but we, also, have the case of the children to show, that by channels of which we can only guess, and under forms of which we as yet know nothing, but by sure and appointed methods, some among them had again found their way back to the human intestine.

In the following case the koussou was equally effectual, at the cost of as little inconvenience to the patient.

#### CASE II.

Frederick Powell, aged 17, a pallid but well-grown lad, was admitted into the Bristol Royal Infirmary, on the 15th of May, 1850, suffering under a painful condition of the legs, which were also thickly sprinkled with pale purpuric spots. On the 26th of May he became affected with acute rheumatism, which proved very severe, and was attended with endo-pericarditis. During his convalescence it was accidentally discovered that he was passing fragments of tape-worm. Nothing before had ever led him to suspect that he harboured this parasite, *although one of his elder brothers had been infested with it for some years*. According to his own report he had always enjoyed good health, had not been subject to loose bowels, and had never noticed itching of the nose, pain of the belly, drowsiness, or any of the other symptoms, common in persons infested with worms.

On the 16th of July, after two days low diet and a twelve hour's rigid fast, the bowels having been previously well cleared out by castor oil, a full dose of koussou was given at a quarter before nine in the morning. It did not cause nausea, nor with the exception of a slight bitterness in the mouth, any other disagreeable sensation. At a quarter-past one he voided the worm *including its head*, in a copious loose stool. The bowels acted once afterwards on that day, but no more fragments of worm were passed, nor could any be discovered. Several copious evacuations which were procured the following day by the administration of a full dose of castor oil. The operation of the koussou was not attended by griping or any other unpleasant feeling. It may be worth remarking, that a few weeks afterwards, *two persons living in the same locality*, moved by the report of this cure, applied to me in the hope of getting

quit of their "familiar" on the same easy terms. I have also, since then, had several other instances of tape-worm from the same immediate neighbourhood.

#### CASE III.

The next case is that of a gentleman who had been harassed by tape-worm for many years, and who, at my suggestion, purchased in Paris, on his road to Naples, the facile means of its expulsion. The result is recorded in the following brief note from himself, written about a month after reaching his destination:—

"The second morning after my arrival, I took the koussou, and in less than one hour and a half after, and without the slightest pain or inconvenience, I got quit of my internal monster, about forty feet long and one third of an inch wide. I now feel quite another man, and have a voracious appetite. The koussou is a wonderful medicine, truly, and should be made universally known."

Although this gentleman does not specially mention the expulsion of *the head*, the fact recently communicated to me, that he has seen nothing more of the worm, may be taken as pretty sure evidence that this was effected. I might add many more such cases in proof of the easy and effectual operation of this remarkable remedy, but with the large body of evidence already on record to the same effect, these are perhaps more than enough.

It will be better in all ways, and certainly more candid, to close the list with a case in which the koussou failed.

#### CASE IV.

Eliza Powell, about 40 years old, was admitted to the Bristol Royal Infirmary, on the 3rd of July, 1851, to be treated for tape-worm, with which she had been infested for a period of six years. From the sequel there might have been some doubt that she still harboured the worm, had she not brought with her to the hospital about a week before her admission, some fragments which she had voided the same morning. She had taken turpentine on many previous occasions, but always without effect.

On the day of her admission she took three grains of calomel, and five grains of colocynth, followed by castor oil, by which she was freely purged.

On the following morning the koussou was given in the usual manner; but being vomited soon after it was taken, was followed by no result. After waiting a day in order to recover the tone of the stomach, it was given a second time after the same manner; but although it was now retained, it did not cause the expulsion of a single fragment of worm! It is proper to add, that the ætheral oil of male fern was administered on two subsequent occasions with the same entirely negative result.

Such cases as these are rare, but were they much more common, they would not prove that koussou is not a remedy for tape-worm, but only that it is not *infallible*. That it should be so would be scarcely reasonable to

expect. Excluding the fact that this, like other drugs, is liable to *spoil*, even where ascertained to be genuine, there is every reason to suppose that the worm itself may vary much in tenacity of life, according to its *age*, to the periods of special activity or otherwise, in the generative function, and other conditions less easy to define. That many cases of failure have to be thus explained would appear from the fact that where the koussou fails, the subsequent administration of other anthelmintics is generally found to be equally unsuccessful.

It would be difficult to add anything to what has already been suggested by others with the view the better to insure the action of the drug. A preliminary fast, and a purgative to clear the bowels well out, so as to lay the worm bare to the action of the poison, are measures of which the motives are too obvious to need to be specially enforced. It is probable, however, that the choice of means for the latter object is not a matter of indifference. Of all these means, castor oil is perhaps the best. More drastic purgatives, without adding anything to the efficacy of the vermifuge, tend to make the stomach intolerant of its presence. A course of quinine or some other bitter medicine, for a week or ten days before giving the specific, seems, by lowering the health of the worm, to render it a more easy victim. It is an old observation, as the name of one of our garden herbs testifies,—that worms generally, are intolerant of *bitters*.

Finally, my own experience entirely confirms that of others, to the effect that all remedies are more deadly to tape-worm at those times (which recur more or less periodically,) when the animal is spontaneously shedding joints.

These are, in effect, as the fact itself shows, times of especial activity in the work of impregnation and maturation, and it is consistent with all analogy as well as reason, to suppose that this process is a cause of weakness and exhaustion to the parent.

If all the conditions here enumerated be well fulfilled, and if the drug itself be good and genuine, there is experience enough to show that the cases will be comparatively few in which its administration will not be speedily followed by the expulsion of the parasite. But, admitting all this, it appears from other considerations to be equally certain, that in whatever abundance nature may supply the plant, its employment cannot insure us against the return of tape-worm in the same individual, and still less provides the means for the extermination of this or any other species of worm among any given people. This would seem probable on the most general grounds, and is entirely borne out by what experience has taught us in parallel cases. Sulphur has long been known as a specific for itch, but itch, although less common, perhaps, than in the days of King James, is, nevertheless, far from extinct. In all matters of this kind we are naturally prone to judge *ex analogia hominis* instead of *ex analogia universi*. The more we reflect on the subject under the larger view, and, it may be added, the greater the amount of direct experience we accumulate upon it, the more

evident it becomes how very difficult it is to defeat the wonderful but unerring provisions by which the continuance of living species is maintained, in spite of the enemies by which all species are surrounded. Not only is this as true of the lowest and meanest parasite as of the highest order of creatures, but the lower the type the greater the difficulty becomes. Especially greater must it be, therefore, in the case of these intestinal worms, which, with the exception, perhaps, of certain fishes, possess a fertility which is unknown elsewhere in the animal kingdom.

Eshricht computed that a single specimen of the common *ascaris lumbricoides* contained 64,000,000 eggs. The tape-worm is immeasurably more prolific still. According to Professor Owen the *tania solium* and the *bothriocephalus latus* present a more extensive development and preponderance of the generative system than is to be found in any other living animal; in fact, he says, (and the observation is one which any one may readily make for himself,) "there is scarcely space left in the hinder joints of the tape-worm for the organs of any of the other systems."

We have only to consider, in addition to the countless numbers of these ova, their hard crusts and shells, and their wonderful tenacity of latent life, to see what large conditions the extermination of this worm implies. How utterly inadequate the koussou must be to such a work as this, becomes still further evident when we reflect that, poisonous as experience has shown this plant to be, to the head of the tape-worm, there is nothing to show that it has any similar power over the egg. From the wide difference between the organization of these two parts, and, still more, from the care with which (if one may so speak) the egg has been guarded by peculiar and special provisions from the action of noxious agents, there is every reason to suppose that the drug is harmless to it. So that, (assuming this to be the case,) in the very act of destruction, the dead worm carries with it to its grave the spawn of a thousand successors. To speak the truth, however, the case as here stated is still short of the fact. Koussou is seldom taken, even I presume in Abyssinnia, until worms have given by their presence in the intestinal discharges, the only sure presumption of their existence in the intestine of the infested subject. By the very act, therefore, which leads to the administration of the specific, the casting out, namely, of myriads of mature ova, the parasite has already provided the conditions for its future propagation.

To look for the extermination of a creature multiplying by methods such as these, at the hands of an agent which only kills the individual worm, would be about as reasonable as to look for the extermination of thistles by rooting up the plant after it has cast its seed. It is of little avail to slay the dragon, if you sow the dragon's teeth.

It is scarcely necessary to remind those who have studied the subject as naturalists, that the extrusion of these ova is necessary to carry forward the work of propagation. It is not in their nature to grow up in the place of their birth to the likeness of their parent.

If, for this end, the remote offspring of these ova must again find their way back at some future period to the human intestine, it is equally necessary to the early phases of that cycle of development by which this comes to pass, that they should be first cast out into other media.

In the case of tape-worm the periodical shedding and discharge of joints in a state of maturation, and laden with ova, specially protected by hard crusts from all common causes of destruction, would be of itself, even were there no other evidence, all but sufficient to prove this. Under any other view we should have to suppose that the great function which well nigh monopolises the substance of the animal, and which seems to be the chief purpose of its life, is a function without object.

Again, if the ova had the capacity to grow up into the perfect worm, without leaving their first nidus, it would be impossible to conceive that tape-worm should ever be as in the rule we find it, and as its designation bespeaks, a solitary animal. Countless swarms on the contrary, should then have peopled the intestine. I believe I am correct in saying that the intermediate forms through which the egg passes in its transit back to its original *habitat* are at present unknown. From recent discoveries in neighbouring fields we may conjecture that they are neither few nor simple. That they must deviate widely from the parent type is plain enough.\* These are, however, questions which concern the naturalist more than the physician, and are, besides, foreign to the object of this communication. Otherwise it would have been easy to show that facts like those recorded in some of the preceding histories—and I may mention especially that of Mary McGowen and her children—might be of some value to the investigation. It must not be supposed that such facts are exceptional. On the contrary, in so far as they are examples of cases of tape-worm occurring in groups, they only express the result of general experience. I could easily point out particular districts in Bristol where tape-worm is endemic. Indeed it seldom occurs to me to succeed in procuring the expulsion of one of these parasites without receiving soon after many applications from other sufferers from the same immediate neighbourhood, and it is by no means rare to meet with two or three infested persons from among members of the same household.

\* Unfortunately, from the very nature of the case, the details of the migration, considered as an object of natural history, hardly admit of being directly followed out. It has occurred to me, however, whether the difficulties which lie in the way of direct observation might not be got over by experiment. By placing fragments of tape-worm laden with mature ova in conditions closely imitating those into which they pass in the common course of things, it might be possible to nurse some of these ova into higher forms, and thus to supply some of the links which connect them with the future worm. The inquiry is not, it must be owned, either savoury or inviting, but the interest of the results in view would probably more than repay the trials of the investigation.

28, Park Street, Bristol.

## CASE OF ILEUS WITH LONG-CONTINUED OBSTRUCTION.

By JOHN SODEN, Esq., F.R.C.S.,

SURGEON TO THE BATH GENERAL HOSPITAL.

Read at the Quarterly Meeting of the Bath and Bristol Branch, Dec. 17, 1851.

THE subject of the following case is a gentleman about 63 years of age, short in stature, of a nervous sanguine temperament, and of active and extremely temperate habits. For the last twenty years he has enjoyed uninterrupted good health; he had previously suffered from the effects of the hot climate in the West Indies.

On October 16th, 1851, feeling indisposed, and for a short time previously his digestion having been out of order, he took an active aperient. It affected him with unusual severity, continuing in operation till the morning of the following day. He was then sufficiently well to occupy himself in his garden, where he was sometimes engaged standing about and assisting in planting. At dinner he eat a small quantity of meat. Soon afterwards he was seized with violent spasmodic pain in the abdomen. He took a large dose of castor oil with a few drops of laudanum, but ineffectually; an emetic of ipecacuanha was then tried with no better result. There was no disposition to sickness and the emetic action was not easily induced. An enema of warm water and a warm hip-bath were next had recourse to, but with no immediate relief. Towards evening, however, he became gradually better, and passed a tolerable night. On the following morning the pain returned with the same severity, and I then saw him for the first time.

This was on the 18th. I found my patient in an alarming condition. There was now frequent vomiting, the matters ejected being of a dark colour and very offensive, as was also the breath.

The attacks of spasm were intense; there was an anxious expression of countenance, and prostration of the nervous power seemed already impending. On examination there was a general sense of tenderness about the umbilicus, and chiefly on the left side, attended in this position by marked dulness on percussion; however, neither the dulness nor the tenderness were sufficiently circumscribed to indicate the precise seat of the constriction, supposing such to exist. I should mention that the patient was the subject of an inguinal hernia, and, that in spite of the large dose of oil (one ounce) that had been administered, there had been no passage from the bowels since the commencement of the attack. Uncertain whether I had to deal with an internal hernia or an attack of ileus, I at once determined to abstain from all aperient medicine, and I prescribed small doses of calomel and opium to be administered every two hours. Mustard poultices, and such other local means were used as seemed to afford alleviation. In the evening he was no better, and the ejections were now of a most suspicious appearance. I directed the pills to be continued, with an increased

quantity of opium. I was also induced to try the effect of a turpentine enema.

19th.—There is no amendment, but rather an aggravation of the symptoms, with the addition of hic-cough. The enema was retained for some time, but returned unmixed with feces, and without producing any sensible effect. The matters vomited are now purely fecal. The countenance is more sunk, the prostration very great, and the case presents altogether the worst possible aspect.

I felt that there was nothing more to be done in the way of active means, and that it would not be prudent to carry the mercurial action further, though the pills had appeared to agree in invariably prolonging after each dose the interval from spasm and vomiting. I now purposed to administer one more opiate without the calomel, and then to strictly follow out the expectant course of treatment, not allowing anything to go into the stomach, and to abide the issue. I should mention, that early in the morning I had made another trial with the injection. I passed a long flexible tube into the bowel, to the extent of about twelve inches, and threw up as much warm water as the patient could bear, trusting, that if the disease arose from any mechanical cause, some relief might be afforded by this measure. The operation was effected without any difficulty or distress to the patient beyond the inconvenience of the distension of the bowel, but no result ensued; the water came away perfectly clear.

Before putting in force the plan of treatment I have indicated, I requested a consultation, and Mr. Gore was called in. Mr. Gore saw the patient with me between two and three P.M., nearly forty-eight hours from the commencement of the attack. He entertained a most unfavourable view of the case; his impression was against the idea of an internal strangulation from a mechanical cause, and he rather considered that the symptoms indicated an inflammatory state, of a low type, of some portion of the bowel, but that any opinion on the point could only be speculative and most uncertain.

Up to this moment there had been no reaction of a febrile character; the skin had remained cool throughout; the pulse very low but not rapid; the general symptoms had been those of a steadily progressing exhaustion. The powers were so low and the disposition to sickness so frequent, that Mr. Gore thought the effect of the opiate I had proposed would be doubtful, and that the safer course would be to follow out the expectant plan, without its administration. He also suggested that a drop of Scheele's prussic acid should be occasionally administered, and that instead of cooling the mouth from time to time with cold liquids, the patient should be permitted to suck a lump of cold ice.

20th.—On visiting my patient early this morning, I was glad to find him still alive and apparently in much the same state. The ice was most grateful to him, and he also found a soothing influence from the prussic acid. Whether it was really of any use, or whether the pleasurable sensation was attributable to the teaspoonful of cold water in which it was exhibited, I could not determine.

The vomiting continues at the same intervals; it is much less in quantity, from the empty condition in which the stomach has been kept, but still stercoraceous. The spasms have decidedly abated both in frequency and force. The same treatment to be steadily continued.

21st.—The vomiting has not been stercoraceous since last evening; the symptoms are all materially lessened, but great exhaustion is present.

7 P.M.—Great restlessness; voice weak and husky; throwing about of the arms. With these warnings I considered it absolutely necessary to administer some nourishment, and I commenced with a little barley-water and gruel.

22nd.—No return of vomiting; the small quantity of gruel taken has been borne, and the patient is not weaker to-day.

23rd.—Scarcely anything was swallowed yesterday; this morning's report is still favourable as far as relates to the local symptoms, and the abdomen, which has never been inordinately distended, is now perfectly flat; the signs of increasing debility are again more evident, and, in addition, there is some excitement of the head, heat and flushing, with a disposition to be talkative, verging on delirium. A very few teaspoonfuls of chicken broth to be occasionally administered.

24th.—Much the same; the same plan to be continued.

25th.—The excitement continues rather distressingly, with craving for food, and for some hours broth and arrowroot have been taken much more freely, the consequence is, fulness in the epigastrium, sense of sickness, and return of pain. It is evident that nothing can pass through the bowel.

26th.—To my surprise the patient is much improved this morning; free vomiting, which is not stercoraceous, has relieved the distress of yesterday; he is calm, and free from pain, but greatly exhausted. He is now sufficiently collected to be made aware of the importance of his abstaining from every kind of food, and with great resolution is determined to submit to that privation, or to any other treatment that may be proposed. The only chance seems to be to support life by injections. The plan has not hitherto been adopted, from the patient's excited condition, and his strong objection on account of painful piles, and a difficulty that he is now experiencing in passing water, and for the last few days he has not been in a state to be reasoned with on the subject. Half a pint of strong beef-tea, with four drops of laudanum, to be administered per anum, twice or three times a day. The ice and prussic acid, which are still very grateful, to be continued.

30th.—The injections have been regularly administered, and have answered admirably; they have never returned. There has been neither pain nor sickness, and the small quantity of laudanum appears to have exerted a general soothing influence. The patient's aspect is improved, and in point of strength he does not lose ground, though the rule of abstinence has been rigidly maintained. There is also further evidence of amendment, if it may be trusted. At six o'clock this morning the bowels were moved for the first time from those

commencement of the attack, on the 17th of October, thirteen days ago; the stool is liquid, small in quantity, and healthy in appearance. The treatment to be continued.

November 1st.—The bowels have again acted this morning, and the character of the evacuation leaves no doubt that it cannot have been merely the accumulated contents of the rectum from the injections.

From this date the case was straightforward. The utmost caution was pursued in the administration of food, and no relapse interfered with a gradual and progressive convalescence.

The attention of the profession has latterly been much directed towards cases of this description, with a view to their relief by operative means, where the symptoms appear to depend on mechanical causes. It would be a great boon if some clear diagnostic sign of distinction could be shown to exist between the effects of an internal strangulation, and the paralysis induced in its functions by an inflamed condition of a portion of the bowel. I fear the case I have just read will not tend to elucidate this difficulty. From reviewing the history of my patient's malady, I am totally at a loss to say in what it differs from those of persons in whom some accidental stricture was proved to exist. In cases of the latter kind the pain and tenderness may sometimes be more definite, but this is by no means a rule. There is nothing to be observed in the more tardy or violent onset of the symptoms; in both they come on with equal violence, and with equally rapid effect upon the powers of life. In both there is the permanence of the prostration so long as the bowel is impervious, and the continued absence of reactionary fever. Trace the individual signs, the flatulence, the character of the spasms, the hiccough, the stercoraceous vomiting, &c., and the analogy becomes only the more complete.

I have, therefore, I regret to say, no other practical deduction to bring forward than the testimony this case affords, of the favourable result that sometimes attends the resources of nature in cases of intestinal obstruction where art is of no avail.

## NOTES

OF THE

## TREATMENT OF CURABLE DISEASES.\*

By W. S. OKE, M.D.,

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### PORRIGO SCUTULATA. (RINGWORM.)

RINGWORM is primarily a local disease, appearing in annular patches. It most frequently infests the scalp, although it sometimes occurs also on other parts of the surface of the body, where the rings are generally of a

larger size. This disease is of a contagious character, and hence when it commences in a community of children, such as a school, it hardly ever fails to infect the whole establishment, through the medium of hats, caps, combs, &c., or by contact.

When this kind of porrigo takes place upon any part of the surface not covered with hair, it is easily recognised, and can be at once destroyed by the application of lunar caustic; and doubtless the same remedy would be equally successful on the scalp, but it generally happens that in such a hiding place, before the medical attendant is called in to take charge of the case, the disease has got possession of an extensive portion of the cranial region, and often, for a length of time, bids defiance to medical skill.

When porrigo scutulata is first discovered upon the scalp, the whole of the hair should be carefully, and as closely as possible, clipped off, in order to ascertain the extent of the disease; and should there be only a few patches, they should be touched with the nitrate of silver, wetted with water, every other day.

If the scalp be extensively affected, the lotion (1) may be substituted, and applied with a camel's hair brush. I have seen instances of the eruption exceeding the boundary of the hair, and reddening a considerable portion of the skin of the forehead, in which a solution of the chloride of lime was successful, although the cases were of long standing, as in 2.

1.—R. Argenti Nitratis, gr. xx.  
Acidi Nitrici, gtt. vj.  
Aque Puræ, oz. j.

Misce fiat lotio.

2.—R. Solutionis Chloridi Calcii, oz. iij.  
Aqua Samb. Flor., oz. j.  
Aque Puræ, oz. ij.

Misce fiat lotio bis quotidie bene applicanda.

When the disease has degenerated into an inveterate character, with acrid favi involving the follicles of the hairs, it becomes most obstinate, resisting almost every remedy; but even in this state the disease may sometimes be removed by the alkaline lotion

3.—R. Potasse Carbonatis, oz. j.  
Aque Pluvialis Oct., ij.

Misce fiat lotio bis die, rasis capillis, capiti applicanda.

During the local treatment the constitution must not be overlooked, and if in anywise disordered, must be treated according to circumstances. 4 will be found a good alternative.

4.—R. Hydrargyri cum Cretâ, gr. iij.  
Antimonii Oxysulphureti, gr. j.

Misce fiat dosis, alternis noctibus sumend in mellis paucillo.

### ECZEMA OF THE LEGS.

This kind of eczema is generally met with in elderly persons after the age of 50 years, and often occupies the whole or greater part of the space between the knees and ankles. In the acute form the skin is of a bright red colour, but when it has become chronic, it assumes a venous or purple hue. There is, in most cases, a profuse serous discharge from the vesicles,

which thickens, and forms scabs, and, as these are loosened by the continued discharge beneath them, they fall off, leaving the surface of the leg painful and raw till it scabs over again in the same manner. The legs are somewhat swollen, and the ankles and feet more or less cedematous.

Unless the constant irritation and pain attending the disease prevent sleep, the system is not much disturbed, indeed it may be sometimes relieved by the outbreak. Various local remedies have been used for the cure of this eruption, in the way of ointments, fomentations, lotions, &c., but most of these rather aggravate than relieve it, and cannot be borne long. The application which I have found most beneficial, is a bread-and-water poultice, with its surface spread with the *fresh* ointment of elder-flowers.

*Case.*—A clergyman, of delicate habit, and upwards of 70 years of age, became affected with eczema on both legs to a considerable extent. He was treated with various remedies, both internal and external, but all were unavailing, and appeared to increase rather than diminish the pain and irritation. His legs were red and swollen, and his feet cedematous. He could get no sleep, his appetite failed, the circulation was feeble, and he became alarmingly debilitated. Under these circumstances I resolved to wrap each leg in a large and smooth bread-and-water poultice, having its surface smeared with fresh elder-flower ointment, and repeated twice a day. It was at once evident that this was the remedy. The application was felt to be comfortable; the pain and irritation soon ceased, and allowed him to take rest; his appetite returned, and his general health improved. By continuing the poultices the inflammation of the legs, and the cedematous state of the feet, rapidly subsided, and in about a fortnight the treatment was attended with complete success.

The good effect of a poultice very much depends upon the way in which it is made. It should be prepared in the following manner:—Crumble a sufficient quantity of white bread, as finely as possible, into a good sized basin; then add boiling water, by little and little, and at the same time stir and mix the mass with a wooden spoon till it becomes a soft pulp. The poultice is to be spread on a napkin, or on linen cloth, about a third of an inch deep, and of an equal thickness throughout. Fresh elder-flower ointment, or whatever unctuous matter is made use of, should be smeared upon its surface, which will keep the poultice moist, and prevent it from adhering to the skin. When sores on the skin are of an irritating character, fresh ointment, made with elder-flowers, will be found to add to the soothing property of a poultice, but if not recent, it will become an irritant, and aggravate the disease.

If the eczematous outbreak take place in a full habit, the pill (1) and the mixture (2) will sometimes greatly conduce to its removal.

1.—R. Pil. Hydrarg. Chlor. Comp., gr. v.  
Fiat Pil. omni alternâ nocte sumenda.

2.—R. Magnesie Carb., dr. iss.  
Magnes. Sulphatis, dr. vj.  
Spir. Ætheris Nitrici, dr. iij.

Aque Cinnamon., oz. ss.

Aque Destillate, oz., v.

Misce Cap. cochlearia larga duo omni mane et meridie.

The Plummer's pill should always be taken in a soft state, otherwise it will pass through the intestinal canal without being broken down by the digestive process.

In chronic eczema, where the skin is of a dark venous colour, inactive, and without much heat, the poultice will be too sedative to be continued for any time; and, therefore, as soon as it has soothed the cuticular irritation, and cleared the surface of scabs, it should be discontinued, and the morbid skin dredged with flour twice a day. This will soon become encrusted, support the vitality of the integument, exclude the air, and allow the surface to heal; so that when the crusts are detached and fall off, the cuticle will be found restored.

*Case.*—I was requested to see a lady of advanced age, who had been affected with chronic eczema for some time on both legs. The cuticular surface was of a dark venous colour, and discharged a watery fluid, which formed scabs. The ankles and dorsal parts of the feet were somewhat cedematous; but the system was undisturbed. It was decided to try the poultice above described, and continue the liquor potassæ, which had been before taken. The local treatment was found comfortable and soothing, and in about a fortnight removed the oedema. The cuticle, however, showed no disposition to heal, and the temperature of the surface became so lowered that it was deemed necessary to discontinue the poultice, to dredge the legs twice a day with flour, and to substitute the nitro-muriatic acid for the liquor potassæ. The flour agreed well, and soon formed crusts over the whole of the disease, which were not disturbed; and as they loosened and fell off the cuticle was found restored.

#### SCABIES. (ITCH.)

Itch is an eruption of a local character, said to be produced by the irritation of an animalcule called "*acarus scabiei*." The eruption is sometimes small and vesicular, and at others comparatively large and pustular. It is, in either case, contagious, and appears principally between the fingers and toes and in the flexures of the larger joints.

Nothing is more easy than to diagnose this disease; and yet it is remarkable, amongst the better classes, how long a time will often be suffered to elapse before the proper remedy is applied, simply from an obstinate scepticism on the part of the patient, who is naturally anxious to escape the odium of having caught such a disease, as well as the annoyance of using the remedy necessary for its removal. In order to avoid the unpopular smell of sulphur, many remedies have been recommended for the cure of scabies, such as the white hellebore root, the nitrate of potash, dilute sulphuric acid, &c.; but neither of these can be depended upon, and they almost always fail to *eradicate* the disease. Mercury will sometimes succeed; and formerly it was the custom for old nurses to undertake the cure by

encircling the loins with a flannel girdle, smeared with mercurial ointment, and this mode of application was used as a means of introducing this medicine into the system, by which the disease was got rid of without further trouble; yet not always, for it not unfrequently happened that severe salivation was produced, which was a far more serious malady than that which it cured. There is, indeed, another external application, in which I have reason to have some experience, and that is the common solution of the chloride of lime. This should be well applied to the eruption, wherever it may be found, twice a day, by dabbing it with a bunch of linen rag, made wet with the solution. But, beyond all controversy, sulphur is the remedy most to be depended upon for the cure of scabies. It should be applied externally and taken internally. The ointment (1) is to be well rubbed into the pustules every night and morning for five or six days, after which the skin is to be washed clean with soap and hot water.

1.—R. Sulphuris Sublimati, oz. iij.

Adipis, oz. iv.

Olei Lavendulae, gtt. v.

Misce fiat unguentum bis quotidie diligenter in partes affectas fricandum.

This process will generally suffice for the cure; if not it must be repeated in the same manner. In the mean time a scruple of this preparation of sulphur should be taken twice a day (if the patient be an adult) in honey or any other thick vehicle for three weeks. I have found the sublimed sulphur quite as effectual as the roll, which is unpurified sulphur; and it has the advantage of being less offensive in point of smell.

The pustules of scabies, if long neglected, will occasionally coalesce, and occupy a considerable portion of the skin with an intolerably itching scab. This is liable to be mistaken for an eczematous or impetigenous crust; but an examination of the pustules in other parts of the body will distinguish it from eczema; and the absence of stinging pain and cutaneous cracks from impetigo. The effect of external applications will also help us; for scabies will in nowise be benefitted by those which are soothing and curative; and in such eruptions the application of sulphur will not be tolerated by them.

*Case.*—An elderly female consulted me for a pustular outbreak on one of the legs, which had run into a filthy scab, occupying a large portion of the skin between the knee and ankle, discharging a thin matter, and causing intolerable and incessant itching. Believing the disease to be of an eczematous character, I treated it accordingly; but nothing that was applied had the least effect in lessening the eruption or abating the itching, which deprived her of all sleep and greatly exhausted her strength. Considering that it may have been originated by scabies, I next ordered the application of the sulphur ointment (1) which at once discovered its real character, put a stop to the itching, and removed the disease.

#### LEPRA. (LEPROSY.)

Leprosy has been divided by pathologists into three principal species—the albidus, nigricans, and candida;

but all are probably derived from the same root, modified by circumstances—constitutional or climatic. Malignant lepra is rarely seen in these islands, at least such a form has never fallen under my observation. This species is called “candida” from its bright whiteness, and the denomination has a complete agreement with that emphatically given to it in several parts of the Old Testament, such as “leprous as snow”—“a leper as white as snow.” It appears that in former times the malignant species was considered to be contagious, and hence those severe clauses in the Mosaic law, which excluded an Israelite, afflicted with this degree of the disease, from mixing with society. Celsus thus describes it:—“Leuce habet quiddam simile alphi, sed magis albida est et altius descendit; in cæque albi pili sunt et lanugini similes \* \* \* “Leuce quem occupavit, non facile demittit.” According to the same authority a singular method was practised to diagnose as to whether the disease was curable or not. “Utrum autem aliquod horum sanabile est, an non sit, experimento facile colligitur. Incidi enim cutis debet aut acu pungi: si sanguis exit, quod ferè fit in duobus remedio locus est; si humor albidus sanari non potest.”—*Iber v.*

The lepra more commonly met with in this country is of the alphoid kind. It is characterised by elevated patches of squamous matter and of a dull white colour. When situated upon the spaces between the larger articulations, they are of a distinct circular form, about the size of half-a-crown, with a slight reddish areola; but they most frequently form upon the knees and elbows, where they are less defined. Sometimes the leprous surfaces are more extensive, occupying a considerable portion of the skin either of the extremities or trunk, associated with circular patches of small sizes here and there on the intervening spaces.

Leprosy is accompanied with considerable local irritation; but although it continues for a long time, does not produce any great amount of constitutional disturbance.

In its more common form, the disease gradually yields to the efficacy of medicine. The liquor potassæ in doses of from forty minims to one fluidrachm, taken thrice a day in dilute milk, and the external application of the oxide of zinc ointment will not fail to be successful. But it will not always yield to this mode of treatment. There are examples of the alphoid character, which will not in the slightest degree be benefitted by it; but which will succumb to the use of the arsenical solution, as in the following case:—

A married woman, of middle age, and of healthy aspect, was admitted into the Royal South Hants Infirmary for lepra alphoides, which had existed a long time. It was extensive and confluent on the posterior surface of both arms, and small circular patches were thickly scattered over other parts of the body. She menstruated regularly and sufficiently. She was occasionally affected with hysteria, and her hands were as cold as stone and almost dripping with sweat; but notwithstanding this her general health did not appear to be much impaired.



She was first placed under the alkaline treatment, with a supporting diet; and the leprous surfaces were smeared with the oxide of zinc ointment, and afterwards with an alkaline application. Being in nowise benefitted by these means, she was ordered to take various tonics consecutively, such as the iodide of potassium, the disulphate of quinine, the compound iron pill, &c.; but as all these alike failing to make the slightest impression upon the disease, five minims of the liquor arsenicalis were given her three times a day. In a few weeks it was manifest that the disease was gradually yielding to the therapeutic influence of the remedy; and by persisting with the same dose for some time longer the skin became free from any leprous appearance.

#### APHTHA. (THRUSH.)

Thrush more commonly occurs either in early infancy or towards the termination of organic diseases. In the former it yields to the simplest remedies; in the latter it is incurable and is the forerunner of death. The thrush, however, may and does occur at other times, unconnected with the infantile causes or organic lesions; and this is the case alluded to here, which generally takes place in advanced age.

The disease invades the mucous membrane of the mouth, fauces, and alimentary canal; and it consists of small superficial ulcers, covered by a white deposit, but in some cases it is of a darker colour. The eruption, if such it might be called, is usually distinct upon the anterior and lateral surface of the mouth, and confluent upon the palate and fauces. It is often preceded by great drowsiness, which is followed by a burning sensation down the oesophagus and in the stomach, soreness of the epigastrium under pressure, and painful and difficult deglutition. These symptoms are accompanied with asthenic feverishness, depression, and debility. Thrush, under these circumstances, unconnected with organic disease, is curable, and by the following treatment:—The mouth and fauces are to be well washed or mopped out three times a day with the lotion 1; the bowels, if there be no diarrhoea, are to be regulated by 2, and the strength supported by 3, and a generous diet.

- 1.—R. Solut. Chlor. Sodii vel Calcis.  
Mellis Rosæ Sing., oz. ss.  
Tinct. Opii, dr. ss.  
Aque Destil., oz. v.

M. Fiat lotio ter die utenda.

- 2.—R. Olei Ricini, dr. ij.  
Tincturæ Hyos., m. x.  
Tincturæ Aurantii Comp.  
Syr. Zingiberis Sing., dr. j.

Mist. Acaciæ q.s. ad bene miscend, et Aque Destil. ad oz. iss. Fiat haustus aperiens. Vel.

- R. Pulv. Rhei, gr. x.—xv.  
Mist. Acaciæ, Syr. Rosæ Sing., dr. ij.  
Tinct. Hyos., m. x.  
Aq. Cinnam., dr. iij.  
Aque Destil., oz. ss.

Misce.

- 3.—R. Quinæ Disulp., gr. vj.  
Acid. Sulph. Dil., gtt. vj.  
Tinct. Aurantii Co.,  
Syrup. Ejusd. utrque, oz. ss.  
Mist. Camph., oz. v.

M. Capiat cochlearia larga duo ter die.

The chloride of sodium or calcium in solution is most efficacious in removing aphthæ from the mouth and fauces, indeed the rapidity with which they are removed by it is quite remarkable. I have met with several of these cases, three of which occurred to men over 70 years of age. Two were of the higher, and one of the lower, class of society. They all did well. It will suffice to relate one of them.

Case.—A gentleman, aged 78, whose residence was on a high hill, in a very healthy locality near the New Forest, complained of sore-throat, and requested my attendance. Upon examining the mouth and fauces the mucous membrane was found apthous. Upon the cheeks the aphthæ were distinct, on the posterior part of the palate confluent, and they were of a whitish colour. The deglutition was painful and difficult. A sense of heat was felt in the throat and down the oesophagus, and his aspect was extremely depressed and debilitated.

The gargle (1) was prescribed, with which the mouth and throat were to be well washed three or four times a day. The bowels were to be moved with a gentle aperient, and one grain of the disulphate of quinine, as in 3, was ordered every four hours, with animal jellies, and a liberal quantity of wine. On my second visit, the next day but one, all the aphthæ were clean gone, and he was so improved in his general health as to be past all further anxiety.

Should there be diarrhoea, which is not an unfrequent association with thrush, showing that the membrane of the alimentary canal is involved, a few drops of the liquor opii sedativus may be added to each dose of the quinine mixture.

Southampton, February 3, 1852.

[To be continued]

## Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM

### CASES

Reported under the Terms proposed by the Association.

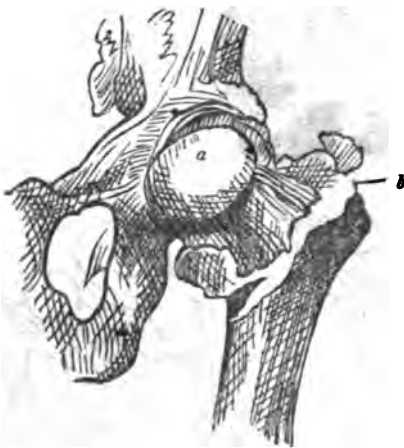
BY SCRUTATOR.

#### Fracture of the Femur; Post-mortem Examination.

WILLIAM DAVIS, aged 75, admitted into the Queen's Hospital, Jan. 13th, under the care of Mr. Knowles. He had, some short time before, slipped from a step and hurt his hip. On examination, the leg was found shortened almost two inches, the toes and knee turned outwards, and the hip much swollen. Upon making extension and rotating the limb, crepitus was plainly felt, and the case was diagnosed as fracture external to the capsule. The patient was very thin, had been suffering some time from extreme debility and cough, and apparently had scarcely had a sufficiency of food. A pillow was placed under the whole length of the limb,

and another rolled up under the knee, while fomentations were applied to the hip, and good beef-tea and arrowroot ordered for diet. The next day, however, the patient appeared sinking; the extremities were cold and the pulse feeble. Brandy and ammonia were ordered; but in spite of this treatment he gradually sunk, and died the third day after the occurrence of the accident.

On a *post-mortem* examination the day after death there was found to be an immense amount of effusion, not only beneath the integument, but also in all the structures between that part and the joint. The material effused was of a grumous nature, partly consisting of blood and partly of serum. The fracture was found to pass from the trochanteric fossa downwards and inwards, detaching the head and small trochanter from the remainder of the bone.



The joint laid open.

a Head of the femur.

b Line of fracture.

There are numerous interesting points connected with fracture of the neck of the thigh bone, and it is generally considered as divisible into internal and external, as regards the capsular ligament of the joint. Fracture within and fracture without the capsule do not very materially differ in their prominent signs, although there must of necessity always be a greater amount of shortening present when the solution of continuity happens externally to the capsule. Some observers have, however, stated that shortening is greatest in the internal fracture; but *post-mortem* evidence has not been brought forward to bear out the assertion. In some cases the extent of retraction will depend upon whether the capsular ligament is much torn.

Another point well worthy of notice in the case related is the manner in which the accident occurred. Fracture external to the capsule is generally occasioned by great and direct violence, while the other variety results from slighter and indirect degrees of force. That this, however, is not always the case the history of the accident given will sufficiently show, as the

fracture, although extensive, was produced by a slip from a low step.

With regard to the treatment of fractured neck of the femur, the general opinion is, that if the accident involve the internal portion no ossific union will occur, chiefly from the deficiency of a true periosteum. "Nature's object," says Sir Astley Cooper, "is to produce a ligamentous union, as best calculated for future motion; and the surgeon who is ignorant of Nature's object tries to effect an ossific union." A knowledge, therefore, of such facts is of the utmost practical importance, bearing as it does on the treatment to be adopted. A short time in bed, with support to the general health, will be all that is required, splinting and bandaging being dispensed with to the advantage of the aged. Should the fracture occur external to the capsule a different treatment may be employed. The double incline is perhaps as good as any position, and would probably have been used in the case related if the patient had survived the accident until it was judged necessary to employ retentive means. Such was Dupuytren's practice. Others use Desault's long splint, or one of the numerous modifications of that original. Sir Astley Cooper generally used the inclined plane, which also is recommended by Samuel Cooper, Ferguson, and others.

#### *Encephaloid Tumour: Amputation.*

DAVID LISTON, aged 28, admitted August 28th, under the care of Mr. Knowles. This man stated that five years back a small tumour appeared on the inner side of the right elbow, and that since it had gradually gone on increasing, and spreading over the front of the joint. He had never had much pain till lately, and worked at his trade as a silversmith up till four months back.

On examination there was a tumour, as large as a child's head, occupying the front of the elbow-joint, and extending half way up the arm, and nearly the same distance down the fore-arm. There was, however, some degree of motion in the joint, although the bulk of the abnormal growth prohibited its action. There were numerous blue veins on the surface; likewise elasticity to the touch. No enlargement of the axillary glands. There never had been any bleeding. He imagined it proceeded from a strain. General health, before tolerable, had failed of late, the tumour paining him much at night, and preventing sleep. Appetite bad.

October 4th.—The limb was this morning amputated about three inches below the head of the humerus, an internal and external flap being formed. There was a good deal of bleeding from the circumflex and profunda superior arteries, and as many as six ligatures were required. A ligature was also made use of to keep the flap together, and a roll of wet lint applied. This constituted all the first dressings. He made a speedy recovery, the ligatures all coming away by the 28th, and was discharged well December 7th.

On examination of the tumour it was found to present much the same appearance as brain, with here and there a large clot of black blood. The median and

ulnar nerves passed through its substance, as did also the ulnar artery, and the upper part of the muscles of the fore-arm were so infiltrated with diseased texture as almost to appear part of the tumour; below the mass they were sound. The anterior surfaces of the ulna and radius were denuded of periosteum for a small space, about two inches below the elbow-joint, but the joint itself was perfectly free from disease.

Amongst the points of interest connected with this case is undoubtedly the site of origin of the tumour.

It is still a disputed point, and cases have lately been brought forward where tumours of this description seemed to have their origin among the muscular structure; here, however, from the state of the parts, the morbid growth commenced from the periosteum. It has been stated that the periosteum is the only place of origin; but the fact that encephaloid tumours occur in the breast and other places, where there is no periosteum, sufficiently refutes this opinion.

Fig. I.

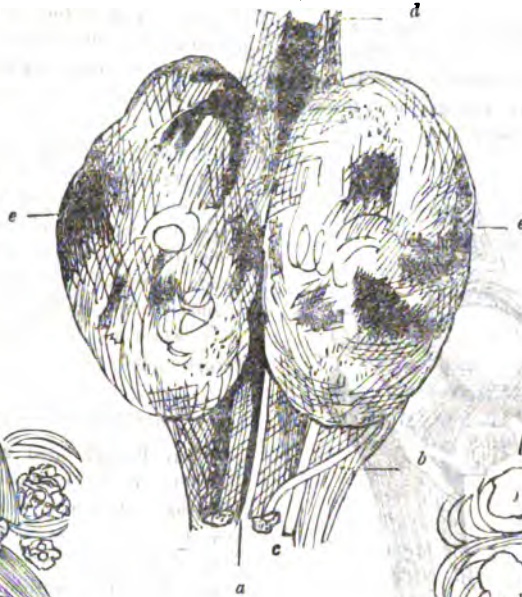


Fig. II.



Fig. III.



Fig. I.—The tumour cut through and spread open.

- a The median nerve. b The ulnar nerve.
- c Flexor tendons. d Humerus.
- e Coagulated blood.

Fig. II.—Appearance of a portion under the microscope.

Fig. III.—On the addition of acetic acid.

#### *Diffuse Cellular Inflammation; Amputation; Recovery.*

**JOSEPH PERKS**, aged 14, admitted June 6th, under Mr. Parker. Nearly three weeks back what was described as a small boil appeared near the instep. The leg then became red, swollen, and very painful. A few days afterwards another boil appeared just below the knee. The first boil then burst, and a quantity of matter was discharged, after which the pain and swelling got better. The upper abscess then also broke. He does not remember receiving any blow or hurt. Such was the history of the case as given by his mother, who also added that he had been seen by a surgeon in the country, and that by his direction poultices had been applied to the limb.

On examination the leg was found free from inflam-

mation, and a small opening existed near the inner malleolus, which, on pressure above, discharged a thin material with shreds of flaky tissue. The integument as far as the knee was undermined on the whole of the anterior part of the leg, and a probe, if sufficiently long, might have been passed from the lower opening to the upper one beneath the integument. There was also several collections of matter at the posterior part, and diseased bone could be felt at several points. The pulse counted 130 in the minute, and was small. Great restlessness, urine loaded with lithates, and great failure of all the powers. As it was evident nothing could be done to save the limb, and as it was equally certain that death would be the result of the attempt, amputation was agreed upon; but as the lad was much exhausted by the exertion of travelling some miles to

the hospital, the operation was deferred for a day or two.

June 8th.—Mr. Parker amputated this morning above the knee, making two lateral flaps. Three ligatures were required and the patient was removed in a very satisfactory state. The stump was dressed in the course of the morning and he had some sleep during the day, and passed a very comfortable night.

9th.—Going on well. To have beef-tea.

22nd.—He went on well up to this date, when he complained of sudden pain in the right shoulder, which appeared somewhat fuller than natural. There was great pain on motion, and the stump did not present the same healthy appearance it had hitherto done, the discharge being small in quantity and of a sanious character. There was also diarrhoea and the pulse counted upwards of 100. He was ordered eight grains of Dover's powder, with five of aromatic confection immediately, six leeches were applied to the shoulder, and afterwards a blister. After this he got better, the pain and swelling left the shoulder and the stump slowly healed, but the last ligature did not come away until August 12th. He was discharged August 26th, the general health being quite restored.

Sympathetic and hectic fever are the general consequences of severe local disease, and although the system may not have sufficient power to establish a reparative action, yet it will always sympathize to the end with local affection. The cure, therefore, of this state can only be effected by the cure of the local disease, and if this is not practicable by its removal, the knife being called to our aid, supposing the case to be of such a nature as admits of operation. The immediate change for the better, after amputation, in persons who have been suffering from affections similar to the case related is very remarkable, all the constitutional irritation ceasing and the patient progressing, regaining health and strength. Professor Miller observes:—"It is better that a part of the body be destroyed, than that the existence of the whole be perilled; and diffuse inflammation of the cellular tissue sometimes, in spite of treatment, so far destroys the part as to render it necessary to remove it altogether. The amendment noticed immediately after the operation in this case was very great; his recovery, however, was for some time doubtful. Nature was left to herself, active interference being considered prejudicial, and no opiate or other medicines were exhibited.

#### *Cancerous Disease of the Lower Jaw; Removal of Portions of the Bone.*

JOHN ASHFIELD, aged 60, was admitted into the Queen's Hospital, November 16th, under the care of Mr. Parker, with an affection of a cancerous nature, involving the alveolar process and posterior part of the horizontal ramus of the lower jaw. There was no glandular enlargement present; but on examining the interior of the mouth a swelling, ulcerated in several places and very hard, was seen in the situation stated. The molar teeth had been lost; and he stated the dis-

ease had originated some four months before, his attention having been first drawn to it by the swelling which he felt. The disease did not involve the whole of the ramus, but reached apparently to its middle, leaving the lower portion free from disease. He wished to have the disease eradicated, and was willing to submit to any necessary operation. The general health was good, but the countenance somewhat pale. He was of a thin spare habit.

November 19th.—Some preparatory opening medicine having been previously administered, the operation was performed to-day by Mr. Parker, in the following manner:—An incision was first made of a semilunar shape, commencing near the lower border of the malar bone, and terminating near the symphysis of the lower jaw. The flap of integument was then reflected upwards, the cavity of the mouth opened, and the diseased part exposed, the facial and another small artery at this time requiring ligature. A small saw was next applied near the internal angle, and again at the anterior portion of the diseased part between it and the symphysis. The detachment was then completed by a pair of strong forceps fitted for the occasion, and the diseased mass removed, leaving a ledge of bone, consisting of the lower part of the horizontal ramus. After bleeding had ceased the parts were brought together by means of hare-lip pins, the patient put to bed, and wet lint applied over the wound.

20th.—Going on well.

22nd.—Some discharge from the points where the pins were inserted; the wound was elsewhere united. The pins to be removed. The internal parts are granulating, and look very healthy.

He continued to go on well, and was discharged December 6th, the general health being good, and the wounds, internally and externally, quite healed.

The necessity for removing the lower jaw, or a portion of that bone, can never arise except from some cause where life will obviously be endangered by not having recourse to the operation; and, although a formidable one to attempt, yet it then becomes the duty of the surgeon to face the difficulties which the urgency of the case requires. The disease for which the lower jaw is generally removed is tumour of a fibrous nature attached to that part; but it is sometimes necessary when the disease, as in the case reported, assumes a cancerous nature; and in such a case the sooner an operation is submitted to the more probability will there be of a favourable termination. Of course, if the glands surrounding the jaw should be indurated, or show any sign of cancerous degeneration, the operation, under such circumstances, will not present a prospect of benefitting the patient. The case related was very favourable as regards these points; and it is hoped no return of the disease will take place. He is now watched with great interest by Mr. Parker and others connected with the establishment. There are numerous methods by which the operation of removal of the lower jaw may be performed, most surgeons advocating their peculiar manner, as shown

by the writings of Dupuytren, Liston, Cooper, Miller, and others. But the direction of the incision for one case will not probably be applicable to another; and much, therefore, of necessity, must be left to the judgment of the surgeon who undertakes the operation.

*Cancer of Penis; Amputation; Secondary Hemorrhage; Return of Disease.*

SAMUEL HAYES, aged 49. This man had been under treatment some time for a scirrhus condition of the glans penis. He had applied to several practitioners and used many applications, but without obtaining any relief. When admitted into the hospital, he was advised to submit to amputation, but was unwilling to do so at that time; he therefore remained in the house some weeks until he became convinced of the necessity that some energetic measure should be adopted, and agreed that the operation of amputation of the penis should be performed. The history he gave of the complaint was, that three months before admission, the extremity of the organ was hurt by a stone, that a small sore appeared on the glans, which continued to enlarge, and ultimately implicated the whole glans and prepuce.

April 19th.—At the present time, the whole extremity of the organ seems converted into a hardened lobulated mass, with here and there slight abrasions, and in one or two places rather deep ulcerations. The general health is good and he does not appear to have been affected with phymosis. He never has had syphilis. There is very little enlargement of the inguinal glands; and upon the whole it seems a case very likely to terminate favourably, after recourse to the knife.

Mr. Knowles this morning (April 19th) removed the diseased part by one cut, the man having been previously put under chloroform. Two arteries were ligatured, and the man put to bed, with a piece of wet lint round the part; but in the course of an hour hemorrhage came on to some extent, apparently of a partly venous and partly arterial character. The house-surgeon, Mr. Moore, then attempted to secure the bleeding vessels, but was not able to accomplish that object, from the great contraction of the corpora cavernosa which took place. Pressure, kept up for a considerable time, and cold having failed, Mr. Moore passed a catheter into the bladder, and having padded two small finger splints, placed one on the dorsum and the other on the anterior part of the stump, and then secured the adjacent ends of the splint with sticking plaster. This effectually controlled the hemorrhage, and the man was at the same time able to empty the bladder, which since the operation had become very irritable, the patient continually wanting to make water, and disturbing the parts in the attempt. This apparatus remained on till night, when, to relieve the strain necessarily produced on the parts, the plaster on each side was cut, and the catheter retained till the morning.

20th.—Appears very comfortable; has no pain; pulse does not exceed 90. Catheter removed, and penis enveloped in wet lint.

21st.—Has made water well, and the stump appears beginning to granulate. To be dressed with simple cerate.

22nd.—Going on well. A cannula was passed into the orifice of the urethra which appeared contracted.

27th.—Both the ligatures came away to-day. He makes water tolerably, but the orifice appears much disposed to contract. To have a cannula passed daily.

29th.—Going on well.

May 2nd.—The wound is now well, but from the contraction which has taken place, the orifice of the urethra is almost hidden by the integument, and the orifice itself is contracted much, requiring the daily passage of an instrument. He remained improving, and in some few days the question of his discharge was mooted, when a suspicious-looking pimple appeared (first noticed May 20th) on the integument of the penis, of a dark colour, and hard to the touch. This was in a day or two followed by another, and this again by a third, the inguinal glands, at the same time, beginning to enlarge and grow painful; the testicles also became swollen and tender, and the cannula was again requisite to afford a free exit for the urine. He remained in the hospital during the month of June, on the 23rd of which an incision was made into the swelling at the groin, from which issued pus, grumous blood, and concrete particles of a chalky character. He continually suffered great pain, but was relieved to some extent by morphia, being at the same time supported by stimulants and good diet. During the month of July the disease in the right inguinal region increased, and presented the melancholy spectacle of an open cancerous ulceration. He now began to have attacks of hemorrhage, which on one or two occasions were checked with difficulty; but his health, strength, and spirits kept up in a remarkable manner. He eventually left the hospital in August, but did not live long after his departure.

Cancer of the penis is always of the scirrhus variety, never of the encephaloid; although when the inguinal glands become affected, the disease in that part may approach near to the encephaloid character. In general it commences as a small warty excrescence, or sometimes as a small pimple, first making its appearance on the glans penis. It sometimes is traceable to a blow or other injury, as in the case reported; but frequently no exciting cause is obvious. Cancer, however, according to the best authorities, may begin as a general thickening of the whole prepuce; and in this case a small ulcer at last forms, which may be mistaken by the inexperienced for a chancre, or syphilitic sore. The history, however, of the case, coupled with the fact that remedies have no power over the cancerous ulceration, would sufficiently point out the diagnosis. Warty growths, from their liability to degenerate, should always be looked upon with suspicion; as, although not essentially cancerous in their origin, they may become so, aided by dirt and stimulating applications.

Cancer of the penis is a disease of advanced life, and it is frequently found coupled with a natural or acquired phymosis, which fact was noticed years back by the late Mr. Hey.\* Jews are said to be free from this disease, which, if a fact, must be explained by the operation they undergo. As regards treatment, surgical authorities are pretty well agreed that amputation should be performed as early as possible, that is to say, as soon as there is no doubt felt concerning the nature of the affection. This was the opinion of Fravers, Hey, Cooper, Liston, &c., but is designated by Dr. Walsh as a "peculiarly sorry" resource. If there be no swelling of the inguinal glands, and the general health is good, there can be no doubt of the propriety of the operation, especially as when the penis is affected, one objection raised against interfering with malignant growths is done away with, viz., "that no operation by excision is performed without the chance of leaving some of the diseased structure behind." If the disease is confined to the penis, it can certainly be removed. Should, however, the inguinal glands be affected, the operation should not be attempted, and it sometimes is a difficult thing to decide between a sympathetic enlargement, and the commencement of scirrhus.

As regards the manner in which the operation of amputation of the penis should be performed, the rule of saving as much as possible of the organ should always be followed, but the plan of drawing the integument towards the pubes, before the incision is made, sometimes recommended, is not necessary, as the corpora cavernosa always retract so much as to leave a sufficiency of skin, and in many cases a redundancy. It seems of more importance to draw the integument away from the pubes, as by not leaving much we obviate the propensity to contract, which the orifice of the urethra so frequently shows.

Another prominent reason why too much skin should not be saved is, that the arteries cannot be secured, if covered to such an extent, as they frequently are, from the contraction of the corpora cavernosa. The hæmorrhage after this operation is frequently profuse, and often with difficulty restrained, and it therefore becomes a matter of importance to perform the operation in such a manner as will allow of that object being easily attained. In the case related the contraction was such that the bleeding vessels could not possibly be secured,† and it was not until the patient was reduced to a very weak state that Mr. Moore hit on the plan which was so successfully carried out. Styptics, circular pressure, and the actual cautery, have all been used in cases of hæmorrhage from this part, but should another case occur to the writer, he would decidedly practise the plan pursued by Mr. Moore; it not only restrains the hæmorrhage, but at the same time keeps the urinal passage free.

On examination of a thin portion of the amputated part the characteristic appearances of cancer were

recognised, the cut introduced being a copy of the field taken from a drawing made at the time.



Without any addition



After the addition of acetic acid.

## Provincial Medical & Surgical Journal.

WEDNESDAY, MARCH 17, 1852.

IN consequence of the recent Ministerial changes, the deputation which was to have waited upon Sir GEORGE GREY, on the 26th ultimo, received an intimation from that gentleman that he would be unable to forward their views by an interview as previously promised. This unfortunate *contretemps* has so much impeded the progress of "The Bill," that we are at present unable to afford much ground for hope of proceeding with the measure during the present session.

It may appear to a casual observer that the mere substitution of Mr. WALPOLE for Sir GEORGE GREY, can be of no great consequence to the success of a bill for regulating the medical profession; but we can assure our readers that the removal from office of the latter gentleman, has rendered it necessary to begin *de novo* so far as Parliament is concerned. For not only must we gain access to the present Secretary, or to some other leading Member of the House of Commons, but it is also requisite that the person who undertakes to settle this abstruse question should

\* Hey's Practical Observations.

† For cases of this kind see Hey's Practical Observations, Cooper's First Lines, and Loder's Journal.

study the subject in all its bearings, so as to know what are really the claims and grievances of the various parties who come to him with statements as varied as the points of the compass. Now this had been carefully done by Sir G. GREY, who had, in conjunction with the Lord Advocate, given so much attention to the subject as to understand it as well as if really one of ourselves; and it is true that we might have endeavoured to persuade him to introduce the Bill as a private Member of the House, but then the expense would have fallen (and we are sorry to say the sum is no light one) upon the promoters of the Bill, who have no funds at command to meet such a heavy expenditure. Under these discouraging circumstances the Worcester Council have endeavoured to open a negotiation, of which we hope to announce the success in a future number of the *Journal*.

There are, however, two or three points for consideration, which may, if conceded, materially diminish the opposition to the Bill, whenever it is introduced into the House of Commons. It is proposed, by a very influential party in the profession, that it shall be provided that, after the student shall have passed all the examinations appointed by the General Licensing Board, *and before receiving his licence*, he shall obtain the diploma either of the College of Physicians or that of the College of Surgeons. So that, in future, every medical practitioner in England and Wales shall, as in Scotland, be either a physician or surgeon, and be attached to one or other of these Colleges. Now, if these Colleges were in a satisfactory state as regards their internal management, and really represented the interests of their respective portions of the profession, we should think the alteration a great improvement; but, unfortunately, the recently-granted Charter of the College of Surgeons, by its provisions, effectually repudiates the whole of the provincial surgeons as electors to the Council, and consequently only represents that portion of the profession resident in London and its suburbs. Against this unfair and exclusive clause we have over and over again protested, and we cannot, therefore, quite understand the propriety of aiding, by such means, in increasing the powers of the College, whilst we in the provinces are studiously excluded from our legitimate right to a share in the management and control of them. We can easily imagine that the London Colleges would gladly support

the Bill with such a provision, since it would increase the funds of the College of Physicians twenty-fold, and add, at all events, one-third to the coffers, already overflowing, of the College of Surgeons.

Our anxiety to settle this all-important question is so great, that we would gladly concede any matter of ordinary importance, if by such concession we could ensure that success which is so much coveted by all well-wishers to the measure; but we cannot consent to cut our own throats, nor can we, unless the obnoxious restriction is removed, (it was only carried by a very slight majority in the Council Chamber,) consent to increase the powers of so unreasonable a body. It is far better to put off the day of settlement, than to settle in such an unsatisfactory manner a question which could not be reopened for many years to come.

We are authorised to state that the Anniversary Meeting of the Association will take place this year at Oxford, on the 21st and 22nd of July. The appointment is made rather earlier than usual, in consequence of an intimation from the authorities to the effect that it would be more convenient to the University to have the meeting held before the end of July.

## Reviews.

*The Fallacies of Homœopathy and the Imperfect Statistical Inquiries on which the Results of the Practice are estimated.* By C. H. ROUTE, M.D., M.R.C.S., &c. London: Lewis. pp. 85.

To every adult mind unwarped by self interest, and unimposed upon by the wayward manifestations of what the phrenologists would call the "organ of marvellousness," the doctrines of homœopathy must appear so utterly baseless, tested even by common sense, that a set refutation of their hollowness will appear uncalled for. Unfortunately, however, there is among the public so much unreflecting credulity on medical subjects, and, with shame be it said, among some members of the profession, so plain a tendency to make a profit of that credulity, that it has become a matter of duty as well as necessity to exhibit the delusions of this mis-called science, in the clearest possible light. Several worthy attempts have from time to time been



made to effect this laudable object, but it has not occurred to us to meet with any refutation of the Hahnemannian theories more complete and crushing than is contained in Dr. Routh's pamphlet. We would not value at much either the intellect or the honesty of any man who can remain a homœopathist after perusing its pages.

*The Medical Directory for 1852.* London: Churchill.

We have hitherto spoken of this work in terms of commendation, as we believed it to be calculated to be of great service, both to the profession and the public. It is with regret, therefore, that we see apparently a fixed determination on the part of the Editors to include a register of all and sundry quackeries, simply because those professing them happen to possess legal qualifications. This is, in our opinion, a great mistake, and one which, if not rectified in future editions, will seriously affect the *Directory* as a commercial speculation.

## Proceedings of Societies.

### SOUTH-EASTERN BRANCH.

NAMES of Members of the Provincial Medical and Surgical Association in the SOUTH-EASTERN DISTRICT, who have expressed opinions or wishes respecting the Medical Reform Bill, to the Secretary of that Branch, March 10th, 1852:—

F. H. Sankey, Esq., Wingham—Approves on the whole, with exceptions.

J. C. Prance, Esq., Maidstone—General view in favour of the bill.

Andrew Sisson, Esq., Reigate—Sincere approbation.

F. T. Giraud, Faversham—Approves in general terms.

Butler Lane, M.D., Ewell—The principles of the bill approved.

S. S. Stedman, Esq., Arundel—Favourable.

George Moore, M.D., Tunbridge Wells—Quite approves.

George S. Sloman, Esq., Farnham—Much approves. James Reid, Esq., Canterbury—Supports and approves with qualifications.

N. Tyache, M.D., Chichester—Qualified approbation.

W. S. Hoare, Esq., Faversham—Approves.

John Adamson, Esq., Rye—Declines an opinion.

George Rigden, Esq., Canterbury—General approbation.

Edward Wallace, Esq., Carshalton Disapproves of the bill

Frederick Sopwith, Esq., Ighthem—Approves with modifications.

John Hackway, Esq., Boreham—Entirely approves.

James Dickson, Esq., Brighton—Approves with one exception.

C. M. Thompson, Esq., Westerham—Unfavourable opinion.

John Beet, Esq., Ashford—Approves with exceptions.

William Harris, Esq., Worthing—Perfectly accords.

John J. Terry, Esq., Wittersham—Approves in some degree.

Wm. Wallis, Esq., Hartfield—Qualified approbation. William Davies, Esq., York Town—Thinks well of the bill.

G. Soulby, M.D., Dover—Approves with exceptions.

R. N. Trew, Esq., Steyning—Approves with one or two exceptions.

Henry Collet, Esq., Worthing—Has no objection.

Henry Prout, Esq., Yalding—Approves.

Richard Turner, Esq., Tunbridge Wells—Approves.

Geo. S. Jenks, M.D., Brighton—Approves with modifications.

Robert Ranking, M.D., Hastings—Thinks it calculated to be an useful measure.

### DORSETSHIRE BRANCH.

A MEETING of the members of the DORSET BRANCH of the Provincial Medical and Surgical Association was held on Tuesday, March 2nd, 1852, at the County Hospital, Dorchester, to consider the proposed "Medical Reform Bill."

Dr. COWDELL, President, in the chair.

Proposed by J. S. DANIELL, Esq., of Blandford, seconded by A. EMSON, Esq., of Dorchester, and carried unanimously,—

"That this meeting fully concurs in the opinion that the laws regulating the profession of physic and surgery require to be amended, but feels strongly that the Apothecaries' Company has acted in such a manner as to deserve the entire confidence of the profession, and by its regulations continually tended to raise the standard of medical education higher and higher, and now only needs increased powers to meet every requirement for the duly examining and qualifying for medical practice, and the effectual protection of medical practitioners when qualified."

Proposed by Dr. ALLEN, of Bridport, seconded by JOHN WALLIS, Esq., of Dorchester, and carried unanimously,—

"That, in order to define more clearly the body of legally-qualified medical practitioners, and to enable the public to discriminate between these and persons fraudulently assuming medical titles, it is desirable to provide, that all persons possessed of legally-recognized diplomas, or licensed to practise medicine in any of its branches, be compelled to exhibit and register the same; that the date of each diploma thus presented, the title of the body comprising it, and the name and residence of the recipient of it, be registered; that annual certificates be issued to registered persons, and an alphabetical list of such registered practitioners be furnished to every person receiving a certificate, such



list to specify the nature and qualification of each medical practitioner; this register to be published one month after the last day appointed for registration, and to be received as legal evidence in the absence of positive proof to the contrary, of the qualification of any medical practitioner."

The meeting also discussed the proposed New Charter of the College of Surgeons, and it was

Proposed by GEORGE CURME, Esq., of Dorchester, seconded by F. G. GOLDSMITH, Esq., Dorchester, and carried,—

"That this meeting considers it incumbent on the Council of the Parent Association to protect the interests of the provincial surgeons, and to represent strongly the injustice which would be perpetrated on them if, in the New Charter, sought for by the Royal College of Surgeons, the election of fellows should be carried by the votes of those who may be enabled to attend personally, which would, in fact, render the privilege of voting a boon in words, but not in reality, to the provincial surgeons."

CHARLES COWDELL, M.B., &c.,  
President of the Association.  
HENRY ALBAN ARDEN,  
Local Secretary.

## SUFFOLK BRANCH.

A MEETING was held at Stowmarket on the 24th ultimo, to consider the proposed Medical Reform Bill. As the members present consisted only of the President, the President-elect, the Secretary, and the Ex-Secretary, no measure of a representative character could be proposed. Letters expressive of regret for non-attendance were received from Dr. Durrant, Mr. Bullen, Mr. Growse, Dr. Growse, Mr. Robt. Growse, Mr. Gorham, Dr. Wake, and Mr. Williams; and after the suggestion of a request that the members would communicate their views, either for or against the proposed Bill, to the Editors of the *Provincial Medical and Surgical Journal*, the meeting separated.

JOHN KIRKMAN, M.D., Secretary.

## ROCHDALE MEDICO-ETHICAL ASSOCIATION.

To J. P. Sheppard, Esq., Secretary to the Council of the *Provincial Medical and Surgical Association*.

SIR,—I am directed to forward you the following resolution unanimously agreed to at a meeting of the Rochdale Medico-Ethical Association, held on the 22nd March:—

"That this Society having taken into consideration the Draft Bill prepared by the Provincial Medical and Surgical Association, expresses its approval of the same. That the Secretary be empowered to communicate with the Provincial Association to this effect."

I remain, Sir, your obedient Servant,

J. E. WOOD, Hon. Secretary.

Rochdale, March 4, 1852.

## PATHOLOGICAL SOCIETY OF LONDON.

DR. LATHAM, PRESIDENT, IN THE CHAIR.

### *Cholesteatomatous and Cystic Tumour of the Ovary.* By MR. ADAMS.

The parts were removed from the same case as the specimen of necrosis of the head of the femur, exhibited by Mr. Solly. The tumour occupied the situation of the left ovary, and had a coarsely lobulated outline, the average diameter being about three inches, or rather more. On section, it resembled, in its anatomical arrangements, the ordinary compound cystic tumour of the ovary, when of small size, the cysts, however, containing a very different material to that usually met with. There was a slight peculiarity in the cysts, viz., that they appeared less compound than usual; they were more independent of each other, so as to suggest the idea of their being a cluster of solitary cysts, rather than a group originating by multiplication from a single cyst; from the internal surface of one of them, however, a flattened cluster of compound secondary cysts projected into the cavity of the parent cyst, precisely as in the ordinary compound cystic tumour, so that no difference in respect of their origin and development could be presumed. The contents of the cysts formed the only peculiarity. There were four principal cysts; one occupied the precise position of the ovary, with thick, dense parietes, and filled with a firm, waxy-looking material, loosely contained in the cyst, from which it easily shelled out entire. The surface of this waxy-looking substance had a brilliant mother-of-pearl appearance, and was smooth and even, with the exception of a few small granular elevations. A section through this spherical mass exhibited the following appearances:—The central part was of a dingy brown colour, and of cheesy consistence, homogeneous, and without a laminated arrangement; this colour ceased rather abruptly at two lines from the surface, the peripheral portion for a line in thickness, having a dead white pearly appearance; this part had also a distinctly laminated arrangement of structure, the laminae being extremely thin, but separable readily by the point of the scalpel. The laminated arrangement, though most distinct at the circumferential portion was not confined to it, but extended through the dark-coloured part towards the centre, gradually getting less distinctly traceable as it approached this point, where it was completely lost.

On a microscopical examination, the circumferential part was seen to consist of laminae, having very much the appearance of tessellated epithelial cell-membranes, intermixed with layers of cholesterine crystals; the cells were irregular in form, generally hexagonal or polyhedral, very transparent, with a pale, delicate outline, and always without nuclei or granular contents, resembling scales therefore, rather than cells; although they generally presented themselves in membrane-like masses, individual cells readily separated and presented the characters above described. The crystals were extremely abundant at and towards the circumference,

but diminished rapidly towards the centre, where they were absent. The cells, too, gradually lost their scale-like character, became more regularly spherical, and contained oil as they approached the centre; they still generally presented themselves in membrane-like masses, but individual cells separated much more readily. The surface of the separated cells frequently had a wrinkled appearance, probably from the escape of a portion of the contained oil. A second cyst of oblong form measuring an inch and a half in its long diameter, passed directly outwards, one of its small extremities being adapted to the convex outline of the spherical cyst above described; it had thick parietes externally, and a thin membranous wall on its central aspect, and contained cholesteatomatous matter resembling in its microscopic characters that above described, but of a whitish, translucent, waxy, or spermaceti-like appearance throughout, and less regularly disposed. The dense, laminated material of mother-of-pearl lustre, above described as surrounding the spherical mass, existed here only at the small end in apposition with the spherical cyst, and along the sides to a variable extent. A third cyst of spherical form, nearly two inches in diameter, and situated laterally with respect to the two last-described cysts, was filled with a clear and slightly viscid or gelatinous fluid, such as is constantly met with in ovarian cysts; examined microscopically, this fluid was seen to contain masses of a finely granular matter mixed with spherical cells like mucous corpuscles; no crystals were seen, but only a small quantity of this fluid was examined, most of it having escaped on opening the tumour; however, the fluid contents of some of the smaller cysts, from the cluster of compound cysts, was carefully examined, and presented similar appearances. The cluster of compound cysts alluded to was in apposition with this cyst, and also with a smaller one to be next described, between which it was compressed. The small cyst adverted to was of a narrow, oval form, less than an inch in its long diameter, more central in situation, and having thin membranous parietes; it was filled with a white granular fatty substance of very soft consistence, resembling that met with in the ovarian cysts which contain hair, &c. Under the microscope this substance was seen to consist of cells filled with oil; the cells were of the same size and appearance as those described in the central part of the spherical cholesteatomatous mass from the first cyst, but completely spherical, being distended with oil, and without any tendency to cohere; cells having a slightly wrinkled appearance from the partial escape of oil were also numerous. A portion of this fatty substance was allowed to remain a few hours on a piece of writing paper, on which it left a large greasy spot.

These appearances seemed to favour a suggestion made by Dr. Bristowe, that the cells or scales intermixed in membranous layers with the crystals of cholesterine, principally on the outer portion of the cholesteatomatous masses were identical with the oil-containing cells in the central portion, and the fatty substance in the fourth-described cyst being derived from them by the simple exudation of their oily contents,

instead of being formed by the shedding of epithelium in successive layers from the walls of the cysts into their cavities as described by Müller. The crystals seemed to abound in direct proportion to the disappearance of the oil from the cells, and therefore existed in greatest abundance at and towards the surface of the cholesteatomatous masses.

*Hydatid Abscess of the Liver, opening into the Right Pleural Cavity.*—By DR. BRISTOWE.

W. W., a chairmaker, aged 20, was examined the 24th November, at 1 P.M., having died at 2 A.M. the same morning. For three years he had been ailing. A month before his death he is said to have had a very severe attack of fever, accompanied by intense pain in the right side, and at this time enlargement in that neighbourhood was first noticed. It is most probable that the attack of fever marked the occurrence of suppuration of the hydatid cyst. The fever diminished, but the pain and swelling of the side continued or rather increased, up to the time of death.

At the *post-mortem* examination he was found extremely emaciated. The right side of the chest and abdomen was very prominent and bulging; the parietes tense and smooth; large veins were seen running superficially over the right hypochondriac region and lower part of the chest, and numerous hæmorrhagic spots were scattered over this part. At almost the first incision through the cartilages of the right ribs, a small amount of somewhat offensive gas escaped, together with a quantity of thin, yellowish pus, in which were floating numerous hydatids; these were all collapsed or broken, and of a yellow colour, many containing large bubbles of air. On laying open the chest, the pleural cavity was found full of fluid similar to that which had escaped, its amount being several pints. The lung was collapsed, airless, and much reduced in size, covered by a layer of opaque, buff-coloured, somewhat soft fibrin, a portion of which glued the lobes of the lung to one another, and the base of the lung to the diaphragm. The parietal pleura was similarly covered. Immediately in front of the root of the lung, the fibrinous deposit was more abundant, and there was a small quantity of thick creamy pus, which, on applying pressure to the liver, was somewhat, but very slowly, increased in quantity. The liver was very large, extending from below the umbilicus to the space between the fourth and fifth ribs. The left lobe was somewhat larger than natural, but the great increase in bulk was due to enlargement of the right lobe, which seemed almost entirely converted into a large fluctuating cyst. The liver was adherent above to the diaphragm, but free elsewhere. On making a section through the anterior part of the cyst, a large quantity (four or five pints) of thick, white, creamy pus escaped, together with numerous hydatids, resembling those obtained from the pleura in every respect, except that of containing air. Among the hydatids was one imperfect, but of very large size, which had probably, previous to the occurrence of suppuration, formed the lining of the cyst; this was very adherent at one part, and, on removal, a portion of it was found crumpled

up, and deeply stained with bile. On washing out the cyst, its parietes were seen to be formed of a firm, whitish, fibrous material about a line in thickness, not laminated nor containing any earthy deposit, but presenting a somewhat reticulated surface, and in places aborescent markings, evidently the remains of obliterated vessels. At the upper part, where adherent to the diaphragm, the cyst-wall was thicker and firmer than elsewhere, and made up of condensed liver-structure and diaphragm inseparably united; this was partially destroyed in places by small, well-defined, sinuous ulcers, and was circumscribed also by ulceration, which had in many places laid bare the muscular fibres of the diaphragm; this was especially the case on the inner side, where they were exposed and perforated; the orifice, however, was in great measure plugged up by a considerable quantity of the lining of the cyst, which had been partially detached by ulceration. It was through this opening that the communication with the pleural cavity was established. At the posterior and lower part of the cyst was a somewhat valvular, oblique opening, large enough to admit the tip of the forefinger; it was found to be the orifice of the right hepatic duct, at about two inches from its junction with the left; the duct between these points was dilated and pale, contrasting remarkably with the left and common ducts, which were stained with bile; it was here beyond doubt that the large hydatid before mentioned had become fixed. This explains the adhesion that was noticed, the crumpled and bile-stained appearance of part of it, and also the paleness of the duct itself. On examining closely the parts in the neighbourhood of the orifice, it was seen that the posterior wall of the duct was prolonged in a branching form for some distance on the posterior wall of the cyst; that the prolongations were smooth and polished as the duct itself, distinctly margined, and presenting the orifices of other ducts, along some of which a probe could be passed for some distance. The walls of the cyst were about a quarter of an inch thick in front, and half that behind; they were made up externally of flattened liver structure, and internally of the proper fibrous cyst-wall: the two, however, were inseparable, and passed gradually one into the other. The former presented microscopically an increase of fibrous tissue, with an almost entire absence of liver cells, which were replaced by granules of oily material free and clustered; the latter presented almost the same characters, except that the granular material was in smaller, the fibrous in greater quantity. The microscopic characters of the left lobe were normal. The heart was very much pushed over to the left side, but that and all the other viscera were healthy. Besides the general interest of the above case, there are two or three minor points worthy of notice. 1st. The occurrence of air in the pleura—its presence in that situation, independently of pulmonary lesion, is very rare. In this case, though not noticed, it undoubtedly existed during life, and there is every reason to believe it was due to decomposition in the hydatids themselves, as the air was found not only free, but enclosed within them. 2nd. The contents of hydatid abscesses of the liver are

usually tinged with bile, whereas here they were almost a pure white, even though a large bile-duct opened directly into the cavity. It is certainly possible that the entrance of bile into the cyst was the primary cause of suppuration, and that the blocking up of the orifice by the hydatid prevented any further ingress of that fluid, and consequently enabled the contents to preserve their colour; but Dr. Bristowe was much more inclined to believe that in this case, and probably in many others, the suppuration was due to some other cause than extravasation of bile, and that the patulous state of the duct was a natural appearance resulting from the development of the hydatid within it. This is borne out by the facts, that there was no appearance of anything like ulceration in the neighbourhood of the orifice, that the duct opened abruptly into the cyst, instead of presenting a lateral ulcerated opening, and that its continuation on the wall of the cyst was smooth, polished, and with even margins; and it can scarcely be imagined that ulceration should have perfectly destroyed one half of its calibre, leaving the remainder in the healthy and perfect condition in which it was found.

*Great Enlargement of the Head, occasioned by a Morbid Growth from the Cranial Bones.*—By MR. STANLEY.

This occurred in a farmer's boy, aged 15, who had been repeatedly struck upon his head with the handle of a pitchfork. On one occasion the blow was so severe that it stunned him, and, about a month afterwards, he perceived a lump upon the top of his head, which gradually extended through the following two years over the whole of the superior, lateral, and posterior parts of the cranium. The form of the swelling was such, that being covered by the scalp stretched over it, the aspect was that of an additional cranium growing from the vault of the skull. The increase of the morbid growth was accompanied by severe pain in the head, also by great enlargement of the bloodvessels of the scalp, and by loss of sight, first in one eye, then in the other. At length sloughing and suppuration ensued in the scalp, as the consequence of its stretched and inflammatory condition, and after severe suffering for nearly three years, convulsions ensued, under which he sank. On examining the head, a morbid growth was found arising from the outer table of the cranium through the greater part of its extent, and a similar growth was found arising from the inner table, and thence extending into the cranial cavity, causing, by its pressure, absorption of part of the cerebral hemispheres. The cranial bones intervening between the morbid growths were found thickened and otherwise altered in texture. The morbid growth from the outer table of the skull was firm, and of a whitish colour; it had not the characters either of hard or soft cancer, nor was it fibrous. The morbid growth from the inner table was somewhat softer, and of a darker colour.

Dr. Jenner, who had undertaken to examine and report on the microscopical characters of the preceding specimen, detailed the appearances observed in different portions of the tissue, and concluded that they may be

grouped under four heads:—1st. The normal elements of the parts, more or less changed, *e. g.*, the nerve cells. 2nd. Fibro-plastic corpuscles, fusiform fibres, and free nuclei. 3rd. White fibrous and yellow elastic tissues. These, perhaps, owed their origin chiefly to "the development of the fibro-plastic corpuscles; probably, however, they were partly the remains of the elements of the normal tissues of the parts. 4th. The products of inflammation, *e. g.*, the non-nucleated granular corpuscles, and molecular protein granules. In different stages of development, in different states of decay or degeneration, and variously combined and arranged,—these constituted the portions of the growth which he (Dr. Jenner) had for examination. A question may be entertained, whether in this case the fibro-plastic element, and, consequently, so much of the fibrous tissue as had its origin in it, may not have been developed from a blastema, the product of inflammatory action; certainly, fibro-plastic corpuscles and fusiform fibres are sometimes found on serous membranes, as the result of the development or organisation of inflammatory exudation matter, and it would appear to depend, partly at least, on the constitutional state of the patient to determine whether inflammation shall cause the exudation of simple fibrillating contractile lymph, a blastema capable of evolution into fibro-plastic tissue, pus, or granular corpuscles, and protein molecular granules. But, whether themselves originating in inflammatory action or not, it is universally admitted, that fibro-plastic growths are, like all vascular structures, capable of becoming inflamed, and to the inflammation set up in the growth itself the softening and the granular corpuscles seem in this case to have been due. In the parts in which these corpuscles and granules were the most abundant, fat was found in the largest quantity. This fact lends support to the opinion, that this form of exudation undergoes fatty degeneration with greater facility than most other forms. With reference to the question of malignancy, the only conclusion warranted by the microscopical examination is, that it was locally, but not constitutionally, malignant; at the same time, it seemed to him that our acquaintance with the microscopical characters of morbid growths, the histories of which prove them unequivocally to have been constitutionally malignant, is not sufficiently extensive for a definite statement to be made on this point.

## Foreign Department.

### FRANCE.

#### *On Pili-miction, or passing of Hairs with the Urine.*

This is the title of a lengthy essay by M. Rayer, published in the *Gazette Medicale*. The author believes that the hairs occasionally observed to be passed with the urine, or engaged in calculi, may arise from three sources:—1st, original formation in the urinary passages; 2nd, evacuation from cysts; 3rd, introduction from without.

The first is a very rare occurrence; it is distinguished by the hairs being passed either in natural or bloody urine. They are passed without pain in many cases, but where there is a bloody or purulent urine, there is generally considerable suffering.

The evacuation of hair from cysts has usually been observed in women, and it is presumed that the discharge comes from ovarian tumours, which have burst into the cavity of the bladder.

Hairs may be introduced into the bladder in some of the semi-nymphomaniacal conditions observed in women; they are known to become the nucleus of calculi. Rayer thinks it not unlikely that hair and other matters may be introduced by the careless performance of lithotrity.

#### *On Infantile Paralysis.*

In an essay by M. Rilliet, (*Archives G n rales*.) on "Essential Paralysis of Infants," we find a large amount of interesting matter, the most practical portion of which we shall endeavour to condense.

1. *Definition*.—The author applies the term "Essential Paralysis" to more or less complete loss of power, with or without loss of sensation, and unaccompanied by any signs of lesion of the nervous centres. This form of paralysis is often incurable, but does not of itself shorten life, for which reason it is difficult to find its structural causes; for even if the spinal marrow or brain shall exhibit certain lesions, it becomes doubtful whether they are not the results, rather than the causes, of the paralysis.

2. *Seat and Mode of Attack*.—Essential paralysis occurs in three different ways:—Sometimes it attacks the patient suddenly in its highest degree, and without obvious cause; at other times it is preceded by cerebral disturbance and convulsions, as during dentition, but in these cases, also, the loss of power is sudden, and not progressive. Thirdly, it may approach gradually.

When paralysis is sudden, and not preceded by cerebral symptoms, it mostly appears in the upper extremities. An infant goes to bed well, and next morning it is found paralyzed in one arm. Another sits on the damp ground, and one leg is suddenly discovered to have lost the power of motion. At the same time there is no perceptible derangement of the general health.

When cerebral symptoms precede, these usually consist of somnolence, strabismus, dilatation of the pupil, and headache. These symptoms speedily subside. At other times violent and repeated convulsions occur; these cease, and paralysis is found to have supervened. Paralysis sometimes succeeds chorea, as in the cases cited by Drs. Kennedy and Lee. It also appears in the course of exanthematic fevers, and is then generally discovered for the first time when convalescence commences.

3. *Symptoms and Progress*.—In whatever way infantile paralysis commences, it presents two periods,—one, that of paralysis, the other, that of atrophy. In some fortunate cases the disease does not proceed to the latter extent. The symptoms vary with the part affected. If the arm is the seat of the disease, it hangs

lifeless, and if lifted falls again to the side. The paralysis is sometimes complete, at other times limited to certain sets of muscles. In some instances the fingers are flexed upon the thumb.

So also in the lower extremity the loss of power may be complete, or partial. If the child does not walk it kicks the sound leg about, while the other lies motionless. The paralyzed limb is not the seat of any pain. The colour and temperature of the skin are often normal. The sensation is generally intact. In fact the paralysis of motion constitutes the entire malady.

The progress of the disease is not always the same; it may disappear completely, and rapidly, or it may persist with or without amelioration. In the latter case, sooner or later, the second period or that of atrophy commences. This is marked by diminution of temperature, wasting of the muscles, and arrest of growth of all the structures together, so that the limb is perceptibly smaller and shorter than the other. In proportion as the temperature diminishes so does the skin change colour, becoming more and more livid.

Fresh observations on the condition of the vessels of paralyzed limbs are necessary, but it is obvious that these tubes are involved in the general atrophy. The pulse at the wrist is, in some cases, scarcely to be felt.

As a further consequence of infantile paralysis, the spinal column becomes variously distorted, and the limbs themselves may be deformed. Thus, in paralysis of the arm, and atrophy of the deltoid, the head of the humerus may be completely dislocated, the weight of the limb stretching the capsular ligament, until it allows the head of the bone to glide out of the glenoid cavity. Such cases are described by West, and one is reported by the author of the present memoir.

Heine has described deformity of the lower limbs thus paralyzed, consisting of flexion of the thigh upon the pelvis, and of the leg upon the thigh. The paralysis of one set of muscles, and antagonistic contraction of others, gives rise to the different varieties of club-foot.

4. *Prognosis*.—Essential paralysis does not compromise life, but as it in some cases disappears rapidly and completely, while in others it is perfectly incurable, it becomes important to determine the circumstances which should lead to a favourable or an unfavourable prognosis. This, according to Kennedy, is to be known by the manner in which the paralysis has occurred. The author of the present memoir does not agree in this opinion to the full extent, but he admits the value of the observation as approximative. Thus he thinks we may hope for a perfect cure, when the paralysis has succeeded contraction; also a complete though tardy cure may be expected when it has come on after chorea, or in the course of an attack of fever. The case is more hopeless when the paralysis is preceded by convulsion; so also when the paralysis is gradual in its approach. The result is but little influenced by the part affected. Dr. West considers the prognosis to be greatly influenced by the duration of the affection at the time treatment is commenced. Of six cases of cure reported by him, four commenced treatment within two days of the attack, while eight, in

whom no treatment was adopted until the lapse of six months, remained permanently paralytic.

5. *Causes*.—Authors agree that this form of paralysis is more common in the first and second years of life than subsequently. In two-thirds of the cases on record, the child was between the ages of six months and two years. However West, Kennedy, and Heine, have known the disease to attack children as late as five, six, and seven years of age. Sex has no influence on the disease. It is more likely to occur, in the opinion of some writers, in robust and well formed, than in feeble and ill-nourished children, but such is not the author's experience. Among the occasional causes may be mentioned chills and blows.

6. *Diagnosis*.—The diagnosis of paralysis is not difficult, but it is not always easy to say whether the palsy is essential, or symptomatic of lesion of the nervous centres, unless the symptoms of the latter diseases have been well marked. The diseases of the brain which commence in convulsions at the age most liable to essential paralysis, are meningitis, tubercular hydrocephalus and meningeal apoplexy. The two former diseases are generally accompanied by disturbances of the sensorium, which are not seen in simple paralysis, and are moreover generally mortal. The same may be said of meningeal apoplexy, which is moreover commonly followed by tonic contraction of the limb. M. Ozanam believes that meningeal apoplexy is the cause of all the cases of paralysis, which are preceded by convulsions, but he does not adduce a single fact in support of his theory.

This form of paralysis can be confounded with diseases of the hip only by a very careless observer, and from the progressive muscular atrophy mentioned by M. Aran, it is distinguished by the latter being an affection peculiar to adult life.

7. *Treatment*.—West and Kennedy trust to purgatives and tonics, but allude entirely to the treatment of the stage of simple paralysis. Heine goes deeper into the subject, and endeavours to remedy the stage of atrophy also. The indications of treatment proposed by him are:—

1. To awaken the nervous power of the spinal marrow and nerves of the affected limb.
2. To restore the deformities by orthopedic measures.
3. To invigorate the constitution.

For the fulfilment of the first indication he gives nux vomica internally, and applies it in frictions along the spine. Electricity has failed entirely, but he has been more successful by well regulated gymnastic movements of the wasted limb. For this purpose various ingenious instruments have been devised which our space will not allow us to particularize.

#### GERMANY.

##### *On the Nature and Treatment of Noma.*

In a memoir by Professor Albers (*Archiv. für Physiologisch. Heilkunde*), we find some valuable observations on the frightful disease known under the

title of *noma*, or *cancrum oris*. The author expresses his belief that there are two forms of the malady; one characterised by *soft*, and the other *hard* gangrene. In the first form the cheek becomes bluish, and sloughs away in layers, leaving a soft pultaceous surface, from which a sanious and horribly foetid pus exudes. This is a rare form of disease according to M. Albers, and should be distinguished from true *noma*.

The second form commences by a greyish-white induration of the submucous tissue of the cheek which soon becomes perceptible externally, and eventually sloughs to a greater or less extent. The author gives only a single example of this form, but enters minutely into its pathological anatomy. The first change which is perceived is an infiltration beneath the mucous membrane, which speedily coagulates, and gives rise to the induration above mentioned. The microscopic elements consist of fat granules, albuminous corpuscles, and dark bodies, the nature of which is undetermined. The blood-vessels manifest important lesions; their parietes are thickened, and their canals obstructed by coagula, but these appearances are the consequence, and not the cause, of the gangrene. The affection, he thinks, is evidently of constitutional origin, and the treatment must therefore include attention to the general powers of the system. The local measures advised are the application of mineral acids. The author makes no allusion to the value of chlorate of potash in this disease.

#### *Another New Remedy for Tania.*

There is a plant called *Muscuna*, a native of Abyssinia. M. Prunerby (*Neue Med. Chir. Zeitung*) professes to have used it in several cases with complete success. He was first apprised of its value by an interpreter, a native of Gondar, who had experienced its benefit in his own person. Its action differs from that of the *kousoo*, inasmuch as it destroys the worm without inducing diarrhoea. It is given in the form of powder of the root, the dose being an ounce, taken fasting.

## General Retrospect.

### PRACTICAL MEDICINE AND PATHOLOGY.

#### *Agave Americana in Scurvy.*

This plant has been successfully used in America, by Dr. Glover Perrin. He states that while in the Texas several soldiers of his regiment became scorbutic. Of these, some were put upon lemon juice, others on citric acid, which were continued for several days without benefit. Being informed by the curate of the town that he had once suffered from an attack in his own person, and had been cured by the use of domestic remedies, among which was the agave, Dr. Perrin determined to make use of the expressed juice of this plant. A few days after its administration was begun, a decided amendment was observed, and all were soon relieved. The countenance, he says, so universally dejected and despairing in the patients affected with

scurvy, is brightened up by contentment and hope in two days from the time of its introduction, and there was marked evidence of improvement at each successive visit. Dr. Perrin, consequently, places this plant far above lime-juice as a remedy in this disease. The plant grows indigenous in most parts of Texas, and, he was informed, of New Mexico and California. It grows in a sandy soil, and contains a large amount of vegetable and saccharine matter, and is of itself sufficiently nutritious to sustain a patient for days. The manner in which it is used is as follows:—The leaves are cut off close to the root; they are placed in hot ashes until thoroughly cooked, when they are removed, and the juice expressed from them. The expressed juice is then strained, and may be used thus or may be sweetened. It may be given in the dose of two to three ounces three times daily.—*New York Journal of Medicine.*

#### *New Method of Determining the Amount of Urea in Urine.*—By Professor LIEBIG.

This consists in the addition to the liquid of a measured quantity of a solution of the nitrate of binocide of mercury, which forms with urea an insoluble salt, consisting of one atom of nitrate of urea to four of the binocide of mercury. It is only necessary to neutralize, by some alkali or alkaline earth, the nitric acid disengaged by the action of the urea upon the reagent applied, without which some of the precipitate would be redissolved. This method appears at once the readiest and most exact that has been yet proposed for the determination of urea, and by suggesting it, Baron Liebig has added materially to the services already rendered by him to animal physiology, in thus enabling medical men to watch with precision the changes that occur in this important constituent of the urine, whether in health or in disease.—*Medical Times and Gazette*, February 28th.

## Correspondence.

### THE INCOME-TAX.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—Will you oblige the Income Tax Committee of the Provincial Medical and Surgical Association, by inserting the enclosed letter in the current number of your journal. You will also confer an especial favour upon the Committee by seconding their appeal to the members of the medical profession, as they are anxious to induce all who feel aggrieved by the tax to range themselves under their banners.

I have the honour to be, Sir,

Your obedient Servant,

THOMAS SMITH, M.D.

Portland House, Cheltenham.

March 15, 1852.

*To the Members of the Medical Profession.*

GENTLEMEN,—The time has now arrived when it behoves the members of the medical profession to bestir

themselves, in order that they may prevent a re-imposition of that most hurtful measure, the Income-Tax. The Committee appointed at the Annual Meeting of the Provincial Medical and Surgical Association have had under their serious consideration the best method to be adopted to accomplish this most desirable object. They wish to apprise their professional brethren generally that an opportunity of making their grievances known to the members of the Income-Tax Committee of the House of Commons will shortly be afforded, and also that the Chancellor of the Exchequer has kindly consented to receive a deputation from the Association's Committee as soon as the state of public business will admit. Unless personal apathy or indifference should prevail, it seems impossible to believe that the Chancellor of the Exchequer would propose, or the enlightened Members of the British Legislature sanction in perpetuity, a tax so peculiarly unjust and injurious in its effects on the medical man. Upon no class of persons in Her Majesty's dominions has the pressure of the Income-Tax been so severely felt as by the medical profession. Forced at the outset of his professional career to maintain a respectable appearance, and compelled by popular prejudice, in the majority of instances, to form a matrimonial alliance ere he has fairly obtained a sufficiency to support even himself, after years of toil, with an increasing family, the medical man rarely finds himself possessed of more than a bare competency to meet his current expenses, of which, by death, or the casualties of sickness, &c., &c., his dependent relatives may suddenly be deprived. When it is considered how large a portion of the medical man's time for ten, or it may be for twenty, years of his practice, is devoted to gratuitous objects, and how important it is to his future prospects that his professional income, based in public estimation upon his eleemosynary services, should be concealed from the public gaze, it cannot be wondered at that inquisitorial investigations, set in motion by the machinery of the Income-Tax, should be regarded by the medical practitioner with feelings of the most intense dislike. The exposure, consequent upon this tax, of his private affairs to the Income-Tax Commissioners, and a host of subordinates, cannot fail to induce most unpleasant forebodings in the honest mind; nor can it be concealed that those who are in possession of the knowledge of the *private* receipts of the medical man, however estimable they may view his character in *private* life, are not likely to consult him unless he can show a large balance in his Income-Tax returns.

The Committee of the Association, therefore, deem it to be their duty to inform the profession that they are determined energetically to oppose the re-enactment of this impost. They suggest the propriety of immediately assembling the local committees, and call upon every medical man, whether he is a member of the Association or not, to co-operate with them in their exertions to accomplish the above object; they wish to inculcate in every breast the necessity of a vigorous and united effort to relieve themselves from this intolerable grievance. They appeal to the few opulent members of the medical profession to whom the payment of an Income Tax may be of little consideration, to come forward and aid the Committee in their endeavours to obtain redress for the vast majority of

their brethren to whom the tax is most invidious, and the *abolition* of the highest importance. To the latter they would simply say—"Be up and doing." In order that all may act in concert for the general weal, the Committee would be glad to receive any information touching the oppressive nature of the tax—any instance indicative of its injustice, or any case detailing the injurious effects resulting from the measure. The Committee will be happy to receive suggestions, emanating from any medical man, as to the best mode of proceeding in furtherance of their object. They will be thankful for the names of those who are willing to come forward and volunteer evidence before the Committee of the House of Commons. They will feel greatly obliged to any medical man, whose engagements will not permit him to take a more active part, to communicate his opinions to the Secretary of the Committee. And, lastly, should any individual desire that the *facts only* of his letter be made known, his communication will be regarded as confidential, and his name not allowed to transpire. As the Committee are desirous to enlist every qualified member of the medical profession, and to obtain information from all, they would be glad to receive any communication upon this subject, to be addressed to their Secretary, Dr. Smith, Portland House, Cheltenham. It is of the greatest importance that the Committee should be prepared with their evidence when called upon for it; no time should be lost; they therefore earnestly hope that members of the profession will not delay their responses to this appeal.

Signed on behalf of the Committee,

THOMAS SMITH, M.D.,

Honorary Secretary.

#### ON THE VARIETIES OF CRANIAL PRESENTATION.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—In the last number of your journal a communication appeared from Mr. Ogle, Student of Medicine, Edinburgh, in reference to my paper "On the Varieties of Cranial Presentation." As two or three passages in my paper have been misunderstood by Mr. Ogle, and one in particular has not been correctly quoted, I feel that some reply in explanation is necessary. Mr. Ogle lays much stress, *in limine*, upon an error which I have made in some statistics of Dr. Simpson's, whom I have "cited as an authority which will support my views." I showed, in the last number of the *Journal*, that I could scarcely be held responsible for the error in question, as it first occurred in the *British and Foreign Medico-Chirurgical Review* for January, 1851, and has been allowed to remain unnoticed until the present time. The views which this error would tend to support are not my own only, but those of nearly all the French accoucheurs; but I am prepared to support them, as well as any that are exclusively my own, by statistics deduced from my own experience, without the aid of those derived from other quarters.

In quoting one passage in particular from my paper,

Mr. Ogle has omitted two words, which materially alter the meaning of the sentence; thus, I am made to say, that "the second presentation is in every way similar to the first," whereas the original sentence stands thus:—"There is every reason, *a priori*, for supposing that the second presentation, which is in every way the most similar to the first, should be next to it in frequency." This sentence, of course, implies that, of the four presentations of the head, the mechanism of the second most nearly resembles that of the first; and this conclusion was based upon twenty-eight cases of the second position, in only two of which was it a result of a change from the fourth. I am thus induced to coincide with Velpeau, who remarks:—"La tête exécute les mêmes mouvemens, présente la même circonférence aux divers plans du bassin, offre les mêmes diamètres aux diamètres principaux et aux axes des détroits, etc. Seulement, la fontanelle occipitale est inclinée à droite, au lieu d'être tournée à gauche."

I can by no means agree with Mr. Ogle in his estimate of the difficulty, and often impossibility, of the head passing through the pelvis in the fourth position. I do not draw this conclusion, as he would seem to infer, "from a comparison of dried pelvis and crania," but from the results of six cases of the fourth position which I have witnessed, in all of which delivery was accomplished without difficulty, although the head continued in that position throughout the labour. Nor is it correct to suppose that a dried cranium would pass through a pelvis of a given size with much greater facility than a recent one covered with its integuments, for it is impossible to make any alteration of consequence in the shape of the former without fracturing it, whereas it is a matter of common experience that the shape of the latter may be considerably modified by the pressure exerted upon it during labour. Mr. Ogle takes exception to the words "very great," as applied by me to the "alteration which may take place in the shape of a child's head during labour;" and in support of his objection adduces some experiments of Baudelocque's, which were performed with a view to test the compressibility of a child's head. If, in referring to the account of these experiments, he had looked back a page or two, he would have seen a passage which, I think, fully justifies me in using the words "very great." It is as follows:—"We must not argue concerning the effects of the forceps from those which we see the head sometimes suffer in passing naturally through a narrow pelvis, because there is scarcely any parallel between the two cases; the form of the mould, which such a pelvis presents to the head being very different from that of the forceps, and the powers of art being never so gradual nor so well combined as those of Nature. The head pushed forward for hours together by the natural agents of delivery becomes insensibly softer and more pliable, and at length acquires the necessary dispositions for moulding itself to the form of the pelvis. If it then flattens in one direction it really lengthens in another; the form of the cranium only changes, and its cavity contracts so little that the brain is scarcely affected by it. I have taken children whose heads seemed to have lost nine or ten lines of their natural thickness in passing the superior strait, and seemed to have lengthened in the same proportion

without comprehending the tumour formed on the scalp, before the posterior fontanelle. The heads of several of these children were above six inches and a half, and even seven inches long, from the chin to the top of the aforesaid tumour; while the thickness from one parietal protuberance to the other was but two inches and a half, or two and three quarters in some and three inches in others. In a few hours after birth the heads of these children spontaneously recovered the thickness which they had lost in delivery, and lost the length which they had acquired by it. The head not only loses its form thus, in some cases, but sometimes even bends in the manner of a crescent, so that one of its sides shall be a little concave and the other rounded, without at all affecting the child's life."\*

M. Baudelocque then adds, in a note,—"M. Solayres informed us one day in his lectures that he had taken a child the evening before whose head at the moment of birth was eight inches long all but two lines, measured between the two points indicated above; while it had preserved but two inches five or six lines in thickness. The day after, this head had recovered its usual dimensions."

I am, Gentlemen,  
Your obedient Servant,  
JOSEPH GRIFFITHS SWAYNE.

Clifton, Bristol, March 9, 1852.

## THE NEW MEDICAL BILL.

To the Editors of the Provincial Medical and Surgical Journal.

SIRs,—I very much regret I could not be present at the special meeting of the Yorkshire Branch of the Provincial Medical and Surgical Association, held at the Philosophical Hall, Leeds, on February 26th, for the purpose of considering the "Draft of a Bill for Medical Reform." Permit me, therefore, to express my warm concurrence in the resolution proposed by Mr. Hey and Dr. Chadwick, and unanimously agreed to by the members then present. I hope measures will be taken at once to introduce the Bill into the House of Commons; and also that the resignation of office by Sir G. Grey will not prevent his taking charge of it. After the general approval of the profession and medical journals, there can be no good reason for preventing the Bill at once becoming the law of the land; and thus setting at rest a question which for many years past has agitated, injured, and divided the members of our profession. The sum of 20s. appears large for registration, but we must not forget the Medical Provident Fund,—an important feature, in my opinion, of the Bill, and one that ought not hastily to be given up. I think the alteration suggested at Leeds an important one, viz.,—"That all unqualified persons be prevented from giving evidence in Courts of Law." The other clauses of the Bill, which provide *uniformity of qualification for all when first entering the profession*, leaving them afterwards to go to the College of Physicians, or the College of Surgeons, if they think

\* "Baudelocque's Midwifery," translated by J. Heath. pp. 369, 370.



proper to take a higher rank;—for the expulsion of men who, by their evil deeds, have forfeited their character;—for an efficient registration;—and for the punishment of those who daily trifle with and sacrifice the lives of their fellow-creatures, by practising without any qualification, can only obtain at the hands of the honest and honourable members of the profession an unanimous verdict of approval.

I am, Gentlemen,

Your obedient Servant,

JOHN CHARLES HALL, M.D.

Fellow of the Royal College of Physicians of Edinburgh.

Sheffield, March 6, 1852.

P.S. I would suggest that a petition in favour of the Bill be at once prepared and signed by every member of the Association.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I have perused with much pleasure the "Draught of the Proposed Bill for the better Regulation of the Medical Profession;" it is, without doubt, the best which has yet been framed, still it would be excellent with a few alterations. I have read the remarks of those who have freely spoken at the several meetings which have been held lately, as to its merits. The Bill proposes to make the fee for the diploma to practise medicine and surgery £10; instead of this, the fee in surgery should not be less than it now is, £22, and in medicine, &c., £10, for the country,—that is, for the licence from the Apothecaries' Hall, if this Company are to be allowed to grant their licence, which, by the by, is scarcely valued after its possession, except as the law requires. It would, however, I conceive, be much better to do away with the examination at Apothecaries' Hall, and substitute one before a court at the College of Physicians; or, if preferred by some, let a medical board be formed at the College of Surgeons, and such an examination held on a given day, besides the present one for the diploma in surgery. This would be considered more respectable by the public, for the name of "an apothecary" sounds offensively, and yet the man is nothing more than the humble apothecary until he also possesses the diploma from the College of Surgeons. Why should he? His licence states he is "duly qualified to practise as an apothecary," not surgeon. Each one going into general practice should be compelled to undergo a double examination,—one on surgery, &c.; the other in medicine, chemistry, and midwifery.

It is well known there are now persons practising in England, in all the branches, with only a Scotch diploma, contrary to the Act of 1815, obtained by the Apothecaries' Society. They have the same privileges and immunity as the fully-qualified practitioner here. There are others with only an English diploma in surgery practising generally, contrary to the above Act. Their knowledge in Latin, medicine, chemistry, &c., has never been tested by an examination; yet the authorities at the Hall take no steps to put down this illegal proceeding. They exact a law, receive the fees,

and leave their Licentiates to fight their own battles. I hope it will soon be said of them,—delenda est Carthago, unless they amend their manners.

I am, Sir, yours obediently,

B. W. BROWNE, M.R.C.S., Eng.

Wymeswold, February 28, 1852.

#### MR. NOBLE ON OUR INSERTION OF MR. HUGHES'S LETTER.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—In this day's number of your Journal, I read the following observations, contained in a communication which you have inserted from Mr. William Hughes, of Chatham Street, Piccadilly, Manchester:—"The Medical Times states that all persons practising as Apothecaries, without the Apothecaries' license, are irregular practitioners. I am fully convinced that Mr. Noble is in the habit of meeting persons in consultation who have no legal medical qualifications." If this statement signify, as to some, upon a hasty perusal it may appear, that I am in the habit of meeting, or that I have ever met, persons unqualified, I must give the assertion an indignant denial. If it mean, however, as I suppose it does, that I frequently meet surgeons in consultation who have no licence from the Apothecaries' Company, I admit the fact, and beg to ask of you, Sir, who have published, and so far endorsed, the ridiculous accusation,—What then?

I am Sir, your obedient Servant,

DANIEL NOBLE.

Manchester, March 3, 1852.

[We certainly do not consider that we endorse all the letters inserted by us, as there are many with the sentiments contained in which we totally disagree; but we do consider ourselves bound to insert any properly-expressed communication from a person whose conduct has been in any way animadverted upon in these columns. Such was our reason for the insertion of Mr. Hughes's letter, of whose character or practices we knew nothing whatever; and as his charge against Mr. Noble is perfectly ridiculous, we did not think that gentleman would do more than laugh at it; whilst its insertion has put it out of Mr. Hughes's power to say that he had been refused the Englishman's privilege of a defence in open court. In coupling Mr. Noble's name with Mr. Hughes's, we thought that we were only connecting a gentleman of high standing with a student who had been prevented from taking his diploma by the want of pecuniary means. If, however, Mr. Hughes's position is of a different complexion, we regret exceedingly that we should have unwittingly subjected our respected associate to such a degradation. —Ed. J.]

#### TREATMENT OF THE INSANE.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I was about to write to thank you for the honor you did me in inserting my letter of the 1st of November in your journal, and to explain the principles and objects of the Alleged Lunatic's Friend Society, with regard to the law for the confinement of private

patients alleged to be insane, when one of the members of your Association, who has taken a warm interest in the proceedings of this society, forwarded to me an extract from your number of the 10th of December, containing a letter dated the 28th of November, and signed by an "Associate Member of Council," in which you are strongly, and I think unfairly, remonstrated with, for having suffered my letter to appear in your columns, in consequence of what he terms "the invidious charges which I make at the close of my letter against a body of gentlemen, members of the medical profession, and associates of a society of honourable men."

Whilst preparing a reply to that letter, my friend also forwarded to me another letter of your correspondent, E.B., in reply to part of my letter, and since then, a letter of a very different order, from an "Admirer of Truth," upon the same subject. I will endeavour, with your permission, to notice these three communications, although I am afraid that in justice to the value of your space and time, I must very much condense my observations, and omit much which I could adduce to enforce my opinions. I find myself also in some difficulty in addressing a medical journal, the subscribers of which are so jealous of reflections upon the conduct and practices of a body of men, the majority of whom certainly form, I believe, a branch of their profession, of whom, I confess, *from my own experience* and from that of others, I entertain very strong opinions.

With regard to your correspondent E.B., I will only observe, that the assertion which he makes that he made no allusion to my name, as the report to which he alluded to was signed by other gentlemen besides myself, is like other of his remarks, incorrect, and I conclude from this additional inaccuracy that he has not read the report himself, or that he has only done so very hastily. For if you refer to it you will find that it only bears my signature, though it is headed by the names of other members of the Society, who, however, are not, for the most part members of the committee, and, therefore, had nothing to do with the drawing up of the report. I must also decline accepting his compliment to the amiability of my disposition at the expense of my credit for sound judgment *in these matters*. The rest of his argument I am inclined to leave to his able antagonist, Dr. Henry Munro, to deal with; not that I entirely concur in all his suggestions for improving the inspection of asylums, but that he admits in principle the necessity and propriety of such inspections, whilst he agrees with E.B. and with myself, that the inspection is not satisfactory; which proves that one of the complaints of the Alleged Lunatic's Friend Society, is founded on proper and sound judgment, and that, consequently, so far at least, the Society is worthy of the respect and support of my fellow-countrymen.

In the letter of "An admirer of Truth," I will only notice two passages, as my answer to "An Associate Member of Council" will furnish a reply to his general argument, that principles of enlightened self-interest are sufficient to guarantee society against the abuses to which I contend that the present system of private asylums is of its own nature liable. The first passage is, "that enlightened self-interest, guided by science and spurred on by a moderate com-

petition, will eventually accomplish a larger measure of success in the treatment of the insane than is likely to result from purely eleemosynary means." If he means by eleemosynary establishments—public asylums, supported by county rates, under the sole direction of the magistrates or of the government, I desire to state that this opinion, supported by the opinion of the late celebrated Dr. Esquirolles, with whom I had a conversation in Paris upon this very point, for a long time kept me decidedly adverse to the abolition of private asylums, to such an extent, that when the committee of the Alleged Lunatic's Friend Society adopted a report, recommending their abolition, I considered it my duty to publish a letter to the members of the Law Amendment Society, who were then discussing the subject, deprecating such extreme views, and this letter very much influenced the report of that Society, or at least its principal views were adopted by them. Recent experience and observation, however, in the treatment of a friend, and the reports of the visiting magistrates of the county of Gloucester, and the memorial to the Commissioners of Lunacy from a patient, respecting the management of an asylum of great show, if not of great repute, in this neighbourhood, have very much shaken me in this opinion. My mind is now, (perhaps weakly,) in suspense upon the subject; but I could no longer offer any cordial opposition to the proposition for abolishing private asylums, or, which I think the best plan, for remodelling them, so as to make the proprietors of them officers of government, with fixed salaries, though I might still hesitate to originate such a measure. At any rate, this statement will, I trust, remove from me the suspicion that E.B. attempts to throw upon my judgment, that from prejudice or wild enthusiasm I am reckless and hasty in coming to my conclusions on this delicate and difficult subject; whilst it shows that I have the moral sense of duty and the courage to oppose even my friends, when I think they are likely to lead government into error, or, to use a homely phrase, ready to jump from the frying-pan into the fire.

With regard, however, to charitable institutions, properly so-called, I have always been of opinion that such hospitals, under the proper control of government, who in return should contribute, as they are bound to do, for their support, are the most proper sort of establishments for the insane; always premising that they should not be too large, and that they should be managed by a committee elected by the governors. I say not too large, because I think every medical man will agree with me in stating that it is only moral or economical necessity, that justifies the amazing together a number of nervous patients of every character, for I class all kinds of insanity under the head of that indefinite and little understood term "*nervous*" disorder, and exposing them to the exciting or depressing influences of their conduct and appearance one upon the other. The more such patients can be kept quiet and separate, and in cheerful circumstances I hold to be the better; and the best institution I have heard of, of this nature in principle, (I do not know how it answers in practice,) is one in Belgium, where the patients are placed as lodgers in private houses in a large district, under the inspection of civil and medical officers, and, where the owners of houses forfeit their licences to

receive patients if they are guilty of any misconduct. I should be glad to see such a system tried in this country.

The advantages of such hospitals are these:—That there is no temptation to any party to confine a person unjustly, or to detain them longer than necessary, unless we suppose that the governing committee are negligent, and the medical superintendent bribed. The management of such places by a committee of governors, secures attention to any reasonable complaints, and admits the prospect of suggestions being received for the amelioration of the treatment of the patients from humane and zealous persons; whilst the control of government affords also some guarantee against abuses in the personal treatment of patients, in the misapplication of their property, and in their being confined improperly for legitimate opinions, which may only appear to be insane because they militate against received notions, strict prejudices, or surpass the understandings of the medical officers and governors. Such opinions, for instance, as those of the founders of Christianity appeared to be in their day—as those of Galileo, or those of the originator of the railroad system, who were all in their turn looked upon as maniacs and visionary enthusiasts.

The next passage in the letter of "An Admirer of Truth" is the following, in which he, too, much corresponds in one respect with E.B., who can see no defects in our present law but such as appear to militate against the interests of the proprietors of asylums. He writes:—"I also consider the last Act of Parliament on the subject about as perfect as human laws in the present state of the world can be." Now, what did Lord Ashley (now Lord Shaftesbury) say in Parliament last year with respect to this very law—a law which he introduced himself, and arrogantly carried through the House of Commons, in spite of every opposition from my friends and myself, and demonstrations of its necessary failure, and petitions for referring the question before hasty legislation to a committee of inquiry. In the debate on Mr. Lang's motion, to place religious houses under the inspection of the civil authority, a motion sound in principle, and which in respect to his own Protestant opinions he was bound to encourage and support, rather than baffle, but which, with an inconsistency of conduct too common with him, he aided in setting aside; he declared if the motion was founded on the law for the inspection of lunatic asylums, *nothing could be more defective!* What, I may observe, could more stultify his Lordship and prove his incapacity to meddle with this subject, on which he enjoys, unfortunately, such pre-eminent confidence, than this admission? And what more could be said, or on what greater authority, in justification of the position which the Alleged Lunatic's Friend Society has taken up? I do not say of our views, for these are points on which we invite discussion. We do not dogmatise: our petitions have always been for an inquiry, and it was only at the desire of a member of Parliament that we drew up a Bill for him to introduce into the House of Commons, in which we by no means pretended to be perfect, but which we hoped to have been made more perfect in committee. Such, however, is Lord Shaftesbury's own opinion of this *perfect* law. I do not know what to conclude from it as regards my own

opinions, on account of the remarkable inconsistency of his Lordship which I have before alluded to. But I would ask "An admirer of Truth,"—Is he an Englishman, and is he a Christian? Am I dealing, as I hope I am, with a person of good faith? If he is an Englishman, and values the great and noble principles of our Constitution, how can he call a law perfect which admits of the seizure of men, and still more of females, who are more defenceless, by the servants of the proprietor of an asylum, with or without the assistance and evidence of the police, at any hour of the day or night. I know an instance where a young man was lately seized in his bed, at three o'clock on a November morning, upon the order of a relative or stranger, (as the Judges have expounded the law), upon the certificates of two medical men of any degree, from a physician to an apothecary, of any age, of any character, of any stamp in their profession, upon charges made behind their backs, and not communicated to them, unless it is the pleasure of the parties who so deal with them to do so; and allows them to be confined without the sanction of any kind of tribunal, even of a magistrate, and when confined to be cut off from all correspondence with their friends, or any parties likely to assist them, except the visitors of the asylum, whose inspection is now admitted on all sides to be insufficient, and who may not visit the asylum for three months, or even longer, after their confinement. If "An admirer of Truth" is an Englishman, can he call a law that admits of such treatment a perfect law, and retain his reputation for sound faith or sound judgment? And if he is a Christian, and acknowledges the obligation of the precept to serve his neighbour as himself, can he uphold a system to which, if he was himself subjected, he would be the first to apply the terms of the most revolting tyranny. God forbid that I should wish my bitterest enemy to become insane, to know the degradation and horrors of such a state of mind, and all the miseries and anxieties entailed upon a man afterwards by such a calamity;—the weight and agonies he must carry down with him and be tried with, to his grave; but I acknowledge I should be glad to see some of the proprietors of asylums confined on *false charges* of insanity, that they might be able to appreciate the injustice of such a system, and all its painful and dangerous consequences. And permit me to say, that with all the respect which I have to the medical profession generally, and particularly to many of them personally, with whom I am more or less intimately acquainted, so long as they accept with complacency such a law, and speak of such a system as perfection, without any resentment of its oppressive nature and injurious results to the moral sentiments, to the mental faculties, to the fortunes and reputation of those who may be improperly subjected to it, whether from malice or by mistake, I cannot look upon those engaged in such a system without suspicion, and upon the general body of the practitioners without mistrust. Let me also observe, that it is against this system that my efforts and those of the Alleged Lunatic's Friend Society are chiefly directed. The question is *not* the private character, but the official conduct of proprietors of asylums; and of the merits of private asylums, however important, is a different question. Were the conduct

of the owners of such establishments, so to say, beyond suspicion, I should still condemn a system which depended only upon individual character as a security against abuses; and the painful duty of exposing the nature of the conduct of these gentlemen, in too many instances, is only forced upon us by those who appeal to their high reputation and impeccability as a reason for casting suspicion upon the complaints, and deriding the apprehensions of those who have escaped from their authority, and as an argument for acquiescing in a vicious state of the law, from which, however much it must be admitted, no evil consequences are likely to follow.

I have already been compelled to trespass, I fear, too much upon your valuable time and attention, and I must reserve my observations upon the letter of "An Associate Member of Council," if you will allow me, to another opportunity.

I have the honor to be, Sir,

Your obedient humble servant,

JOHN PERCEVAL.

Kensington, Feb. 25, 1852.

## Medical Intelligence.

### QUEEN'S HOSPITAL, BIRMINGHAM.

At a recent meeting of the Committee of Council of the Queen's Hospital, Dr. David Nelson resigned his office of Physician to that Institution. At the same time the Committee of Council passed a vote of thanks to Dr. Nelson for his past services to the charity.

### APPOINTMENTS.

Mr. W. Wright has been appointed Surgeon to the Whitehaven and West Cumberland Infirmary.

His Excellency Lord Cowley has appointed Dr. Olliffe Physician to the British Embassy at Paris.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on February 27th:—Robert Beales, Leicester; Edwin Bennett, Dorchester; Edward Henry Fitzhenry, Liverpool; Richard Gregory Cornall, Newton Heath, Lancashire; Walter Jessop, Cheltenham, Gloucestershire; John Page Julian, Little Blakenham, Suffolk; John Lumsdaine, Hon. East India Company's Service; Edwin Josiah Miles, Gillingham, Dorset; John Norton, Kennington; John Pring, Bristol; Septimus William Sibley, Great Ormond Street; James Kemp Welch, Christchurch, Hants; J. Pleydell Wilton, Gloucester.

The following gentlemen were admitted on the 5th instant:—Aaron Atkins, Mile End Road; Bernard Charles Beale, Bedford Square, Steyney; James Henry Crisp, Bath; Charles Goring, Demerara; William Phillips Kirkman, Woodbridge, Suffolk; James M'Cann, Parliament Street; Charles Thomas Paske, Hon. East India Company's Service; Wm. Pilkington, Leyland, Lancashire; Samuel Rhind, Ross, Herefordshire; Stephen Walmsley, Liverpool.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, March 4th:—John Breezy Butcher, Devonport; Thomas Habbes Cresswell.

## SOUTH-WESTERN BRANCH.

At a special meeting of the SOUTH-WESTERN DISTRICT BRANCH of the Association, held at the Exeter Dispensary, on Wednesday, March 10, for the purpose of considering and discussing the "Draft Bill for Medical Reform," P. W. Swaine, Esq., of Devonport, the President, in the chair, the various clauses of the Draft Bill having been duly considered and discussed,

*It was resolved unanimously,—*

"That in the absence of sufficient information, this meeting desires to suspend its opinion relative to clauses 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12.

"That the following alterations and additions be recommended in clause 15:—That, 'for a period of four years' be substituted 'for a period of not less than five years'; and that the following regulation be added—viz., that no pupil be admitted to an University, or other regular School of Medicine to hear lectures unless he shall have previously undergone a matriculation examination to prove that he possesses sufficient elementary professional knowledge as will enable him to profit by the course of study established in such school or University; and this meeting strongly urges this suggestion upon the attention of the Central Council, as it would render highly profitable a period of time too frequently turned to little account in the acquirement of knowledge, practical and theoretical, and would also prevent the necessity of such expenditure of time and money at the metropolitan schools as is contemplated by the present clause.

"That in regard to clauses 17, 18, and 19, the following be introduced, viz.:—'That certain trustees be elected from the general body of the profession, in whom shall be vested the power of disposing of all surplus monies, whether derived from fees arising from registration, examination, or from penalties; and that such trustees shall not be members of the Council or of the Examining Board.'

"That this meeting entirely approve of all the clauses referring to registration and penalties.

"That the best thanks of this meeting be given to the Committee of the Dispensary for their kindness in allowing the Association the use of their room.

"That the best thanks of this meeting be given to the President, P. W. Swayne, Esq., for his able conduct in the chair."

W. D. KINGDON, M.D., Secretary.

Exeter, March 10, 1852.

### TO CORRESPONDENTS.

Communications have been received from Mr. Solomon, E. B., Nil Desperandum, Chirurgus, Mr. Ikin, Birmingham Pathological Society.

A Member, Wellington, Somerset, is informed that the usual fee paid for the medical examination of a pauper lunatic under the Act 8 and 9 Vict., is one guinea, increased according to the distance from the residence of the medical examiner.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

OPHTHALMIC SKETCHES.

SHORT LECTURES

DELIVERED TO THE

STUDENTS ATTENDING THE BIRMINGHAM EYE INFIRMARY.

By JAMES VOSE SOLOMON, M.R.C.S.,

One of the Surgeons to that Charity, lately Surgeon of the Birmingham General Dispensary.

LECTURE II.

CONTENTS.—*Foreign bodies on the cornea; mode of examining the eye, and controlling its movements; circumstances which influence the detention of foreign bodies upon the cornea; proper instruments for their removal.*—CASE II. *Corneitis and scleritis induced by the detention of a particle of steel in the corneal substance; the methods which Nature takes to prevent the irritation of an impacted body; escape of aqueous humour after the extraction of a foreign body; treatment.*—CASE III. *Amaurosis resulting from the non-removal of a small piece of iron from the cornea; injuries of the cornea from gunpowder; treatment.*

GENTLEMEN,—In my last lecture I stated that it is necessary, in looking for a foreign body, to view the eye obliquely, as well as in front. This is absolutely required when a small dark-coloured foreign substance lies upon that part of the cornea which is opposite the aperture of the pupil. A body so placed, if otherwise viewed, will be undiscernible. The patient should be seated before a bright light, a northern aspect is preferable, and the surgeon should stand behind or on one side of him, having satisfied himself of the presence and situation of the intruded substance. He takes his position at the back of the patient, whose head he allows to rest upon his (the surgeon's) breast. He now elevates the superior palpebra with his forefinger, and fixes it firmly against the superciliary ridge, while with the second finger of the same hand he depresses and maintains the inferior palpebra against the lower ridge of the bony orbit, at the same time making gentle pressure upon the globe, so as to control its movements. With the disengaged hand he removes the foreign body, having previously selected a proper instrument for that purpose. A small lens is of great service in discriminating foreign bodies upon the cornea, which in appearance sometimes simulate a laceration of the epithelium corneae. An assistant should hold the lens at a proper focus, so that the operator may look through it when he undertakes the removal of the intruded substance. Foreign bodies may be temporarily retained in their position upon the cornea by (a) adhesion,\* by (b) entanglement in the corneal epithelium, by (c) penetration into the substance of the cornea, and by (d) an effusion of lymph. If either of the two first conditions, or the last (a, b, d) should be present, the foreign body will be readily removed by a silver toothpick† or a pointed probe. When the

third condition (c) is present a curette, or a strongly made and inelastic Scarpa's needle, will be a proper instrument. You insert its point beneath the metal, and gently elevate it. In some cases I find a pair of fine-pointed forceps will accomplish the extraction after the curette has failed. Rather than deeply lacerate or deface the cornea, it will be much better to leave the foreign body intact, until by ulceration its attachments shall have become loose. The following case will further exemplify the pathology of these accidents:—

Case 2.—Phoebe Ballard, aged 21, a gimlet maker, of phlegmatic temperament, applied to me on the 26th of November, 1842, to remove a piece of steel from the centre of the left cornea. I succeeded in detaching the more prominent portion of it, but a part remained deeply imbedded in the substance of the cornea. The patient was immediately relieved, by this procedure, of all pain and irritation, and continued to be so up to the evening of the 5th of January, 1843, (six weeks from the date of the accident,) when the injured eye "felt as if it would burst." It was inflamed, and the vision dim.

January 12th.—She came to my house in great alarm, complaining of severe pain in the globe of the eye, forehead, and malar bone. The cornea was so opaque, that upon closure of the opposite organ she was unable to discern any object; it had an appearance like unto ground glass, upon which aqueous vapour had been condensed. The fragment of metal lay loosely on its surface, and was easily removed by a blunt probe. The conjunctiva and sclerotic were acutely inflamed. The vapour of concentrated hydrocyanic acid was applied three times on that day, and on the next morning I found the cornea clear, but suffused with tears, and surrounded by a very narrow and pale-red ring. She resumed her work the same day, and continued well.

What do we learn, gentlemen, from the preceding case? First, that a foreign particle may lie for six weeks in the substance of the cornea without exciting irritation; and then, either by change of its position, or some influence acting from within or without the patient's body, may induce violent inflammation of the textures of the globe. Secondly, that upon the removal of the exciting cause the effects rapidly subside. This is the only case of *acute* ophthalmia in which the fumes of concentrated prussic acid have been attended, in my hands, with decidedly beneficial results, and I at one time made trial of this agent in a great variety of ophthalmic affections.

I have already adverted to a method by which Nature disengages the hold of foreign substances upon the texture of the cornea, by the ulceration of parts immediately in contact with them; the metal, if of pure iron, at the same time loses its angularity, and wastes by undergoing oxydation. It is very probable that in this way, aided by the continual brushing (niction) of the eyelids, and lachrymal irrigations, many of them, which were originally impacted, are swept from the surface of the cornea. The frequency of applications to remove supposed substances, that are really only

\* Adhesion is here used in the physical, not in the surgical sense.

† Hecster's surgery.

the brown stains left by oxydated metal, once lodged in their situation, supports this opinion.

There is yet another way in which the *vis medicatrix nature* protects the delicate tissue of the cornea from injury, which is, by encasing more or less completely, a small foreign particle lying upon the surface of the cornea with lymph; it then has the appearance of an ulcer, unattended by vascular excitement, upon which an excess of lymph has been deposited for its repair, and has often been treated as one. The observation of one or two cases will familiarise your eye with its characteristics; if you have any doubts, the aid of a powerful lens will satisfy you. Very often I have been able, with the naked eye, to discover the foreign substance, by its colour, in the midst of the lymph.

Interference with a small body, deeply driven into the cornea, may occasion an effusion of the contents of the aqueous chamber, the iris will then approximate the wound, and may, it is said, if care be not taken, become adherent to the aperture. In such an event the wound being near the centre of the cornea, you should immediately introduce a solution of atropine or belladonna upon the surface of the eye, place your patient in a *darkened* chamber, and give him a filtered collyrium of belladonna, (dr. ss.—oss.,) to bathe the eyelids with every hour, so as to insure full *dilatation* of the pupil. Should the wound be remote from the corneal centre, you should make gentle friction upon the globe with the thumb placed over the superior lid, and suddenly expose the eye to a bright light, to induce *contraction* of the pupil, then wait a few hours for the re-formation of the aqueous humour, and afterwards, if necessary, touch the puncture with a stick of finely-pointed caustic. Spirituous or iced lotions should be applied from the first occurrence of the accident. If, from inexperience upon your part, or restlessness on that of the patient, there should be a difficulty in applying the caustic with precision, it will be better for the patent part to be touched by a small hair-pencil, charged with a twenty-grain solution of the nitrate of silver. When the aperture is small, there is not much danger of the iris becoming adherent.

A modern author recommends, if the foreign body "be small," and do not excite irritation by projecting from the surface of the cornea, and in the event of your dislodging it there be "a risk" of the occurrence to which I have just adverted, that "it should be allowed to remain, and fall into the anterior chamber, for in these instances, before the foreign body falls into the anterior chamber, deposition on its exterior will have occluded the opening which its entrance produced." ...

I have never seen a case in which a small impacted substance, capable of being skilfully extracted, took such a course, indeed the oxydation of the penetrating point, (if of iron,) by contact with the aqueous humour, the ulceration of the superficial layers of the cornea already spoken of, and the extraordinary resistance to such degeneration, possessed by the posterior elastic lamina of that membrane, render the occurrence improbable. In the case of Ballard, the piece of gimlet "was of small size," and did not excite any irritation

whatever for six weeks, a period fully sufficient for the theory quoted to have been verified; and, supposing the intruded substance does so deeply enter the tissue of the cornea as to gain admission to the anterior chamber, and become coated over by lymph or corneal tissue, it will appear, by the case I am about to relate, that it does not necessarily follow it shall fall into the anterior chamber, or even that the functional integrity of the organ shall be preserved.

*Case 3.*—Gideon Billingham, 28 years of age, of healthy constitution, whilst hoeing a row of potatoes, felt something to penetrate his right eye. He immediately applied to a surgeon, who operated upon the affected organ, which "became flat in its front," but resumed its natural form in about two hours. The patient was afterwards bled and "physicked." At the expiration of the third week of the treatment, (July, 2, 1851,) he applied to me at the Birmingham Eye Infirmary. There was some scleritis and conjunctivitis of the right eye; no zone round the cornea, which was transparent; iris, in colour and movements normal; pain in the brow. I was unable to discover any foreign body until the eye was viewed in profile, in which position a body one-tenth of an inch in length, in colour and calibre resembling a piece of black bristle, was noticed projecting from the concave surface of the cornea into the aqueous chamber. The body was too small and unfavourably placed to encourage the prospect of an operation being successfully performed by the aid of the instruments which our institution then possessed, (I believe that Luers capsule forceps, which we have since purchased, might have accomplished its removal.) I directed the temple to be cupped, counter-irritation behind the ear, and mercury to slight ptyalism, from which treatment so much vision was obtained as to enable him to read for short periods.

August 30th.—Eight weeks and three days since the occurrence of the accident. Right eye much the same; complains of weakness of vision in the *left* eye, the pupil of which is dilated beyond the medium size, and contracts but slowly when suddenly exposed to bright light. Under treatment the eye recovered for a time, and again relapsed into dimness; no apparent change in its textures. By the 31st of October, the steel in the right eye had disappeared, leaving a brown precipitate in the substance of the cornea. The oxydation was most probably completed in the month of September. This eye now presents a greenish orange-coloured iris, a large black and fixed pupil, serious impairment of vision.

November 25th.—Vision in the right eye grows gradually worse; iris of a bright orange colour, pupil widely dilated. The pupil of the *left* eye has nearly regained its natural figure; the textures look healthy; the sight is so much improved that he can now read with it.

We have in this case an example of amaurosis from slow inflammation of the posterior tunics, creeping on to the iris, primarily induced, there can be little doubt,

by the irritation of the small particle of steel. The patient was fortunately in circumstances which permitted him to carefully carry out the treatment I recommended, which included perfect rest of the eyes. In analogous cases, where the patient has been obliged to continue his daily employment, the eye sympathetically affected has been seriously injured.

The rules, then, that I recommend for your guidance are:—To remove a foreign body impacted in the cornea whenever you can do so with facility; failing this, that you carefully watch the case until ulceration shall have loosened the foreign body; that, if you anticipate an escape of the aqueous secretion, you should dilate or contract the pupil, according to the situation of the impacted substance, *prior* to its removal. The treatment proper for an unforeseen loss of humour has already been fully detailed.

After the removal of a foreign body, it will be proper to enjoin perfect rest of the eyes, an unstimulating diet, fomentations, and saline purgatives; if there should be signs of corneitis and sclerotitis, the symptoms of which have been detailed in Ballard's case, (No. 2,) or of inflammation of the iris, indicated by a change in the natural colour and brightness of that membrane, and by little or no contraction in its pupillary aperture, when suddenly exposed to light, it will be, in addition, expedient and right to cup or leech the temple, to exhibit calomel and opium every four hours, and a mild aperient every morning. When the more acute symptoms have subsided, counter-irritation behind the ears, a small dose of calomel combined with Dover's powder every night, and a terebinthinate mixture; or, if the patient be strumous, five-grain doses of cinchona and soda, will, in the majority of cases, complete the recovery. In iritis, after bleeding, we apply extract of belladonna to the brow; and when the external ophthalmia has become subacute, a filtered solution of that drug or of its alkaloid (atropine) to the conjunctival surface.

A collyrium of belladonna (dr. ss.—oss.) may be used, either warm or cold, according to the feelings of the patients, from the first accession of the anterior internal ophthalmia. It is soothing to the inflamed organ, and when the acute symptoms have somewhat subsided, dilatation of the pupil, or, to speak physiologically, contraction of the radiating fibres of the iridal structure will be promoted by its application. I have spoken thus generally of the treatment to be employed in acute traumatic ophthalmia, because the subject will be more minutely considered when I treat of idiopathic inflammation of the various structures of the eye.

I have occasionally been called upon to attend persons who have sustained injury of the eye, from the explosion of fire works, or of gunpowder. The grains of powder lodge in the corneal substance, some of them passing through its texture, enter the lens, and occasion cataract; others penetrate the iris and occasion inflammation of that membrane. The lens and iris appear to shield the posterior internal tunics from serious injury. In the majority of cases which have come under my notice, the coats of one eye have been se-

riously damaged as to occasion sloughing and atrophy of the globe. If we see the patient, which is rarely the case in eye-infirmity practice, immediately after the accident, we should administer chloroform, and then detach as many grains of powder as is possible from the cornea, cleanse the surface of the eyes of all loose or extraneous matter, confine the patient to a dark room, and adopt an antiphlogistic regimen; meeting reaction by general or topical bleeding, or the two combined, according to the urgency of the symptoms and constitutional power of the patient. I have already adverted to the treatment of corneitis and iritis, it therefore only remains for me to remark, that after the symptoms of inflammation have apparently subsided, the gums should be kept *slightly* tender by mercury, and when the eye has become perfectly tranquil, the opaque lens may be operated upon in the usual manner practised in cases of soft cataract. If the pupil be closed, or very narrowly contracted by adhesions, the globe of the eye being of normal size and tension, an operation for artificial pupil may be undertaken with a reasonable prospect of success. The opacity of the cornea, which results from explosions of gunpowder, is generally maculated, and in a great measure subsides under judicious treatment.

## CLINICAL LECTURES

ON THE

## PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D., EDIN.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

### LECTURE XIII.

#### ON THE MORBID CONDITIONS OF THE DIGESTIVE ORGANS AND PASSAGES.

GENTLEMEN,—Digestion, in its larger acceptation, means something much more profound and extensive than what occurs within the mere involutions of the *primæ viæ*, and the cluster of glands which are more immediately attached to them. These, in fact, are but the first recipients of the cruder elements of assimilation, and the primary agencies which are brought to bear upon the great and hidden scheme of vital transformation; for, not merely until blood is formed, but until the more complex structures of the body are actually perfected, can we say that the true and ultimate transformation has been effected; for, even after the first assimilation has been completed, by the conversion of the dead elements into nutritive chyle, that chyle has yet to be converted by the lungs into true blood; nor would the blood itself be qualified to create or repair the various tissues of the body, unless a peculiar power of metamorphosis resided within each individual organ, by which the elements of this common source of

nutrition are so reacted upon that an almost endless variety of processes is made to conduce to an almost endless variety of productions throughout the animal economy. Such views of the subject were admirably illustrated by the late Dr. Prout, and, in his volume upon "Urinary Derangements," you will find a great fund of deep and accurate instruction.

On the present occasion, however, I mean to speak of the digestives only in their ordinary sense of primary assimilants, but I premise the above observations upon the matter because, as you will see, it would be impossible for you to thoroughly understand the significance of those secondary and tertiary symptoms which often constitute the evidences of a derangement in these primary parts, or to reduce, as it were, a multiform disease into unity, without constantly bearing in mind the manifold and complicated links by which each of these simpler parts are associated more or less with the most distant recesses of the general system. Indeed, it is not desirable, considering the structure of the human body, that any idiopathic affection, however apparently localised, should be viewed or treated without a regard to the whole framework, and much less so the affections of those all-important organs in which a failure of energy involves a failure of all other energies. It is only by the habitual exercise of such comprehensive modes of investigation, that any man ever disciplines himself into a really scientific and practical physician, who must obviously look as much to the rational as to the visible signs of bodily disorder.

This system of organs and passages begins, as you are aware, at the mouth, and terminates at the anus. It is a sort of inversion of the external dermis, now consisting of a simple passage of greater or lesser dimension, then of a more dilated sac, and again of deeper and more complicated foldings as it branches away from its simpler course, and forms itself into expansive and complicated branches of glandwork. Throughout it is covered with epithelial cells while in a state of rest, and underneath lies the mucous membrane, either elevated into minute glands, or dimpled into the smallest follicles or pouches for the secretion of mucus, gastric juice, and the like, or branching off into regular ducts, which divide and subdivide into such arboriform structures as the liver or pancreas, within the acini of which those other juices are elaborated, which are equally necessary to the final process. Around this mucous and secreting tissue, organic muscular fibres are found to arrange themselves, largely developed in some parts, and but scantily seen in others; while that, again, is surrounded by a cushion-work of areolar tissue, covered, when lying within the cavities of the body, with a delicate serous covering, called in the abdomen the peritoneum. Organs of such extent and complexity must necessarily be subject to manifold ailments, though for the sake of simplicity I shall consider them, as before, under the heads of nervous disorders, anæmic, or hyperæmic conditions, and degenerations.

The nervous disorders exhibit themselves in the forms of paralysis and spasm, of greater or lesser

degree, according to circumstances. Complete and permanent paralysis, (except in certain less important parts, such as the sphincter ani,) would undoubtedly soon lead to a fatal result; but a certain amount of torpor may frequently exist in one or all of these organs, which shall lead to much inconvenience, without positively inducing death. Thus, the stomach may become so inactive in its organic processes, that it shall cease to respond to ordinary stimulants, and so lose, in a great measure, its powers of appropriation. Torpidity of the liver is likewise a well-known condition, when the bile both diminishes in quantity and stagnates within the tubes of that gland. A similar condition of the intestines is exhibited in obstipation, the secretions and motions of these tubes being alike reduced from the standard of nature. Such conditions are obvious sources of primary dyspepsia or indigestion, words of very wide signification and varied meaning. When such internal torpidity is dependent on some affection of the brain, or other nervous centre, it is, of course, merely a symptom of that central lesion, and is to be treated accordingly. You will always observe, that in head-affections the bowels, &c., are exceedingly difficult of stimulation, and require an unusual amount of purgative medicines to produce any effect. And so it happens in epilepsy, insanity, and other such disorders, that the bowels are almost invariably constipated; and though, in such cases, it is very necessary that these passages should be cleared out, as a collateral means of treatment, the essential operations must be directed more immediately to the central source of disease. It is, however, to be also borne in mind, that prolonged irritation and chronic changes of structure in the mucous membrane may, and do, lead to irritation and chronic change within the cerebral or other grey centres; these, again, reacting on these mucous membranes, and the system generally, (as in hydrocephalus, &c.,) so that at length a double series of morbid processes are found to be going forward, the priority of which it is often difficult to decide. The chief means of distinction will consist in this:—That, whereas, the central or essential torpor will have commenced suddenly or gradually, without pain, and unpreceded by diarrhoea, &c., the peripheral affection will have been ushered in by a considerable and prolonged manifestation of nausea, flatulence, diarrhoea, or dysentery, which may only disappear, and be replaced by torpidity, when the irritability shall be exhausted by the local disease, and the sensorium deadened by secondary effusions of fluid.

The usual causes of this torpor (apart from organic affections of the brain, &c.,) are, depressing passions, want of proper exercise, and the deprivation of nutrients of a sufficiently stimulating character, all of which causes operate in a high degree in civilised society; and hence so many sufferings in that state from indigestion, hypochondria, and a numerous train of similar evils. As to depressing passions, it is well known how great calamities will at once parch up the mouth, annihilate all desire for food, bind the bowels, and lock up the kidneys. Sedentary habits and a diet under par have equally obvious consequences; and the treatment,



therefore, must depend upon the leading circumstances of each individual case. If any organic affection of the brain be discoverable, that, of course must be managed as already described in the earlier lectures. The depressing passions which arise from any real causes can be modified only by the removal of such causes, or by the inoculation of that divine fortitude which enables us to meet the ills of life by equanimity, and even cheerfulness. Sedentary habits and improper diet at once suggest their own remedies; but in all such cases, warm purgative medicines of a tonic kind are of the most essential service; and while, therefore, we enjoy activity of mind and body, with varied diet, we ought to unload the passages, and give them a first impulse by the use of such purgatives as aloes, aided by the bitter tonics of gentian or ipecacuanha, and such stimulants as ginger or capsicum. If the torpor be chiefly in the liver, it may require the special stimulus of small doses of mercury. When this treatment seems to have effected its object, it is not to be suddenly stopped (though patients are apt to do that of themselves), for that would be apt to reinduce the torpidity, by the withdrawal of the accustomed artificial excitement; but the doses of the stimulants are to be gradually lessened, until it is found that the organs proceed in their work without requiring such aids. Such cases you witness in the physicians' room almost every day; and you will observe that I generally conclude the treatment, after employing smarter remedies, by the prescription of a single mild pill at night, containing two grains of carbonate of iron and one grain of aloes, ipecacuanha, and capsicum respectively. This, when the canal is brought to a tolerably healthy state, is quite sufficient to produce one full evacuation in the morning, without looseness; and that is exactly what ought to take place naturally. By all means let us avoid cold saline purgation; for that is always followed by an augmentation of the torpor, which the cobbling practitioner who employs it still seeks to remove by frequent and more frequent doses of his violent drug.

The opposite condition of excitability in the gastro-enteric nervous system leads to spasm, an affection already descanted upon, and familiar to you all as a dull or a sharp pain recurring at intervals, and relieved by heat and pressure. This most painful spastic action is commonly due to some degree of internal venous congestion, or to the presence of acrid foods or unhealthy juices or gases, especially the sulphurous, within the track of the canal. It is always of a reflex character, and has very frequently been experienced by most people in the stomach and bowels. When it occurs in the ducts of the liver it may produce jaundice, as is said. Some deny that such spasm ever does occur; but I see no reason why a spasm should not take place wherever there are muscular bands. True, you cannot prove it after death; but what of that, when so many clear proofs are seen of it during life? As to treatment, if acrid matters be present they must either be expelled or neutralised. To this end emetics and purgatives are our ready implements, along with

acids, alkalies, or alkaline earths, according to the suspected nature of the solid, fluid, or gaseous irritant. At the same time we must solicit the blood to the surface by heat, &c., and allay irritability by the employment of those sedatives which are emphatically known as antispasmodics. These indeed are to be employed alone when we see the spasms continue after the expulsion of all acrids, or going on without their presence, and merely from an excess of morbid functional irritability. Of all these remedies, the most powerful and immediate is, undoubtedly, opium, the doses of which must not be limited by the rules found in books, but graduated and continued according to the emergency. Opium, however, though excellent as an occasional remedy in acute attacks, is not to be habitually employed; for, when the stomach is chiefly affected, and in a chronic form, bismuth is chiefly to be depended upon; and when the bowels are troubled with such tormina, assafetida, or garlic, or cayenne pepper, with flannels next to the skin of the abdomen, are to be mainly used. In simple spasms of an hepatic origin, opium and mercury will be found the chief means of relief, along with external heat. If hysterical, the ammoniated assafetida or castor will prove of much value; and if the gastric spasm be of that atonic kind which ends in a fit of neutral vomiting, or water-brash, the best and surest means of relief I have usually found in opium and sulphuric acid; or, where these failed, opium and lead. Speaking of lead, you will, of course, understand that the pains which originate from the absorption of that metal, or from the conditions of dysentery or cholera, &c., are to be treated with specific views to those conditions, and not in the manner above described. As an illustration of the occasional peculiarities of such cases (for they are too common to require any illustration in general), I may remind you of a miserably dwarfed and shrunken young man, with an effeminate voice (an out-patient) who was treated for persistent vomitings and tormina, without any particular investigation, by all the usual means of calumba, laudanum, hydrocyanic acid, and the like, without any effect. At length, on instituting special inquiries as to the nature of the matter vomited, it appeared to be a pure oil, as it were, possibly uncombined choleic acid. He was accordingly told to stop all other medicines, and take a teaspoonful of carbonate of soda, and that alone, three times a day. From the first dose all vomiting and tormina ceased, and he was well for a considerable time. Persons of such habits of body, however, are always liable to a recurrence of their disorders.

**HYPERÆMIA** of the digestive organs tends to the greatest degree of visceral derangement. It may either assume the arterial form, and so produce an acute or chronic inflammation, or it may be a passive venous stagnation, known as congestion. In all cases, and wherever situated, the inflammatory action may be distinguished from the congestive, by the greater amount of sharp pain under pressure, and the higher degree of constitutional excitement. This pain and excitement will be more or less according to the sensibility or vital importance of the organ which may be involved.

CONGESTION being the more common ailment, as witnessed in the every-day practice of the hospital, and being simple of treatment, may be at once disposed of. It may be present in the stomach, the liver, or the bowels, especially the lower great guts. The tongue, in such cases, is usually thickly furred, even after eating; a dark effusion is observed over the white of the eye, and a continuous dull headache is felt. The secretions will be deficient, and an obscure, heavy, sickening tenderness on deep pressure will be felt over that part of the track chiefly involved. If confined to the liver, that organ may be considerably enlarged, while it is sluggish in action, and if chiefly confined to the lower bowels; there may be swellings of the veins of the extremities or persistent piles. The indications are in any such case, to withdraw the stagnating fluid, and to promote circulation and secretion, and this is best effected by stimulant and free purgation. Where the condition is extreme, cupping or leeching may be required over the parts in the first instance; but, in most cases, a blue pill at night, with an aromatic and saline aperient in the morning, along with moderate diet and free exercise, will prove sufficiently effectual. These constitute the numerous class of cases in which those favourite remedies of Mr. Abernethy were found so useful. But the patients, in fact, need never have been ill had they lived with any degree of prudence, for it is heavy suppers, and made-up dishes, with rich pastry after a full meal of meat, and other unnecessary acts of eating and drinking, which lead to such maladies in nine instances out of ten.

INFLAMMATION is a more serious and urgent matter. Of such action in the gums, tongue, fauces, &c., where it is visible, and in which the treatment is familiar to you, I need not speak at all. Occurring in the stomach it is called gastritis, and, if acute, (which it very rarely is, except from irritant poisons,) you will have intolerable agony under the slightest touch, with vomiting of all ingesta, a red tongue, and profound prostration of the mental energies. In a less acute form, you will have all these same symptoms in a minor degree, but still tending to imminent danger, as the constitutional excitement is always great. The application of leeches over the organ is at once suggested by the circumstances, and these may be repeated, or followed by a blister, according to their effects. The coats of this organ are to be soothed at the same time by small effervescent draughts, containing hydrocyanic acid. Cold drinks, and even ice itself, may be employed with much benefit, and in some cases that resist the above treatment, a strong solution of nitrate of silver may be swallowed; but above all, care must be taken not to maintain irritation in the stomach by giving food. People will suppose, somehow or other, that no one can get through a severe illness without what they call support—support which, in reality is a burden. They cannot be made to see—except they be experienced—that it is better to retain one spoonful of beef-tea or gruel, than to reject fifty by straining and vomiting. But the management in this respect must be pointed out and enforced with the greatest emphasis, if you would succeed in the cure

of a very severe case. I never allow more than one teaspoonful of the mildest beef-tea or gruel at a time. And even when nourishment is required, it is surprising how much may be appropriated by giving that amount every quarter of an hour or so; whereas, more would be at once rejected. Gastritis of a more or less acute type, is always apt to arise in the course of any fever; but there is a fever very common in Birmingham, amongst young persons during the autumn, which seems simply symptomatic of a local epidemic gastritis. I should call it a gastro-enteric fever. It is ushered in by vomiting and epigastric tenderness, which are soon followed by the febrile symptoms. In my own practice I have invariably found that, if I was called in early enough, some leeches to the epigastrium and effervescent draughts would arrest all the expected train of symptoms; but when the disease had gained head, its natural tendency was to creep downwards through the intestinal canal, and to produce enteritis and dysentery, accompanied by a type of fever, becoming still more and more typhoid, and lasting for a month or six weeks. This may be viewed as the ordinary fever of this town, as contradistinguished from true typhus; a view in which I am confirmed by the prolonged local experience of Dr. Eccles and others.

HEPATITIS is not very common in the acute form; but when present, gives rise to a very depressant type of fever. The head is hot, the eyes are suffused, the tongue is furred brown, and the pain, accompanied with some turgidity, is very severe in the right side, where there is also felt a local increase of heat externally. In this form the peritoneal lining of the organ is generally involved, and the bile, at first diminished, is afterwards very acrid, and productive of profuse diarrhoea. The measures to be adopted, under such circumstances, are local abstraction of blood to commence with, and to be followed by a blister; then a continuous exhibition of blue pill or calomel, combined with hyoscyamus or conium, and alkalized saline draughts. A very excellent illustration of the disease in this acute form, was afforded to us by the girl (I forget the name) recommended to the hospital as an out-patient by Mr. Ald. Phillips, the late Mayor. She had great difficulty in reaching the house, and on entering the room supported by her friend, looked exceedingly ill. The head was hot and the eyes were muddy and lustreless; the tongue had a deep brown fur; the cheeks were flushed; the whole body very hot; and the right shoulder inclined downwards towards the same side. Here was noticed some swelling, and the greatest amount of tenderness, whilst her general aspect was that of a person marked out for a long course of typhus fever. It was at once seen that she ought to be retained in the hospital, and she was accordingly taken to the low ward. Mr. Moore was requested to cup her over the liver, and then apply a blister, while she was placed at once under mercury and hyoscyamus, with frequent effervescent draughts. These steps were scarcely adopted before all the febrile and other symptoms began to abate; so that, ill as she was, she left the hospital quite well in about eight days. So beneficial

is it to meet an acute disease with prompt and decided measures. You are aware that such acute disease may lead to hepatic abscess either opening externally or into the digestive canal or cavity of the abdomen. One patient you lately saw with an abscess of this kind discharging its contents by the navel. Such a termination of acute or chronic action is to be sedulously guarded against.

Of the CHRONIC HEPATITIS, accompanied with duller tenderness, and sometimes great enlargement, we never had a better instance than in John Moore, of the top ward. His tongue, as in almost all such cases, was glassy, smooth, and clean, the complexion was sallow, the stools were variegated, and the liver—of deal board hardness—was felt extending over nearly the whole compass of the abdomen; but there were no dropsical effusions, as in most of our other cases. In all of them, but especially in Moore's—as the most marked in point of size and hardness—the iodide of potassium was found of great efficacy. Moore was cupped from time to time, used occasionally mercurial inunctions, took blue pill and colocynth at night, and iodide of potassium with conium, three times a day. The iodide had a very powerful effect upon him, and produced large pustular eruptions, which have permanently scarred his face. On this account it was obliged to be discontinued from time to time; but, so conscious was he himself of the benefits of it to the liver disease, that he always desired a renewal of it. By these means his enormous and hard enlargement quite disappeared in the course of three months or so, when he became well and vigorous. Chronic hepatitis, however, will sometimes shrivel the proper structure of the liver, instead of enlarging it. The capsule of Glisson becomes hypertrophied, at the expense of the glandular parts, and we see the result in nutmeg liver.

*Enteritis* gives rise to a much more obscure pain than gastritis, and to a more smothered febrile action. It is generally accompanied by considerable cephalic heat; and is always recognised by pain under firm and deep pressure. In its largest acceptance it may involve not only the mucous and muscular coats of the intestines, but also the peritoneal lining; but, as the symptoms in the latter case are exceedingly altered and augmented, they have become grouped under the specific form of peritonitis, and, therefore, I shall not at present allude to any other than the affection of the mucous and submucous tissues. These, in this disease, are found to be in an inflamed condition; and when that condition extends to the larger bowels, we have all the symptoms of dysentery. In an ordinary case, this condition is to be subdued by the exhibition of mercury; while the motions of the bowels are to be stilled, and their sensibility subdued, by the conjunction of opium, or hyoscyamus, &c. Leeching or blistering may also be required over the abdomen, along with soothing emollients (such as decoction of poppy head, and hyoscyamus, &c.) The best form of mercury to be used, is the ordinary chalk preparation, and this may be advantageously combined with small doses of Dover's powder. You see us constantly adopting these reme-

dies in this rather common disease, which scarcely needs, therefore, any additional clinical illustration. If the complaint be very severe, as it may be, when arising from any sudden impression of intense cold, or in the course of a low fever, leading to specific inflammation at the ileo-coecal valve, it may terminate in gangrene, or in perforation; in which events I know of nothing that can be done, except to use the means of perfect rest, and to leave the patient to nature. But I have never lost a patient under this disease, except it was accompanied by something more serious, such as carcinoma of the pylorus, as in the pedlar, Shay, and the poor old woman, Twells. Most commonly it is subdued by treatment, or ends in a weakening chronic dysentery, in which latter case it behoves us to use astringents, and to make the patient keep the recumbent posture. Additional doses of chalk may now be employed, in combination with catechu or logwood; mustard poultices to the abdomen will be useful, and where the slimy stools are frequent, or give rise to painful tenesmus, an opium suppository will be found valuable. When chalk and catechu will not serve the desired end, you have seen me employ, with marked results, acetate of lead and opium. The diet must also be attended to; so that it be simple and unirritating, and a drink of port wine and water will be advisable, if the body needs strengthening, which it generally does. Epidemic dysentery is often of a very low and fatal type, especially when attacking soldiers and the like in hot weather, who may be exposed to the damp chills of the night air and the open ground; but such a form scarcely ever occurs in comfortable towns, and, as already remarked, I have not met with any instance of death from it, except it has occurred as a terminal symptom of some more formidable disease, such as the carcinomatous cases above alluded to, or typhus, or phthisis in their latter stages. Let it never be trifled with, however, because it is, at all times, a serious matter. As in dysentery, we have mucous or mucosanguineous discharges; so in malignant cholera, or cholera asphyxia, we have a simple serous exudation. But that terrific malady shall be better discussed when we treat of blood diseases, for it is no mere affection of the bowels—very far from it.

When chronic affections of these parts have been much prolonged, they begin to give rise to many remote derangements, involving the lungs, the heart, the brain, the kidneys, and muscular and other systems generally; but more immediately they are apt to bring about a state of things which fits the body for the reception and retention of entozoa, such as the sarcina ventriculi, the round worm, the solitary worm, the hair worm, and the thread worm. These, in turn, give rise to very few positively local symptoms, except irregularity of appetite, and, perhaps some degree of griping. The body may waste, however, and become pale and generally irritable. The head will be hot and subject to a sense of giddiness. The nose and anus, or face and whole body, will itch, and the former may bleed or become sore. The patient will be disturbed in sleep, and grind his teeth. His eyes will sometimes ex-

perience a sudden momentary blindness. Dry cough will set in along with hiccup. Cardiac palpitation will frequently arise, and also fainting fits, or epilepsy itself, and other forms of convulsion will make their appearance. All these are traceable to the great law of reflex involuntary action, and are beautifully explanatory of the special arcs of sympathy that exist in the complex reticulations of the nervous system. I might well be tempted to dwell upon such things for a time, and indulge in some theories as to the reason why some parts sympathise more than others; but I should thus be wandering out of my straight line as a clinical physician, and shall, therefore, forego such arguments.

Through whatever curious channels of nervous inter-communication these effects are brought about, we have this simple and positive fact before us, that by the removal of the one exciting cause all the other evils are dispelled. You have had numerous instances of this result, both amongst out and in-patients. One in particular was the young girl Smith, aged 16. She had been subject to daily fits of epilepsy for a long period, and came into hospital labouring also under a great degree of anæmia. Turpentine was administered, and Mr. Moore observed that there had passed a round worm, eight inches long and proportionately thick. After that she never had another fit, and a course of iron restored her afterwards to perfect health. She left the hospital in one month a plump and well-coloured girl. There can be no question of the value of the turpentine in most cases of vermination; but it will sometimes fail, and is also a rough remedy. But you have often seen me employ, with good effect, the oxide of silver. Sometimes in these cases the worm or worms pass; in others they are never seen; but, at the same time, all the associated symptoms disappear, and we, therefore, infer their death or their temporary prostration. Sulphate of zinc will also act after this manner; and the koussou, as you all know, has lately been much celebrated. Oil of male fern I have lately used a good deal, but with no very marked effects; and as to the pomegranate, I cannot pass any judgment upon it. Next to the koussou, so objectionable in point of expense, I am clearly favourable to the turpentine; powerful and rough though the dose may be.

The DEGENERATIONS of structure which occur in these parts will be spoken of at length when we come to treat of diseases of the blood, &c. For the present I may merely briefly allude to some of those changes which are most common, in order that our general review of those morbid derangements may be complete. In the first place, there are certain formations of a fibrous or scirrhus character, which occur at particular points where some long-continued irritation has existed, combined with frequent and, perhaps, severe pressure. Not that we are always able to trace these causes in each instance; but, from the irritation being evidently dependent in some cases upon the presence of pins, fish bones, or other foreign irritants, we are led to the general inference. In the œsophagus, and at the pylorus and the rectum, we most frequently meet with those simple indurated swellings. The first is to be

suspected from difficulty of swallowing, and the last from constipation and the narrowing of the stools. In the pylorus the chief symptoms are, pain, with vomiting some time after taking food, and, if the swelling be of any magnitude or hardness it will be felt outside, under diligent manipulation. These swellings may gradually assume a more and more scirrhus character, by the condensation of their fibrous structure, and afterwards, according to the number of soft cancer-cells which may intervene between these harder fibres, or the rapidity of their deposit and destruction, the mass may become, in a greater or lesser degree, a regular phagedenic carcinoma. In the earlier stage of simple induration, the bougie may be employed with great success, both to the œsophagus and rectum. The affection at the pylorus is more to be controlled by very soothing treatment—namely, the use of bismuth and conidm, and food of the most digestible and unstimulating kind, with blisters to the epigastrium. Induration of the liver is a much more hopeless disease than the hepatic enlargement already spoken of. We can, in fact, do nothing beyond attempting to check its further progress. In such a case the organ is shrunken, and hardened at the same time. The fibrous skeleton or framework, called the capsule of Glisson has, in these circumstances, become thickened and hardened, and has so pressed upon the nutrition of the true glandular structure, that that has been destroyed and absorbed, and of course can never be renewed. Besides this, however, there are sometimes found in the liver large cartilaginous tubers, which in due season assume the features of cancer, as was witnessed in the body of the old woman Twells. Of the fatty degeneration that so often occurs in this organ, and which you have the means of seeing so very frequently, especially as accompanying the latter stages of phthisis and other exhausting diseases, I shall say nothing at present, but leave its consideration to another part of the course.

When carcinomatous action has set in, the disease is to be inferred partly from constitutional and partly from local symptoms. There is, in almost all cases, great emaciation, and a peculiar straw colour, or dirty white hue, pervading the countenance. Agonizing lancinating pains will also most likely exist, greatly aggravated by pressure; and the tumour may likewise be felt through the parietes of the abdomen, if in a situation where it is possible to be so examined. The mass, as you recollect, was very distinctly felt indeed in the patient Twells, though it occasionally disappeared. In the pedlar, Shay, it was more difficult of recognition, as it seemed to recede from pressure, but, on suddenly, though gently, keeping my finger down, I felt it, as you are aware, sufficiently distinctly and often, as to give, taking other evidences into consideration, a decided diagnosis of the case.

Twells had been a washerwoman, and had been subjected to pressure there from the tub. No doubt, also, she would take frequent drams of pure gin, as is the custom of such people. Shay was an inveterate drinker of raw rum, often upon a completely empty stomach. In both of these cases large indurated masses were

found at the pylorus, composed of fibrous strise, which cut like cartilage; while the surface was a white pul-taceous milky structure, traversed by large veins, and margined by an inflammatory blush. Twells' liver, likewise contained several hard tubers of various size, from that of a very large walnut, down to a pea, which cut like gristle, and contained milky matter in their centres. Relief was afforded in these cases by leeching, bismuth, and conium, and also by hydrocyanic acid and opium. All this, however, was merely palliative, and they both ultimately died of starvation, being reduced to skin and bone.

## ON UTERINE HÆMORRHAGE.

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In a recent number of the *Journal* there was an article "On Uterine Hæmorrhage," by Mr. Newham of Farnham. As uterine hæmorrhage is a subject of vital importance to the obstetric practitioner, and whether it takes place during gestation or parturition, it is one of the most frightful and perplexing circumstances that could occur to the medical attendant, any information on such a subject must be useful; and Mr. Newham's forty years' experience must give weight and interest to his observations and practical remarks, although there may be nothing very peculiar in the cases, or new in the treatment. The publishing them may encourage and give confidence to, if not instruct, the young practitioner, if he should be so unfortunate as to meet with one in his practice. Practical information is much more likely to impress the mind than theoretical. Many professors become teachers before they have hardly become practitioners. The object of this paper is to direct the attention of the readers of the *Journal* to internal uterine hæmorrhage, and to bring before their notice a few cases that have recently occurred in my own practice. This passive or insidious hæmorrhage going on within the cavity of the uterus, whether during pregnancy, at the time of labour, or after the contents of the uterus were expelled, does not seem to have attracted that notice in the practice of midwifery that its importance deserves. That distinguished obstetric physician, Dr. Baudelocque, (whose death was noticed in a late number of the *Journal*,) some years since published a pamphlet, entitled "*Traité des Hæmorrhagies Internes de l'Uterus*," and the cases related by him of concealed hæmorrhage are highly interesting and well worth consulting. I have not met with any other work entirely on the subject. In internal hæmorrhage we do not meet with those frightful appearances or terrific floodings,—gushing out the vital fluid until stopped by syncope, or nature refuses to supply more—and in this alarming condition it is well known that there is no time for reflection, consideration, or consultation; all our skill and moral courage is at once suddenly taxed, and we must instantly

act. Still internal uterine hæmorrhage is equally dangerous, requiring all our attention and the most prompt and energetic treatment; and although it may proceed slowly and unobserved, its effects are, nevertheless, often fatal to mother and child, the latter generally. There may be no external sign of the mischief going on, and its effects on the constitution are not known until repeated faintings take place, the patient becomes exhausted, and the pulse almost extinct. For these distressing and troublesome cases our remedies are but few, and our controlling means very limited. Dr. Blandell remarks in one of his lectures on this subject:—"That it is of rare occurrence, and in the present condition of our knowledge scarcely admits of a remedy." This statement was made some years since, but I do not know that there has been any improvement in this branch of our practice. The use of bandages and pressure, I believe, is more practiced now than it was at the time the Doctor's lectures were published, but I have yet to learn the good they are to do. I believe in internal hæmorrhage this kind of treatment does more harm than good. The following mode of applying pressure for the purpose of stopping internal uterine hæmorrhage was recommended by the late Professor Davies:—"To roll a pillow into a hard pad, then place it on the abdomen of the patient, and sit upon it." The learned Professor has omitted to tell us how many stones the sitter should weigh. This is very important, as all medical men are not the same size and weight. He was himself rather weighty.

The following plan of applying pressure in cases of internal or external hæmorrhage is recommended in a recent volume of the *Lancet*:—"The accoucheur is directed to take three or four octavo volumes, and wrap them up together in a towel, then lay them longitudinally over the rectus muscle, and place a half-hundred weight upon them." Should there be any blood left in the uterus or pelvis, when these weighty measures are applied, this certainly is a good way of pressing it out, and not unlikely to extinguish life too. While all this preparation is going on, or as the patient sinks, no doubt the flooding stops. I believe a bandage is a great support to the muscles of the abdomen after labour, and is no doubt a great comfort to the patient, and it will also tend to keep down the uterus within the pelvic cavity, but my opinion is that it has but little effect in restraining or stopping the discharge. Pressure by the hand in order to secure the contraction of the uterus immediately after the delivery, is very useful, and should be done.

The only medical remedies that I know of are tincture of opium and the secale cornutum; and mild aperients should be occasionally given, to keep the intestinal canal emptied, to prevent any irritation of the uterus from that quarter. Cold water is also a most valuable remedy in all cases of uterine hæmorrhage. If internal uterine hæmorrhage should occur at an early period of pregnancy—say within the second and third month—it may be restrained by tincture of opium, the recumbent position, and rest of the mind as well as of the body. At a later period, I fear, nothing but the removal of

the contents of the uterus—no other treatment can be depended upon—will stop it; and this should be done early, before the system becomes affected by the great loss of blood. This operation is, like many others, often delayed too long. Nothing is to be gained in these cases by waiting, as, in all cases, we may be pretty sure the child is dead; and the mother may follow, if we are not very prompt and active in our movements. The only means available, that I am aware of, for removing the contents of the uterus at this period of gestation is a small hand and the blunt hook. In the last month or during parturition, ergot is the only medicine to be relied on. This is a powerful auxiliary to the uterine pains; but I have noticed that it does not seem to act on the uterus until the liquor amnii, or part of it, is discharged, and I do not expect it would have any influence on an uterus distended by internal hæmorrhage. The *secale cornutum* seems only to be capable of stimulating the action of the uterus, not exciting it. When the expulsive power of the uterus has been set in motion from natural causes the ergot possesses the peculiar property of helping it. The last and most frightful, as well as troublesome to the accoucheur and dangerous to the patient, is internal uterine hæmorrhage after delivery. The only contracting power in this case is cold water. This produces contraction of the mouth of the blood vessels that are open, pouring out their contents into the cavity of the uterus. The sudden application of this simple but most valuable remedy, and the shock to the system produced by it, is no doubt the cause of hæmorrhage ceasing; but much of the efficiency of this powerful agent in these urgent cases is in the mode of applying it. It is not enough to put up a cold napkin in the usual manner, wet with water that has lain a long time in the bed-room. The water should be procured immediately from the pump or spring, and the napkins saturated with this, and spread over the pubes and the whole hypogastric region; and removed and fresh ones applied every two minutes, till we are sure the hæmorrhage is checked. The repeated shocks produced by this rapid removal of the napkin produce the most salutary effects in these perplexing cases; and while we are trying or looking for more complicated remedies the patient may go off in a fatal syncope. The following cases which I have lately met with—and it is singular that they all occurred within a few days of each other—will, I think, illustrate and explain some of the circumstances connected with internal uterine hæmorrhage:—

*Case 1.*—On Saturday morning, September 21st, about four o'clock, I was called up to Mrs. H., who had engaged me to attend her with her first child. On my arrival she said she was got better, and I was not wanted. I found that she had been roused from her sleep by a flooding, which greatly alarmed her; but she was in no pain. She had arrived at the full period of gestation. I satisfied myself that the discharge had stopped, ordered her an anodyne draught, and left her, with directions that I was to be sent for if the flooding should return before I called. At twelve o'clock I saw

her again. There had been no return of the discharge; but the nurse told me her mistress was "rather queerish," and she thought I should soon be wanted. About three o'clock P.M. I was sent for in a hurry, and found the pains coming on regularly, but she seemed unusually faint and weak. On examination, I found the os uteri dilating, about the size of a crown piece, and the head presenting. With the next pain I ruptured the membranes. There was not a great deal of water (liquor amnii) discharged. In about two hours after a very fine dead child was born. From its appearance I should say it had not been dead long, as it was exsanguineous and flabby, clearly proving that it had suffered from the hæmorrhage, although the mother was a strong robust young woman. She was very faint for some time after the delivery. There was not the slightest hæmorrhage during the labour. The placenta was expelled without any assistance on my part, about five minutes after the child; but before it was a large, tough, coagulated mass, as big as the child's head, the produce, no doubt, of the insidious internal hæmorrhage. The patient had but little discharge afterwards, and did well.

*Case 2.*—The same evening, about eight o'clock, I was requested to call on Mrs. R., who was in the eighth month with her first child. She had been out to tea, and on her return home she felt herself sick, and thought that the green tea which she had drank did not agree with her. She retired to her bedroom; and in the act of throwing up her tea, the waters broke, and rather a large quantity was discharged, with slight pain in the back. For these pains in the back I had been consulted some days before; but I did not prescribe for them. On examination, I found no signs of labour. The uterus was very high up and difficult to get at. The os uteri was not at all dilated. She was frightened and restless. I gave her twenty-five drops of tincture of opium. About twelve o'clock she became more tranquil, and I left her. At five o'clock in the morning I was called up. On my arrival the child was born. It was very small, and quite blanched. There did not appear to be a drop of blood in it. On dividing the head not a drop escaped. I had some difficulty with the afterbirth. Before it came away I had to remove from the vagina a hard black mass, which turned out to be layers of coagulated blood, which I have no doubt had been accumulating from the first time I was consulted about the pains in the back. This patient also got about very well, with the exception of the milk being rather troublesome. It is very clear that in both these cases the internal hæmorrhage was fatal to the child; and from the exsanguineous appearance of the bodies, it must have been from the placenta, and not from the vessels of the uterus, perhaps towards the insertion of the cord into the placenta. Had I ruptured the membranes at my first visit, in the first case, the child might, I believe, have been saved, as the effusion appeared to be recent; but there was then no symptom to demand such treatment; and it would, I think, have been considered bad practice.

**Case 3.**—The next case is one of a different character. On Sunday, October 4th, at five o'clock P.M., I was requested to see Mrs. B. immediately, who was in labour. She had recently come to reside in the neighbourhood, and had not engaged a medical man. I followed her husband. On entering the room I found three women standing by the bedside, looking at a woman on the bed that appeared to me to be in the last stage of phthisis, as she had a little hacking cough; she was too weak to give any account of herself. The mother informed me that she was very young, but she had got four children and that she was six months gone with the fifth, and in the morning, between six and seven o'clock, a flooding had come on, and had continued a little ever since, but it did not alarm them, as there was no pain till about two hours ago, when she became faint, and they had not been able to keep life in her. I placed my hand over her abdomen, and found it greatly distended. I then made an examination per vaginam; there was no blood in the passage; the neck of the uterus was low down in the pelvis; the os uteri slightly dilated and very thin. I ruptured the membranes. This seemed to rouse the patient, and the uterus immediately began to contract, and the pains became very rapid, and in half an hour the child was born, but the size of the uterus was not much lessened; it had receded and was as buoyant as a balloon. By steady pressure by the hand, I got it down, and by this pressure the placenta was expelled without any other assistance, and with it an immense mass of coagulated blood, something the shape of the placenta, and quite as large. The woman, as might be expected, was frightfully exhausted, but by the kind care and attention of those about her, she is getting about without much medical treatment. There can be no doubt that this hæmorrhage proceeded from the vessels of the uterus itself, and it is the kind of internal uterine hæmorrhage that often proves fatal to the mother.

Bath, October 21, 1851.

## Hospital Reports.

CUMBERLAND INFIRMARY, CARLISLE.

### CASES

*Reported under the Terms proposed by the Association.*

BY CHIRURGS.

#### *Case of Hydrophobia treated by Chloroform.*

THERE is, perhaps, scarcely any disease to which the human frame is subject, more deserving of and more needing patient investigation and earnest inquiry, than hydrophobia; the peculiar nature of its symptoms, its rapid course, its uniformly fatal result, the inconstancy of the morbid appearances which attend it, are points in its history which are calculated immediately to chain the attention of all. Notwithstanding the diligent

investigation which able and distinguished men have at different times bestowed upon it, we are still completely in the dark as to its true pathology; almost all known remedies have signally failed in effecting a cure, and until the advance of physiological science shall have greatly extended our means of pathological research, we can only hope by empirically trying new remedies to have the good fortune to meet with one, if such there be, which may have the power of arresting the progress of this dreadful disease. Such being the case, it becomes a matter of great moment that every unsuccessful application of a new remedy should be immediately and faithfully recorded, that future experimenters may not waste valuable time in trying substances, the inefficiency of which has been already fairly proved. It is a feeling such as this which induces me to lay before the profession the following case, in which, I think, I may confidently assert, that the effect of chloroform, (which from its power of relaxing muscular spasm, carries with it a *prima facie* prospect of success), has been fairly put to the test. I shall reserve what observations I have to make upon the subject until I have detailed the circumstances of the case.

John James Graham, an intelligent healthy boy, aged three years and three months, was bitten on the 29th of January last by a dog, supposed to be rabid; at the time the accident happened, the child was playing with a companion in the road, in front of its own home; the dog flew at them, bit them both severely, and worried them. Upon examination of the little patient, it was ascertained that the apex of the nose was nearly detached; that there were three severe and extensive wounds on the side of the face, situated one beneath the other, one of which extended completely through the cheek into the mouth; that there was a deep wound beneath the right ear, laying bare and lacerating the masseter muscle; that the tragus of the same ear was also injured, and there was a deep punctured wound of the back of the right hand, besides some other abrasions of less moment. The extent of the injuries on the side of the head was such, that it was deemed impracticable to resort to excision, or the application of any cauterizing substance, as by so doing, the greater part of the side of the face must have been removed; long continued ablation, kept up for two or three hours, was therefore alone depended on; the lips of the wounds were brought together with strapping, and ordinary dressings applied, about five hours after the injuries had been inflicted; the same treatment was also adopted for the wound on the hand. The sores progressed well and rapidly, and the patient was discharged on the 11th of February, with all of them nearly healed. On the afternoon of Friday, Feb. 20th, the twenty-second day after the receipt of the injury, his mother first remarked that he did not appear in as good health as usual, his appetite was diminished, he became exceedingly restless, and was frequently observed to draw a deep sobbing breath; he spoke repeatedly of the dog which had bitten him, apparently with great perturbation; he slept badly that night, and the next morning became more fidgety, feverish, and anxious-looking. His bowels

being rather confined, and his tongue furred, his mother gave him some infusion of senna, which she had some difficulty in getting him to swallow. During a great part of the day he suffered from vomiting, recurring hourly. Saturday night his rest was even more disturbed than it had been the night previously, and on Sunday he gradually grew worse and worse. His mother gave him a purgative powder which she had obtained from a chemist, after this his bowels were freely opened, and they subsequently continued regular. Towards the evening the restlessness increased, he became very excitable and nervous, and remained awake, in the same condition, during the whole night. The symptoms now began to be more pronounced, the slightest movement annoyed him, and produced a sort of convulsion; he frequently started, as though frightened, and clung to those around him, hiding his head with manifest alarm. On Monday morning he was attacked with a more severe convulsion than he had had previously, and his mother reports that he attempted to bite those around him; this first led her to fear the real nature of the malady, and Mr. Page was sent for. He found that the child had the greatest difficulty in swallowing fluids; he could only be prevailed upon to attempt to take any by means of a teaspoon, which he guided to his mouth with his own hands, and each effort at deglutition was attended with a spasmodic gasping, and a sort of convulsive condition. At Mr. Page's recommendation, he was immediately brought to the Infirmary, into which he was admitted at about 12 o'clock, A.M., Monday, February 23rd. Soon after his arrival, he was offered some warm milk and water, his mother remarking that he always swallowed cold fluids with greater difficulty. After many ineffectual attempts, (during which he took up the spoon, but before he could convey it to his mouth, turned away with a convulsive shudder, and a peculiarly desponding expression,) he succeeded in swallowing a small quantity, without much apparent difficulty; after the first two or three mouthfuls, however, each attempt produced a convulsive gasp, and was made in a hurried alarmed manner. He was at this period, as he had been throughout his illness, perfectly sensible and conscious, his tongue clean and moist, his skin moderately perspiring; he complained of no pain in any part of his body, and the cicatrices of the sores, which had all completely healed, were looking healthy, and presented no unusual appearance; his eyes, at times, had a somewhat wandering aspect, his pupils were much dilated; he frequently started, as though frightened; his manner was extraordinarily anxious and excitable, he seemed totally unable to keep himself quiet, and there was a peculiarly hurried character about all his actions, which it is impossible to describe. In the course of the afternoon, the symptoms slightly diminished, he was able occasionally to take a few teaspoonfuls of broth and tea, and he also contrived to eat an egg, but towards nine, P.M., they recurred to as great, and greater an extent than previously, and Mr. Page determined to try the effect of chloroform, it was therefore immediately administered, and its action kept up for an hour; on allowing its

influence to subside, the symptoms returned, and it was evident the progress of the disease was unchecked, he was even more restless than formerly, and although at his own request some tea was offered him, he was totally unable to swallow it, or even to bring the spoon to his mouth, the effort to do so throwing him into a convulsion, his eyes almost starting from his head, and the spoon grasped firmly by both hands, being held out at arm's length before him. At eleven o'clock, the administration of the chloroform was resumed, and continued, with but little intermission, for eight hours. Whilst under its influence he remained perfectly quiet, breathing moderately, with his pulse full and regular, though rapid, 120 and upwards; on allowing its effects to pass off, however, even in a slight degree, violent spasmodic action of the muscles of the throat ensued, and laboured respiration, apparently from the accumulation of tenacious mucus in the air passages. At seven, A.M., on Tuesday morning, the administration of the anæsthetic was suspended; the child soon recovered consciousness, but was unable to articulate; each act of inspiration was attended with a convulsive spasm of the muscles of the throat, including the sterno-mastoides, and an extensively diffused mucous rattle; his countenance, from having been quiet and motionless, soon became anxious and troubled, he struggled and gasped for breath, his limbs were disturbed by convulsive starts, the teeth ground against each other at each inspiration, through spasm of the muscles of mastication, a quantity of tenacious mucus accumulated about the mouth and air passages, occasioning great uneasiness, and increased difficulty of respiration, and he died at length, thirty-five minutes after the chloroform had been laid aside.

It is to be regretted that a proper examination of the body could not be obtained; it was with the greatest reluctance that permission was even granted to examine the brain, which was found altogether in a normal condition, and presenting no evidence of inflammation, either local or general.

It does not consist with my present purpose to enter into any lengthened consideration of the many interesting points which this subject embraces, but I cannot refrain from making some remarks, which the circumstances of the above case suggest. I need scarcely observe, that it affords a manifest proof of the absurdity of the opinion, which has been maintained, even by sensible men, that no such disease as hydrophobia exists; that the many cases which have been, at different times, reported, were purely cases of a highly-excited imagination, acting upon nervous and irritable subjects. No one surely will be bold enough to attribute the symptoms, in the present instance, to such a cause; apart from all other arguments, the age of the child must, I think, convey to the unprejudiced mind, a conviction of the reality of the affection. I am induced, however, to allude to this erroneous notion, on account of the injurious influence which it exerts, especially when emanating from professional men, upon society at large, and its tendency to lull into dangerous security those who have been bitten by a rabid animal, and are thus



open to the danger of becoming the victims of this terrible disorder.

Another interesting question which arises is, as to the propriety of performing excision when the extent of surface implicated is very great, and the tissues and parts affected important. When we consider that but a comparatively small number of the persons bitten by a mad dog are ever affected with this disease, it becomes a delicate question to determine whether, when the original wounds are themselves extensive and severe, we are justified in subjecting a patient to what must be then looked upon as a very serious operation, to ward off a calamity which may never occur. However, on the other hand, we must bear in mind, that over the disease itself we have no control, should it supervene; the patient will inevitably die. And we should also remember, that the only efficacious means of prevention we possess, are excision and free cauterization.

As to the abstract propriety of resorting to excision in the treatment of wounds inflicted by a rabid animal, but little difference of opinion exists, I imagine, amongst the members of the medical profession; still cases ~~must~~, and no doubt often do occur, in which it becomes exceedingly difficult, and even dangerous, to carry this principle into practice. A humane surgeon will naturally, and very properly, shrink from carrying the mutilation of a fellow-creature's person beyond what the stern rules of necessity imperatively demand. For my own part, however, my horror of hydrophobia is such that I should feel inclined to stretch surgical interference to its furthest limit; and I would especially resort to excision, if by any means practicable, in cases where the bites had been received on exposed surfaces, as the hands and face, because there would then be no probability that the saliva, which is now pretty generally acknowledged to be the seat of the poison, could have been previously removed from the animal's teeth at the time of inflicting the injury, which circumstance might, and no doubt often *does*, take place, when persons are bitten through their clothes.

It is worthy of observation, that the administration of chloroform, though I believe it must entirely be thrown aside as a curative agent, does afford manifest relief to the patient's sufferings. There cannot any longer be a question but that it fails to exercise the slightest influence on the progress of the disease. Its course remains as rapid and uniform, and its termination as certain. Should all other means, however, fail, it will ever undoubtedly be a matter of rejoicing to medical men, that they still have it in their power to mitigate, in some degree, the heart-rending sufferings which the miserable victims of this fearful malady are fated to endure. It is scarcely necessary for me to observe, that great care is required in the administration of the anæsthetic; the action kept up must be moderate, and but just sufficient to maintain the patient in a state of tranquillity. If properly managed, experience has fully proved that there is not the slightest danger attending the inhalation of the vapour, it is only requisite that the respiration and the pulse should be carefully attended

to, and as long as they continue unaffected no danger need be apprehended.

I will only further remark, that there is yet one method of treatment left untried, I allude to the employment of the wourali poison, artificial respiration being maintained until the effects of the preparation have passed away. The use of this material was long ago proposed by the gentleman whose indomitable energy and perseverance has alone obtained it, Charles Waterton, Esq., of Walton Hall, Yorkshire; he has never yet, however, had an opportunity of putting his proposal to the test. His interesting experiments upon animals, which were published in the *British and Foreign Medical Review* of 1839, are well known to the profession, and it is worthy of remark that it is there mentioned, that this treatment was resorted to, with success, upon a horse affected with tetanus, a disease in some degree allied to the one at present under consideration. Many, no doubt, would object to this plan of treatment, on account of the risks which must necessarily be incurred, the experiment of restoring animation by artificial respiration, under such circumstances, never yet having been tried upon the human frame, but when we have to attempt to combat the effects of so frightful a disease, which is acknowledged to be incurable, I believe we are justified in resorting to any means which afford *some* rational prospect of success, even though there be much attendant danger.

## LEICESTER INFIRMARY.

### CASES

*Reported under the terms proposed by the Association.*

By DR. JOHN BARCLAY.

#### *Case of Internal Strangulation of the Small Intestine; Recovery.*

JOHN PALMER, aged 24, shoemaker, residing in Leicester, married, bilious temperament, and highly hypochondriacal. Has suffered previously from dyspepsia and diarrhoea. Admitted as of emergency November 13th. He states that he was at the theatre on the 10th instant, and was crushed while leaning with the upper part of the abdomen on the front rail of the gallery for about twenty minutes, when he felt sick and went out and vomited, and has had no stool since. On the 11th there was pain about the head of the colon. Simple purgatives were administered; and on the 12th ten leeches were applied to the chest.

November 12th, A.M.—Face anxious; much depressed; pulse rapid; anorexia; tongue foul and moist; no stool for three days; urine scanty, not high coloured; only general uneasiness in the abdomen.—R. Hydrarg. Chlor., gr. x.; Pulv. Opii., gr. ij. Statim injiciatur enema terebinth. App. abdom. emp. sinap.

Half-past 10 P.M.—Was sick after the powder, and several times during the day. Injection returned

untinged.—R. Acid. Hydrocy., m. ij.; Aq., oz. iss.—R. Hydrarg. Chlor., gr. ij.; Pulv. Opil., gr. ss.

14th, 7 A.M.—No relief.—R. Hydrarg. Chlor., gr. v.; Aloet., gr. ij. This was immediately rejected.

11 A.M.—Tongue brown and dry; much thirst; pulse 120; Abdomen full, not tense, and soft; a little pain on deep pressure, about four inches to the right of the umbilicus; vomiting recurring about every half hour, and has now a stercoraceous odour. To have a warm bath, 98°, and remain in it till faint, and then a large terebinth enema, and twelve leeches to the painful spot.

10 P.M.—The surgeon reported that there was no hernia. The pain removed by the leeches. The warm bath produced faintness; but the glyster returned with no trace of fecal matter. Urine sufficient and natural.

15th, 11 A.M.—A restless night; constant vomiting of stercoraceous fluid. To have an injection of as much warm water as can possibly be thrown up.

Half-past 10 P.M.—Nearly a gallon of warm water has been twice thrown up into the bowels. It was so long retained that it was doomed advisable to try to stimulate the intestines to act by—R. Ol. Croc., gtt. ij., in a pill.

16th, 11 A.M.—The croton oil was vomited, and there has been no stool; tongue brown and moist; much restlessness; a little delirium; abdomen rather tympanitic, but no pain anywhere on pressure.—R. Ol. Tereb., dr. vj.; Creasoti, gtt. ij. Fiat haust statim sumend. A turpentine stupe to the abdomen.

10 P.M.—No relief. The draught was rejected. The stercoraceous vomiting occurs at intervals of a few minutes. Pulse 120, and feeble. Urine natural.

17th, half-past 10 A.M.—Rested badly, vomiting most of the night; the pulse quick, and not so feeble; not much distension, but a little pain to the left of the umbilicus. To have an injection of two pints of warm olive oil. The practicability of an operation having been suggested by his friends, and strongly urged by himself, it became the subject of conversation with my colleagues, and a consultation was held in the afternoon. This I was, unfortunately, unable to attend; but it was unanimously decided not to entertain the idea, chiefly on account of the failing of the pulse and state of collapse, which the thought of an operation and the removal to another ward had combined to produce. It was also decided that the use of tobacco was contraindicated.

17th, 11 P.M.—Much worse; pulse 100, and feeble; vomiting horribly offensive; and hiccough set in, which was very distressing. Inclined to be drowsy. Two grains of opium to be given if necessary.

18th, 10 A.M.—Has slept a little without the opium, otherwise in *statu quo*. Hiccough and vomiting continue; urine natural. The pulse so much stronger, and the abdomen, though full, so soft and free from pain, that another consultation of all the medical officers was called at half-past two P.M.

Half-past 2 P.M.—At that hour we found him suffering dreadfully from the hiccough and vomiting, the latter to the amount of a quart at a time, of thin fecal matter; skin cold; pulse 100, feeble. The abdo-

men still soft, and no pain or uneasiness anywhere on pressure. The total want of any guide to the seat of the strangulation, the possibility of their being a hernia through the diaphragm, and the extreme hazard of the only operation which could have been attempted, viz., to open the abdomen to the extent of three inches, about the head of the colon, and pass the whole of the small intestines through the fingers, and the failing feeble pulse and cold skin, led to the unanimous resolution that no operation was justifiable, however much urged by the patient himself. He was considered to be sinking, and my surgical colleague and myself went to his bed-side to communicate the sad intelligence to him—that there was no hope of his recovery. Just at that moment the nurse heard a gurgle, threw down the bed-clothes, and found that a small quantity of liquid feces had passed. He was then ordered Tinct. Opil., m. x., every hour, on a little sugar, and an enema, with Chloric. Ether, dr. iss., immediately.

11 P.M.—Very quiet. The vomiting continued till six P.M., everything being immediately rejected. Since then quieter; skin hot; pulse 100, stronger; abdomen soft. Two stools after the injection, which were carefully examined, and contained no membrane of any kind. Omit. omnia.

19th, 10 A.M.—Better; pulse 96, stronger; hiccough still distressing; another stool, liquid, and containing no membrane, this morning. R. Acid. Hydroc., m. ij., Aq. oz. j., singulis horis; and a blister to be raised over the stomach with the acetum cantharidis.

4 P.M.—Going on well. The hiccough stopped as soon as the blister rose. Omit. haust.

20th.—Going on well; tongue still dry. R. Ol. Ricini, oz. ss.; Tinct. Opil., m. v., statim. This acted well. On the 23rd he had a formed stool, and on the 30th he was discharged cured.

REMARKS.—The desire to save a fellow-creature from what seemed inevitable destruction by a most horrible death, caused me to entertain the idea of an operation when urged by the patient himself. The result, so unexpected—so happy, only teaches us how unlimited are Nature's own resources, and the case leads me to the conclusion that interference by art can hardly be justified, under any circumstances, before peritonitis has set in, where there is a chance of relief, as in this instance, almost at the last hour, when every hope was relinquished, while after inflammation of the peritoneum has commenced, probably no one would think of suggesting any operation.

## Provincial Medical & Surgical Journal.

WEDNESDAY, MARCH 31, 1852.

AN action at law has recently taken place at Wolverhampton, which distinctly settles the question as to the supposed impunity with which some nefarious traders palm off their

nostrums under the guise of prescriptions by eminent members of the faculty.

The action alluded to (BAKER v. LANGMAN) was laid for the recovery of two shillings and ninepence, which was the sum paid for a box of pills, purporting to be "Concentrated Cod-liver Oil" Pills, prepared under the direction of Sir J. Murray," but which were neither the prescription of that physician, nor did they contain a drop of the oil referred to. The plaintiff being deceived by this impudent forgery soon sought reparation for the fraud which had been practised upon him. Sir JAMES MURRAY himself appeared as a witness, and indignantly repudiated any connection with the nostrum, the result being that the defendant had an adverse verdict returned with costs.

Sir JAMES MURRAY deserves the esteem of the profession for the manly way in which he has vindicated not only his own reputation, but, *pro tanto*, the character of the profession at large; and for having the courage, while the result was still uncertain, to show that the name of a medical practitioner cannot, with impunity, be hawked about by any druggist or quack who may venture upon the forged authority of a distinguished name, to play upon the credulity of a physic-loving public. The decision is as important as it is just, and will, we trust, stimulate others whose names are similarly desecrated to ensure their disconnection from the "pills," "lozenges," and "wafers," which are to be met with in the columns of every newspaper. Hitherto some excuse has been found in the uncertainty of the issue, for the apparent apathy with which this disgraceful appropriation of their names has been regarded by men who may justly feel proud of their high professional position; but the way being now made clear, we may reasonably look for similar actions in other quarters, a few of which will effectually put a stop to a crying evil.

## Reviews.

*On the Natural History, Physiological Actions, and Therapeutical Uses of Colchicum Autumnale, &c.*

By J. McGRIGOR MACLAGAN, M.D., Edin. Edinburgh: Sutherland and Knox. 1852.

FROM the importance of colchicum in the several affections depending upon the gouty and rheumatic diathesis, and the very indefinite notions

which prevail respecting its *modus operandi*, in the former disease more particularly, not only among the public, but among professional men also, a truly scientific investigation like the present must be considered an acceptable addition to pharmacological literature. Without following the author too closely in the separate steps of his inquiry, we may state in general terms that he has endeavoured to give a correct account of the growth and mode of development of the colchicum bulbs, pointing out the middle of July as the period at which their medicinal qualities are most conspicuous, and therefore the most appropriate for its pharmaceutical preparation. In his chemical researches he shows that the plant possesses two active principles,—one, *veratria*, as has been stated by Pelletier; the other, a more equivocally crystalline substance, called by Hesse and Geiger *colchicia*. The author has entered minutely into the physiological action of the drug; and attention is specially directed to its effects upon the urinary secretion. The concluding portion of the paper is devoted to the therapeutical actions of the medicine, as a diuretic, a sedative, and a renal alterative in gout and rheumatism. In these latter diseases the author attributes the benefit of the drug to the power it has of increasing the elimination of urea and uric acid from the blood, the reality of which power he demonstrates by several analyses of urine previous and subsequent to its exhibition.

Among other diseases in which colchicum has been used with advantage, are some skin diseases, as urticaria and prurigo; affections of the genito-urinary system; also in tetanus and cholera. A fact of great value, if borne out by experience, is the power of colchicum in restoring the urinary secretion in cases of suppression, and this is the basis of its exhibition in cholera. From its decided action in dropsy following scarlatina the author throws out the suggestion that colchicum might prove serviceable in the treatment of morbus Brightii, more especially in those cases in which coma is threatened from retention of urea in the blood; in such the author expresses his confident conviction that it will prove of eminent service.

We may mention that this elaborate paper is accompanied by a lithograph plate, illustrating the different phases in the growth of the plant.

*Lectures on the Diseases of Infancy and Childhood.*

By CHARLES WEST, M.D., Fellow of the Royal College of Physicians, Physician to the Hospital for Sick Children, &c. Second Edition, enlarged. London: Longmans and Co.

THE rapid exhaustion of the first edition of Dr. West's valuable lectures affords the strongest proof that, although several excellent monographs on the subject existed, a work was still wanted, which in point of science should place the diseases of infancy on a par with those of adult age. It had long been too much the custom, in this country more particularly, to regard the ailments of young children, either as so simple and manageable as to require no separate study, or, on the other hand, from the difficulties contingent upon the age, so unintelligible as to offer little recompense for that diligent investigation which in other departments of pathology has been followed by such distinguished results. The author of the present treatise has done more than any other to undeceive the profession in both these respects; to show, on the one hand, that the most extended acquaintance with the diseases of adult age will not, in itself, suffice for the successful management of infantile maladies, and, on the other, that by according to these latter the same amount of scientific labour, the practitioner will be rewarded by an equivalent of success which, on a more superficial view, he was not prepared to expect.

We have little doubt that the majority of our readers are well acquainted with Dr. West's admirable lectures, either as they appeared in their original form, or in that of the first edition. As a separate publication, we need, therefore, only remark, that in the present volume the whole work has been carefully revised, and additions, chiefly cases, have been made, to the amount of fifty pages. It is now the most complete treatise on infantile diseases in any language, and we would earnestly advise those who do not possess it, to lose no time in adding it to their library.

## Proceedings of Societies.

### SOUTH-WALES BRANCH.

At a preliminary meeting of the profession, held at the house of James French, Esq., Neath, on Wednesday, March 10th, 1852, present,—Geo. G. Bird,

M.D., T. A. Essery, Esq., Swansea; T. J. Dyke, Esq., J. Russell, Esq., Merthyr; James Lewis, Esq., Edward Evans, Esq., Cardiff; James Lewis, M.D., Maesteg; H. L. Pritchard, Esq., Tir Caradoc, Taibach; W. Pritchard, Esq., Bridgend; W. G. Jones, Esq., James French, Esq., Neath; J. G. Hall, Esq., W. Rowland, Esq., W. Harris Long, Esq., and W. H. Michael, Esq., Swansea,

It was moved by J. FRENCH, Esq., seconded by H. PRITCHARD, Esq., and resolved,—

“That Dr. Bird take the chair, and preside over the meeting.”

The Chairman having brought before the meeting the correspondence which had taken place on the subject, and made a statement as to the objects and advantages of such an Association,

It was moved by E. EVANS, Esq., seconded by H. PRITCHARD, Esq., and resolved,—

“That it being in the opinion of this meeting desirable to form a MONMOUTHSHIRE and SOUTH WALES BRANCH of the PROVINCIAL MEDICAL and SURGICAL ASSOCIATION, a meeting be held at Swansea, on Wednesday, August the 25th, to take such steps as may be deemed necessary for the attainment of the object. That G. G. Bird, Esq., M.D., be this day elected Provisional President, and that he be desired to preside at such meeting, and also to read an address on the occasion.”

Moved by T. J. DYKE, Esq., seconded by W. JONES, Esq., and resolved,—

“That a General Committee be this day appointed, consisting of the following gentlemen, to carry out the resolutions of this meeting, and that W. H. Michael, Esq., be elected Honorary Secretary, *pro tem*:—

“List of Committee.—W. Rowland, Esq., W. H. Long, Esq., T. A. Essery, Esq., J. G. Hall, Esq., Swansea; J. L. White, Esq., Dowlais; James French, Esq., Wm. Jones, Esq., Neath; Dr. Vachell, E. Evans, Esq., Cardiff; J. Russell, Esq., T. J. Dyke, Esq., Merthyr; J. Brewer, Esq., R. F. Wollett, Esq., Newport; Dr. Morris, Thomas King, Esq., Chepstow; E. Y. Steele, Esq., F. C. Batt, Esq., Abergavenny; Dr. Price, S. Wilson, Esq., Monmouth; Nathaniel Coates, Esq., Tredegar; James Essex, Esq., Pontypool; Dr. H. Lucas, Crickhowell; Dr. Prest. Lucas, Brecon; — Thomas, Esq., Llangattock; Dr. Lawrence, J. Rowland, Esq., Carmarthen; Dr. Prothero, Llandilo; Benjamin Thomas, Llanelly; H. Pritchard, Esq., Aberafon; W. Pritchard, Esq., Bridgend; Dr. Lewis, Maesteg; Dr. Silvester, Cowbridge.

Moved by W. ROWLAND, Esq., seconded by W. PRITCHARD, Esq., and resolved,—

“That the gentlemen now present having enrolled their names this day as Members of the Monmouthshire and South-Wales Branch of the Provincial Medical and Surgical Association, they, together with the Committee, be requested to obtain further signatures.”

Moved by W. H. LONG, Esq., seconded by J. RUSSELL, Esq., and resolved,—

“That the President and Committee be requested to make such arrangements as may be necessary for holding the first meeting of the Association at Swansea.”

Moved by J. LEWIS, Esq., seconded by T. A. ESSERY, Esq., and resolved,—

"That the best thanks of this meeting be given to Sir Charles Hastings, of Worcester, for his kindly-expressed willingness to be present (if in his power) at the first meeting of the Association, and that a cordial invitation be sent him in the names of the President and Committee."

Moved by W. ROWLAND, Esq., seconded by J. FRENCH, Esq., and resolved,—

"That each member of the Branch be entitled to invite (at his own expense) a friend to the dinner of the Association, giving notice thereof to the Committee a fortnight before the day fixed (August 25th); and that the Committee be authorised to invite persons of distinction, both in and out of the profession, at their discretion."

Moved by J. FRENCH, Esq., seconded by J. RUSSELL, Esq., and resolved,—

"That it is highly desirable and important to incorporate a Medico-Ethical Society, in connection with, and as part of this Branch; and that the gentlemen present do form this Committee, with power to add to their number; and that they be requested to bring up a report, together with rules and regulations, for the said Society, for the consideration and approval of the first general meeting of this Branch Association."

(Signed.) GEO. GWYNNE BIRD, M.D.,  
Chairman.

Dr. BIRD having left the chair,—

It was moved by J. LEWIS, Esq., seconded by H. PRITCHARD, Esq., and carried by acclamation,—

"That the best thanks of this meeting be given to Dr. BIRD for presiding on this occasion, and for the trouble he has taken in arranging the preliminaries of this meeting."

W. H. MICHAEL,  
Honorary Secretary, *pro tem.*

## BIRMINGHAM PATHOLOGICAL SOCIETY.

NOVEMBER 6, 1851.

T. W. WILLIAMS, ESQ., IN THE CHAIR.

*Nearly complete destruction, by Necrosis, of one Temporal Bone, with the Nerves connected with it; Sloughing of the Dura Mater; a Sloughing Channel through the side of the Brain into the Lateral Ventricle; destruction of the Septum Lucidum.*—By Dr. RUSSELL.

MRS. PEYTON, aged 66, married; a nurse. August 10, 1851. The history she gave me is as follows:—About seven or eight months ago she was first attacked with pain in her right ear, and about the same time the parts in front of the ear swelled considerably. She attributed it to exposure to cold. About a fortnight after the pain attacked her, she struck her ear against a bracket, and in a day or two "the gathering burst," and a good deal of discharge flowed from the ear. Neither the discharge nor the pain has ever ceased

since; the discharge has never intermitted for more than a day or two, and its temporary cessation always greatly aggravated the pain; it was very fetid; sometimes half a table spoonful of pure blood would flow from the ear, or a quantity of blood and water. About a fortnight before I saw her, a piece of bone came away "like the mallet bone." The pain has continued very severe; it commenced over the root of the zygoma, in front of the ear, and radiated over the side of the head, as far as the coronal suture, and across the whole occipital region; in the latter part it has always been especially bad; she often sat for hours pressing her head between her hands. On March 30, (Mid-Lent Sunday), whilst on a visit to her daughter, she first noticed some paralysis of the right side of the face, and this paralysis has since increased. She has never had discharge from her ear before; though I learnt that she was for a long time in the habit of picking her ear with a pin, but not from any uneasy sensation there that I could learn. Her family is free from consumption, and there is no sign of syphilis in her history. At my visit I found her a well made woman, one who had been of full habit. The right side of her face was paralyzed; the muscles supplied by the portio dura had nearly lost all power, though she could partially close the right eye, and quite shut it during sleep. The mouth was a little drawn to the left, but when pursed up the left side only moved. The buccinator also was paralyzed, but not perfectly, as food did not collect in the cheek; the cheek, however, hung loosely, and flapped in her talking. Mastication was impaired; she could only eat sopped food; how far this interference was due to loss of muscular power in the pterygoids and other muscles, I could not say, on account of the disease around the maxillary joint. The tongue was protruded in a right line; its right half was quite insensible; the left half quite sensitive. The other parts supplied by the sentient branches of the fifth retained their sensibility unimpaired. The senses were perfect, excepting that hearing was destroyed in the right ear. The pupils were natural. There was no sign of paralysis elsewhere. Speech was a good deal affected by the facial paralysis. There was a soft diffused swelling in front of the right ear, over the root of the zygoma; it was not particularly tender, and did not fluctuate. The tragus and the auditory cartilage were both exceedingly thickened and excoriated, and there was a constant sanious fetid discharge from the ear.

At my two first visits she was in a state of mania, pushing away her friends with violence and uttering loud complaints. She had these fits for three days only. Her hands and arms were tremulous from having worked at gilding years ago. I referred the mania to constant intense pain, which had deprived her of rest entirely. Her pulse was feeble, her surface chilly. R. Morph. Mur., gr.  $\frac{1}{2}$  dolor urgent.—R. Mist. Am. Camph c  $\mathcal{A}$ there.

September 2nd.—Mr. Bindley, who kindly gave me much assistance in the case, succeeded to day in passing a probe through the cartilage of the meatus in front; the instrument passed freely under the skin covering

the root of the zygoma in all directions; he accordingly cut down upon the point of the probe, and having then pushed it through the incision, found that it went very deeply down, and that he could detect bare bone. A day or two before a small piece of bone had been passed at the meatus auditorius.

October 6th.—She died this evening. No relief of consequence followed the incision; pus of a sanious character flowed pretty freely through it, and at times she described a very large watery discharge. Her physical powers became impaired by constant suffering, but she had no return of mania, until the last fortnight, when she was delirious at night, and her memory became confused. Her bodily powers, however, remained unaffected; she was sitting up the day before she died. The pain continued with very great severity and unintermitting constancy; it radiated all over her head. She took half a grain of morphine three times in twenty-four hours, but found only temporary relief; much relief, however, was experienced from rubbing over the seat of pain an ointment of extract of belladonna and Ung. Ceræ Flavæ of each equal parts. The facial paralysis became complete; the buccinator was also quite paralyzed, food collected in the cheek, and saliva often dribbled from the corner of the mouth. The conjunctiva of the right eye became oedematous and congested from constant exposure, but the paralysis never showed any disposition to extend beyond its former limits. She was sensible to within a few hours of death, when she seems to have become heavy and stupid, tending to a state of coma. The treatment was of course only palliative.

*Secio-Cadaveris forty hours after death.*—Present, Mr. Brindley, Mr. Carter, and myself. Head alone examined. On the right side of the head the integuments and the entire external ear were quite unattached to the bone; the sides of the interspace were foul and sloughy, and emitted a most foetid stench; the sloughy cavity extended to the base of the skull, and as far back as the mastoid process. The entire squamous portion of the temporal bone was destroyed, except a small portion of the upper part, and the destructive process had encroached upon the mastoid process, laying open the mastoid cells. The petrous portion of the bone was also destroyed, only a few fragments of bone, and shell attached to the basilar process of occipital bone, remaining. A wide irregular opening was thus formed into the interior of the skull, and a wide sloughy cavity at the base of the skull, extending inwards to the parts upon the vertebral column. The sides of this cavity were covered with sloughy granulations, and were formed by the remains of the soft parts around. We noticed all that remained of the facial nerve, passing across the upper part of this cavity, exposed but uninjured; it was the portion contained in the aqueduct of Fallopius, exposed by destruction of the bone; it terminated at either extremity in a mass of granulations. The carotid artery was not affected, though its bony sheath was gone; it was enveloped in a covering of very dense granulations. The dura mater adhered to the bone nearly to the edge of the large opening, where,

exposed by destruction of bone, its outer surface was sloughy. It was perforated by an opening the size of a crown piece, the edges of which were in a state of slough, and from them sprung spongy pale granulations. The dura mater seemed to have resisted the extension of the disease. Its tissue was healthy and glistening internally within a short distance of the sloughy opening. The orifice of the internal auditory meatus remained, though unattached to any bone, and without a vestige of the portio mollis. The lateral sinus, where lying on the mastoid portion of the temporal bone, was quite plugged with fibrin of a dirty colour, firmly adherent; it did not contain pus. By this clot the closure of the vessel in the lacerated foramen was complete. The eighth pair entered the lacerated foramen as usual; but on the under surface there were no vestiges either of the jugular vein or of the nerves. The fifth pair was entire within the skull, but enclosed in much thickening of the dura mater, which would, probably, have exerted considerable pressure on the nerves. Beyond this the nerves were not dissected; under the circumstances it was impossible to do so. *Brain*.—From the opening in the dura mater a sloughy, irregular passage led through the substance of the brain into the right lateral ventricle, which was half full of sloughy debris of cerebral tissue, and contained a small quantity of a thin purulent fluid at the lowest point of its posterior corner. The left ventricle was almost as full of debris as the right; apparently a communication between the two cavities had been effected by the breaking down of the septum lucidum. With the exception of the neighbourhood of the sloughy passage in the right hemisphere, where the substance of the brain was softened, and infiltrated with foul pus, and of the septum lucidum, the entire brain was healthy. The surface of the right corpus striatum had become implicated, but the destructive process had not penetrated to any depth. The arachnoid and pia mater were generally healthy. There was about two drachms of thin purulent fluid at the base of the brain.

It is not clear, from the history, whether the disease originated in the ear, or external to it; the evidence, as far as it goes, is strongly in favour of an origin external to the ear. The statement of the patient was distinct, that the pain and the swelling in the front of the ear were nearly contemporaneous, and that she never had suffered from discharge from the ear; at the same time all analogy would lead us to refer the starting point of the mischief to the internal ear. The pain, so much referred to the ramifications of the fifth pair, and to their inosculation with the cervical plexus, might have been occasioned by pressure exerted by the thickened tissue around the gasserian ganglion and neighbouring portion of the nerve, but in this respect our dissection is imperfect. The absence of more general symptoms with so much cerebral disease, must be referred, in part, to the great ganglia of the brain remaining intact, in part to the gradual nature of the change. At our Pathological Society lately we had a case in which, with *red ramollissement* of a smaller

portion of brain than was implicated here, the patient died apoplectic. So much more does the effect of disease of the brain upon the structures of the organ depend upon the nature of the process by which the change is effected, than upon the extent of tissue enveloped.

The absence of all apparent symptoms, with destruction of the pneumogastric nerve, is a good comment on the like results of Dr. Reid's experiments on dogs.

*Diseased Tibia; Sequestrum.*—By Mr. MOORE.

This specimen was obtained from a leg amputated by Professor Knowles at the Queen's Hospital. There were numerous openings leading to dead bone along the whole anterior part of the leg. The ankle-joint was also implicated, rendering any operation for the removal of the sequestrum alone desirable. The preparation shows the sequestrum contained in a partially bony shell, and apparently consisting of the whole anterior part of the tibia; and its smooth and polished appearance where opposite the cloacæ contrasts strongly with the rough deposits forming its shell. The disease seems to have had its origin in an attack of erysipelas two years back.

*Hypertrophy of the Tibia.*—By Mr. MOORE.

This patient dated the commencement of his disease to a sprain received eight or nine years back. Since that time he had never been able to use his leg, which had gradually attained the following condition. The tibia was found much thickened and enlarged, while the muscles, probably from disuse, were atrophied. There was very little motion of the ankle. There was no sore on the leg, but the integument was shining, reddened, and appeared stretched. He complained of but little pain. The leg was amputated by Professor Parker, and the tibia after being freed from the muscles, &c., was found to be nearly double the size and weight of the healthy state.

*Encysted Tumour.*—By Mr. MOORE.

This cyst was removed from rather an unusual place for such growths, viz., about one inch and a half external to the anus on the left side. The tumour has nothing remarkable in itself; the cyst was filled with a glairy fluid which, under the microscope, contained some ill-formed bodies, somewhat resembling pus globules. The size of the tumour was that of a small orange.

*Steatomatous Tumour of the Scalp.*—By Mr. MOORE.

This tumour was removed from beneath the scalp; it was attached to the periosteum, but whether it had its origin from that structure may be questioned. It is filled with a cheesy material and was alone in its growth.

*Scrofulous Caries of the Os Calcis.*—By Mr. MOORE.

This specimen was obtained after death from the body of the patient, who died phthisical. There were several openings leading to carious bone about the posterior and outer surface of the os calcis. The illness,

which proved fatal, seemed to have its origin from cold, congestion of the lungs taking place followed by rapid deposition of tubercular matter, as after death (which happened in about a month,) those organs were found stuffed with such material. There is no implication of the ankle joint, the disease being limited to the bony structure.

*Chronic Inflammation of the Substance of the whole of the Lungs, producing General Extreme Condensation; Secondary Disease of the Heart: Dilatation, without Hypertrophy; Death from Cardiac Symptoms.*—By Dr. RUSSELL.

Samuel Orbell, aged 36, a carpenter. He came under my care as a patient of the Dispensary some time in last May; I, however, do not remember anything of his case, but find it entered, by myself as one of *chronic bronchitis*. He subsequently grew worse, and I did not see him for some time; he was supposed to be dying, but revived wonderfully, and in consequence, Mr. Welch requested me to visit him. I kept no notes of his case. I found that anasarca had come on in the lower extremities, rather suddenly, about five weeks before my attendance began, and had increased rapidly. I found him in bed, unable to lie down from a tickling cough, with only a *scanty expectoration* of mucus. His lower extremities were extremely anasarcoous, and also the integuments of the abdomen. There was no ascites. I found extended cardiac dullness, with feeble impulse, and a dull systolic bellows-sound at the apex of the heart, but the results of my examination of the lungs I do not remember. His face was rather livid. He was not much emaciated, and his appetite continued good. His urine scanty, not albuminous. He has been a very intemperate man, drinking chiefly of ale. In his business he has been much exposed to cold and wet. He has had chest-symptoms for above two years, chiefly a cough, *without much expectoration*; he does not seem to have suffered much from pain in his chest. He never lay by until his last illness, when he came to me; nor had he had anasarca or oedema before.

In the further progress of his case I tried diuretics; then elaterium, alone, with opium, and with calomel, but it did not suit him, always producing violent vomiting. Pulv. Jalep. Co. was quite ineffectual. The very watery stools, however, which were obtained, reduced the dropsical effusion. His cough continued very troublesome and he could never lie down; the constant blueness of the face, which varied, but never left him, prevented my using opiates. The expectoration increased a little. His appetite kept up surprisingly, until within a week of his death. At times during the last three weeks he was violently maniacal, and tried to destroy himself by jumping out of the window or by hanging.

*Section-cadaveris sixty hours after death.*—The face exceedingly bloated, livid, and loaded with blood, which oozed from the ears and nose; upper extremities also much loaded; decomposition far advanced, although the weather was cold; subcutaneous cellular tissue very cedematous. *Chest:* Lungs both very adherent, the

left universally so; and partially withdrawn from the heart; the apices of both, of the left in particular, were closely united to the chest, and capped by dense false membrane. Both lungs presented the same condition, their tissue crepitated nowhere, it was everywhere extremely tough and firm, and could scarcely be torn. It was of a dull leaden colour throughout, the interlobular divisions being very distinct, though the connecting division was not thickened at all; the lobules were not in the least contracted; the bronchial tubes not dilated; their sides much hypertrophied; the muscular fibres of the primary and larger bronchi were remarkably developed; I never saw them so distinctly; not a *particle of mucus* was met with in the bronchial tubes of either lung. Heart twice its usual size, very flabby; its cavities much dilated, but its walls not proportionally hypertrophied; the lining membrane deeply strained throughout; valves healthy; the large vessels were much loaded with fluid blood; the heart also was very full of fluid blood, but it was emptied before the cavities were opened. Abdominal organs congested, otherwise all healthy. The lungs scarcely floated in water; a slice from one of them sunk.

In the *post-mortem* appearances of this case I attach considerable importance to the cough never having been attended by much expectoration, and to the absence of mucus from the bronchial tubes when laid open, in relation to the state of the lungs revealed by dissection. This symptom indicates that the disease did not reside in the mucous membrane of the bronchial tubes, and the *post-mortem* showed evidence of some consolidating process involving the whole proper tissue of both lungs; whilst the pleuritic adhesions evidenced the pre-existence of inflammation, which the consolidated state of the lung confirms. I suspect the disease to have lain in the pulmonary tissue, and not in the tubes. In this respect it differed from chronic bronchitis; it differs also from cirrhosis of the lungs in not implicating the fibrous element. I believe the disease to have consisted in a process of low inflammation, perhaps of the character of pneumonia notha. Its affecting the entire of both lungs is remarkable, and independently of the history, proves the process to have been slow, and not to have resulted from any acute attack, unless, originally, from bronchitis. The hypertrophy of the tubes, and the development of their muscular fibres are remarkable.

I have notes of a case in all respects similar to this, in which the moving cause would appear to have been the presence of flour in the air. In this latter case some emphysema was superadded, and probably from that circumstance, the lungs floated fully. The cardiac symptoms were less prominent, obviously because the dilatation was accompanied by hypertrophy; hence the pulmonary symptoms had time to produce their full effect on the system, and death took place precisely as from phthisis. In Orbell's case, on the contrary, the patient died of the secondary cardiac disease. In two other cases the pulmonary tissue was in the same state, but combined with large vomice and miliary tubercles.

#### *Larynx of a Girl who died from Choking.*—By Mr. HILL.

A large bolus of masticated food, tightly wedged down, filled the pharynx and the opening of the larynx, being driven down into the latter so as to protrude through the rima, the epiglottis was pressed forward against the base of the tongue, leaving the glottis open.

## General Retrospect.

### ANATOMY AND PHYSIOLOGY.

#### *On the Physiological Origin of the Blood Globule.*

Dr. Bennett sums up a valuable paper on the function of the spleen and lymphatic glands, with the following conclusions respecting the genesis of the blood globule:—

1. The blood globules of the vertebrate animals are originally formed in the lymphatic glandular system, and the majority, on joining the circulation, become coloured in a manner hitherto unexplained. Hence the blood may be considered as a secretion from the lymphatic glands.

2. In mammalia the lymphatic system is composed of the spleen, thymus, thyroid, supra-renal, pituitary, pineal, and lymphatic glands.

3. In fishes, reptiles, and birds, the coloured corpuscles are nucleated cells, originating in these glands, but in mammalia they are free nuclei, sometimes derived as such from the glands, at others developed within colourless cells.

4. In certain hypertrophies of the lymphatic glands these cell elements are multiplied to an unusual extent, and finding their way into the blood, constitute a diseased condition—leucocythemia.

5. The solution of blood-corpuscles, conjoined to effete matter, not converted into albumen, constitutes blood-fibrin.—*Monthly Journal of Medical Science*, March, 1852.

### SURGERY.

#### *Excision of the Head of the Femur.*—By Mr. STANLEY.

This case occurred in the person of a little girl, ten years old, who had been suffering from hip-disease for several years. When admitted into St. Bartholomew's Hospital she was in a very weak state, and it was found that suppuration had taken place around the joint, several fistulous apertures being visible externally. Mr. Stanley stated, before operating, that he felt himself justified, under the present circumstances, in exploring the affected joint, and removing the carious head, if necessary—viz., if it were found in a state of caries or necrosis. If no such interference were found advisable, it would still be a great benefit to the patient that the matter should be given free exit; this, in fact, might save the child's life. Mr. Stanley further added, that he intended to secure the limb with splints while the patient was under the influence of chloroform, as thus a great amount of pain might be spared.

A circular incision was then made over the left hip-joint, the concavity looking inwards; the flap was



raised, and after some careful dissection the neck of the bone was exposed. It was now discovered that one of the abscesses extended far back under the *glutæus maximus*, and that the purulent accumulation had taken its origin close to the neck of the femur. A portion of the head was now brought into view by rotating the limb inwards, and after a close examination of this process, Mr. Stanley, supported by his colleagues present, determined to remove it. Strong bone-forceps were applied to the neck, the division of which proved very easy, as it was in a very soft state. The head was easily enucleated, and was found, on a section being made, to be utterly disorganized by caries. The cotyloid cavity did not seem free from disease.

Mr. Stanley observed, that this state of parts did not admit of reparation; the head of the femur might be looked upon as dead, for suppuration had broken down the cancelli of the bone. No vessels required tying. The limb was carefully secured, and afterwards wrapped in cotton.

The child has progressed very favourably since. The appetite returned a few days after the operation. The wound assumed a healthy aspect, and the countenance improved. On the tenth day after the excision of the head of the femur, the patient was made to assume the prone position, and a weight hanging from the extremity of the bed was fixed to the foot, so as to counteract contraction of the limb.—*Lancet*, February 14, 1852.

*On Injuries to the Spine in relation to the Urinary Organs.*—By Mr. BULLOCK.

This was the subject of a paper recently read before the Medical Society of London. Referring to the important changes which are observed in the urinary secretion after injuries to the spine, Mr. Bullock observed that there were two opinions as to the state of the urine,—one, that it was secreted alkaline by the kidneys; the other, that it acquired its alkalinity in the bladder. In support of the latter view, he said, that owing to the nerves supplying the bladder being paralyzed, the urine was retained, and, although it might be drawn off frequently by catheter, yet a little would always be left, which would irritate the bladder, and cause it to throw out more mucus than natural, which setting up a catalytic action, induced the decomposition of urea and the formation of carbonate of ammonia, which, by neutralizing the solvent acid, threw down the phosphates. He had washed out the bladder when the urine was alkaline, and then allowed it to accumulate, when it was drawn off again as long as seven hours afterwards, and was found to be acid. At *post-mortem* examinations the urine had been squeezed out of the tubules of the kidneys, and found to be acid. He did not think, with Mr. Stanley, that the spinal marrow, through its connexion with the sympathetic, had that influence over nutrition, secretion, and excretion, which would be implied if alkalinity of the urine was dependent upon the effect produced on the kidney by the cutting off the supply of spinal nerves, but rather that there were, in the sympathetic system of nerves, organic or gelatinous fibres, which regulate the molecular changes which take place in the various processes of nutrition, secretion, &c. In other cases, where there was no

injury to the spine, but where the urine was retained in the bladder a length of time, there was alkaline urine—in cases of stricture, for instance. It was important, he observed, that the bladder should be frequently washed out, and all sources of irritation to it avoided; for cases of injured spine sometimes proved fatal, not from the injury to the spinal marrow, but from disease of the bladder, which might even extend up to, the kidneys. He considered that the cause of the retention of urine was the existence of elastic tissue at the neck of the bladder, without admitting which, it would be difficult, if not impossible, to explain why there should be retention of urine and incontinence of fæces, the muscular fibre of the bladder and of the sphincter ani being both supplied by spinal nerves. The torpid state of the bowels would tend to show that the movements of the intestines were dependent in some degree on the spinal system, probably through the connexion of the sympathetic with the roots of the spinal nerves, but yet that they were not entirely regulated by spinal filaments; and also what were under the control of the spinal system were dependent on those filaments which terminate in the spinal cord, that they were not voluntary but reflex actions. Another point was, that the formation of bed-sores was not in a great degree dependent on the cutting off the supply of spinal nerves, but more the result of the uninterrupted pressure consequent on the loss of the power of changing the position in the slightest degree, for that uninterrupted pressure very quickly produced sloughing in a perfectly healthy subject, thus assisting to show that the spinal marrow had very little to do with the function of nutrition.—*Ibid.*

MIDWIFERY.

*On the Uterine Sound or Bougie.*—By Dr. HIGGINS.

The intention of this paper is to vindicate this instrument and its talented inventor, Dr. Simpson, from the extraordinary, and we believe, unmerited accusations brought against it in the anti-speculum agitation now going on in the Medical Society of London. In fulfilling his object the author proposes three subjects of inquiry:—1. What is the uterine sound or bougie? 2. In what class of cases is it used? 3. Is its use justifiable.

In reply to the first question, he shows that it is an instrument made of German silver and therefore does not come under the denomination of an "iron prong," as it has been called.

To the second question he replies that there are some cases in which diagnosis is imperfect without its use. One of them is amenorrhœa dependent on imperfect uterine development. Here he observes that the use of the instrument, by which the existence of a short and undeveloped uterus would be ascertained, is most valuable, and would spare the patient the useless and disappointing persistence in "forcing" medicines. It will also demonstrate the existence of occlusion of the cervix, as well as the displacements known as retroversion and retroflexion. It likewise forms an important element in distinguishing between uterine polypi and inversion of the womb. Again, in the early stage of ovarian disease, much assistance is to be derived from its employment.

The last point to which the author refers is the use of the instrument in furthering the ends of justice. This he illustrates by the case of a woman who was charged with infanticide. The accusation could not, however, be brought home to her, from the absence of all proofs of recent delivery. By means of the sound an unusually enlarged uterine cavity was discovered, and this fact eventually led to investigations which clearly established the woman's guilt.

As to the justifiability of the use of the instrument, the author points out that this is demonstrated by his foregoing observations; he moreover considers that there is no more *primâ facie* evidence of the danger of introducing an instrument into the womb than into the bladder; on the contrary, that the bladder is the more sensitive viscus of the two, and therefore more likely to be injured. Speaking of his own experience, Dr. Higgins states, that he has used it and seen it used for years, and has never met with an instance of mischief arising from it.—*Medical Times and Gazette*, Feb 21.

#### *Prolonged Secretion of Milk.*—By Dr. KNEELAND.

Dr. Kneeland reported the following case to the Boston Society for Medical Improvement:—A lady, aged 35, had her first and only child five years since. Her husband died when this child was three weeks old, and she has not been again married. She nursed her child for two years, during which period the flow of milk was so profuse that if she were absent two or three hours from the child, her dress would be completely wet; to use her own expression, "the milk would run down into her shoes." Her child died at the age of two years, of chronic hydrocephalus; since then, up to the present time, a period of three years, there has been a constant secretion of milk in her breasts, and so free as often to wet her dress quite through. During the last week she was able to express, by gentle pressure, a perfect stream of milk. She has been, and still is, regular in her menstrual periods, and also enjoys perfect health.

Dr. Channing alluded to two cases, in one of which milk continued to be secreted for eight years, in the second four years. He did not seem conversant with the nervous symptoms induced by prolonged lactation, which are so familiar to practitioners in this country.—*American Journal of Medical Sciences*, January, 1852.

#### TOXICOLOGY.

##### *Poisoning with Oil of Tansy; Death in Three Hours and a Half.*—By JOHN DALTON, M.D., Boston, U.S.

The subject was a girl, aged 21. One morning on entering her room a strong odour of tansy was perceived, which led to the suspicion that she was pregnant. Next day she dined heartily at five P.M., and went up stairs soon after nine. The girl's manner was natural and cheerful. At eleven a loud scream was heard, and on entering the patient's room she was found insensible, and strongly convulsed. She was seen immediately by the narrator of the case. The girl was then lying on her back by the side of the bed, and presented the following appearances:—Total unconsciousness; cheeks flushed, of a bright red colour; eyes open, and very brilliant; pupils of equal size, widely dilated, and

immoveable; sclerotics injected; skin warm, not remarkable as to moisture; respiration hurried, laboured, stertorous, and obstructed by an abundance of frothy mucus, which filled the air-passages, and was blown from between the lips in expiration; the breath had a strong odour of tansy, as had been already observed by Dr. Morrill; pulse quite full, forcible, 128; at intervals of five to ten minutes the body was convulsed by strong spasms, in which the head was thrown back, the respiration suspended, the arms raised and kept rigidly extended, and the fingers contracted. After this state of rigidity had continued for about half a minute, it was usually succeeded by a tremulous motion, often sufficient to shake the room, together with very faint and imperfect attempts at inspiration. The whole interval, from the commencement of the convulsion to the first full inspiration, varied from a minute to a minute and a half. Occasionally the tongue was wounded by the teeth, and the saliva slightly tinged with blood. Immediately after a convulsion the countenance was very pallid and livid, from the suspension of respiration, and the pulse exceedingly reduced in strength and frequency. The pulse and colour then gradually returned until the occurrence of the next spasm. It was very common, a few seconds after the termination of a convulsion, for the head to be drawn slowly backward, and the eyelids, at the same time, stretched wide open. In the intervals of the convulsions the limbs were mostly relaxed, but the jaws remained clenched. She was bled, and had an emetic, without relief, and died at a quarter-past two A.M.

The autopsy showed nothing abnormal in the brain, nor in the chest; the latter cavity exhaled a strong odour of tansy. The stomach contained twelve ounces of semifluid, yellowish substance, consisting of half-digested food, mixed with quantities of oil globules, smelling strongly of tansy. There was no great vascularity, or other morbid appearance. The uterus contained a fetus of four months.

It was subsequently ascertained that the girl had taken an ounce and two drachms of the oil, which she had obtained under a false pretence. Dr. Dalton considers that the poison was taken immediately before the scream was heard, which would give three hours and a half till the time of death.—*American Journal of Medical Sciences*, January, 1852.

[It does not appear that oil of tansy is much known as a poison, since Mr. Taylor makes no mention of it in his compendious work on "Poisons." In America it would seem to be occasionally used, as in the present case, to produce abortion.]

##### *Poisoning with Corrosive Sublimate.*—By Dr. THOMPSON, Perth.

Dr. Thompson relates the case of a man, aged 50, of intemperate habits, who was admitted into the Perth Infirmary at nine A.M. of July 9th, complaining of severe epigastric pain, increased by pressure; intense thirst, and difficult deglutition. He appeared to be suffering from intense salivation. The interior of the mouth was sloughy, and the tongue was much swelled. He stated that he had taken arsenic, but it was subsequently discovered that he had swallowed two drachms of corrosive sublimate the previous day. The poison was taken in substance. He stated that the first symp-

toms were pain in the mouth and throat, with swelling of the fauces; constant burning sensation in the stomach; vomiting, and bloody diarrhoea. The treatment was, the administration of white of eggs in milk, and leeches to the epigastrium. His death was sudden.

*Section-cadaveris.*—Mouth, fauces, and pharynx inflamed, with grey sloughy patches; mucous membrane of the mouth and fauces vascular; stomach bright red, chiefly at the cardiac extremity, as were also the duodenum and ilium, and more particularly the sigmoid flexure of the colon; lungs congested, and filled with frothy mucus. Other organs healthy.

Dr. Thompson observes, that we have here a good example of the effects of corrosive sublimate in large doses, and that the unfortunate result was only to be expected where a great delay had arisen in the application of the proper treatment.—*Edinburgh Monthly Journal*, December 1st.

## Correspondence.

### TREATMENT OF THE INSANE.

To the Editor of the *Provincial Medical and Surgical Journal*.

"Mens sana in corpore sano."

SIR,—Dr. Burgess, in some clever observations "On the Policy and Physiology of Insanity," communicated to the *Lancet*, begins his letter in the Saturday number for February 21st with these words:—"Mental physiology is a new science." To this I must demur: it is a science which has much occupied the attention of old writers. Nor do I discover much light thrown upon it by the reflections of the moderns; indeed their volumes, like the Arabians, seem to be but copies of foregone opinions. It is true anatomy has made great progress, and physiology has kept closer company with her than formerly. Functions appear to have been certainly traced to particular nervous centres, but this, as yet, imparts no knowledge of insanity. No one in dissecting a brain can diagnose that the subject was mad, and therefore we are yet left to the conclusions that our own experience in the different forms of this disease has taught us. Then, what opposite modes of medical treatment have been proposed?—what different plans of moral management have been developed?—and yet the success upon the average has been the same. Few chronic cases, compared with recent ones, recover, showing that when taken in time there is a tendency to recovery. Wherever there has been delay, so as to establish lesion of function—whatever organ or part of the brain may have been affected—wherever may be the seat of mind, the morbid impressions of ideas and actions remain unbroken. Many organic diseases bear the same character. My business is, however, more with the management of the insane.

Much has been written upon the subject of restraint, and contrary opinions have been offered. I have no doubt the less you can require it the better, but sound practice is not to be seduced by a mawkish philanthropy. Whatever may be the merit of a more modern claim, the adoption of milder measures, and of less restraint,

was instituted at the Friend's Retreat, near York, and probably has led to the endeavour of a greater extension of such a mode of treatment. I have elsewhere expressed an opinion, that in chronic cases less restraint may be required, the duration of the paroxysm becomes known, and the amount of injury likely to be inflicted more subject to calculation, but in both chronic and recent cases I am certain it is a mode of treatment highly necessary, highly important, and that a most valuable auxiliary, both to the safety and comfort of the patient, is lost by its neglect. I have now two patients who request at times the investiture of the restraint dress; it has often proved a moral remedy. There are many patients who will behave extremely ill for the purpose of creating annoyance and vexation, who know perfectly well what they are about; yet tear their clothes, break windows, and commit dirty actions, secure in their condition as lunatics. The restraint imposed awakens a sense of shame; without any confession of fault, they frequently become more orderly, and more submissive to proper control. In cases where safety is involved, it becomes a solace both to the mind of the patient and of the attendant.

Books, music, and exercise, are recreations that should always form part of the management of the class of private patients I allude to. Good food and good manners are important adjuncts. Conversation with one another is a difficult point in a small asylum, more so than in a large one; the observations of one may poison the minds of many, but with an intelligent attendant sitting in the room, (and I speak more particularly of a female community,) such permission may be serviceable. I cannot think the dancing exercises, lately introduced, will contribute much to the cure. I should imagine the ball would lead to too much excitement, and promote extravagance of many feelings; I have not, however, had much experience in the matter, and in a small asylum it can hardly be effected. I confess I am in the habit of allowing visits to horticultural *fêtes*, to morning concerts, and occasionally to some sight-seeing at a distance, I may, therefore, be presumed not to be any enemy to amusements properly conducted. On the whole I prefer tranquillity, and the comforts and employments of home, for those who are placed under my care. My maxims have ever been to produce a cure where I possibly can, and as soon as I can; where I cannot, to sooth, to tranquillize, and to make the subject feel as happy as the nature of the malady will permit.

Medicine I believe to have very little effect upon unsoundness of mind, as such. In some of the acute forms of mania antiphlogistic remedies may be required; but it appears now to be generally admitted that depletory measures should be cautiously used. If other diseases affect a lunatic, such diseases must be subjected to the proper laws of treatment; but I know of no physis to minister solely to a mind diseased.

There are many practitioners who consider themselves equal to the treatment of insanity, especially in its violent form; but I can assure those unaccustomed to this department of practice that they will be often mistaken, and will produce much harm where they intended to effect great good.

I have run through the circle of management, not

supposing I had anything new to communicate; on the contrary, I believe every well regulated asylum has its plan based upon the same foundation. My reasons for so doing were to afford some argument that the inquisitorial supervision now established by law was not wanted. I will say nothing of the power it creates; but it is opposed to medical experience, and imposes the supposition of trust-unworthiness. As to medical experience, it is distinctly true that lunatic patients ought not to be subject to frequent interviews; and, again, am I to lay my knowledge at the feet of extra-investigators, and to crave information where I cannot want it. If so, why not extend it to every department of the profession, and let no case be conducted without an overseer?

In regard to the suspicion, I must share in common the feelings of my associates in the practice of this branch of disease that affects humanity; but I repel with indignation the reasons that have been stated for the establishment of this system. Something may go wrong somewhere, and no commission has ever yet put everything to rights; but it is hard that well-regulated houses should be included in the same category. I know that in many instances the relatives and friends of patients feel this. They do not admire the frequent exposure. We all know with what jealousy insanity is considered; and though we are only beginning to open our eyes to the fact, that though insanity, like many diseases, is hereditary, yet, like other diseases, it frequently arises from accidental causes; is cured, and never returns. The care of lunatics, especially of a private class, is of a sacred trust, and should be kept so.

The regulations of the Commission impose a great deal of unnecessary trouble, especially the rules for the management of the case-book, which would seem to be best fitted for the recruiting office. I will be bound to say its statistics for the next ten years will not furnish facts from which any principle of sound knowledge or of better treatment will be deduced. If we are to be governed by the novelties of the day,—if the dicta of Commissioners are to be our polar guide, may we not have homœopathy and mesmerism to direct our steps?

The more I reflect upon the wonderful combination of mind and matter,—the more I reflect upon their mutual action, the more I am astonished at the effects of this mysterious disease; also the more certain I am the greater the quietude and the less of interference are the more rational modes of treating it. Let property be well considered—let all arrangements respecting the domicile, the comforts and the proper care of the lunatic, be closely investigated; but do not let the patients be subjected to multiplied interrogations, nor the managers of their condition—anxious to perform their very responsible duties—suspected of other motives, and placed in a certainly somewhat degraded condition, (for the approval or disapproval of inspectors into your own modes of medical treatment is assuredly somewhat degrading) be allowed, nor overlooked by searching eyes, whose salary must depend upon their power of fault finding.

I read these remarks to an intimate friend, who approved them. As I was on the point of folding up my paper, he said,—“Yet, nevertheless, I should like to be a Commissioner.”

“Thou power supreme, whose mighty scheme,  
K’em human woe fulfil,  
Here am I rest, they must be best,  
Because they are Thy will.”

The Almighty power that has allowed ills and diseases to appear among mankind has also permitted human means of alleviation. But the best gifts of Providence are often spoiled by our want of common sense in using them.

Yours obediently,

E. B.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I hope you will permit this very short letter to appear in your next number.

I have just finished reading Mr. Perceval's letter to you, and I again aver that his name was never mentioned by me, nor intended to be so, until he forced himself upon my notice. Mr. Perceval's knowledge of insanity appears to be very slight, and his acquaintance only with cases of the most melancholy description. May I advise him to enlarge his map and to extend his survey before he attempts establishing new institutions and generalizations from a few instances. “There is a zeal beyond knowledge.” The late Mr. Sidney Smith advised that gentlemen taking up what they did not understand, should be treated as you would treat a child, whom you found playing with a valuable china bowl!!

Yours obediently,

E. B.

## THE ROYAL COLLEGE OF SURGEONS AND HOMŒOPATHY.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—The Council of the College of Surgeons have sent the following reply to the memorial of the medical men of this town and neighbourhood, praying them to express some opinion on the doctrine and practice of homœopathy:—

“College of Surgeons,  
“9th March, 1852.

“SIR,—I am desired to acquaint you that your communication, enclosing copies of resolutions of a meeting of the medical profession of Hull and its neighbourhood, held in the Hull General Infirmary, on the 6th of January last, on the subject of homœopathy, has been laid before the Council of this College, and that the Council, after mature deliberation, consider it inexpedient to interfere in the matter.

“I have the honour to be, Sir,

“Your obedient Servant.

“EDMUND BALFOUR, Sec.”

The Members of the College will hence perceive that they must not look to their nominal head for sympathy or assistance in the humiliating contest which they are compelled to maintain with this impudent but successful imposture.

I remain, Sir, your obedient Servant,

HENRY COOPER, M.D.

Hull, March 16, 1852.

THE NEW MEDICAL BILL.

To the Editors of the *Provincial Medical and Surgical Journal*.

GENTLEMEN,—I stated to the Council of the Bath and Bristol Branch of the Association, that I considered the Medical Reform Bill, as first brought out by the Association and published in the *Journal*, was the nearest perfection of any that had been brought before the public and the profession; and with this I should have been content, had I not seen your remarks on the subject in the last *Journal*. I cannot agree with you that because Sir George Grey has left the Home Office, that "we have no hope of proceeding with the measure during the present Parliament." If we can frame a bill to the satisfaction of ourselves, I do not think we have to fear the opposition in either House of Parliament. Our opponents are the interested in our own body; and if the corporate bodies and colleges are satisfied, the bill ought to be immediately brought before the House of Commons, and should they sit long enough, we may have a fair chance of success. There are not two men in the House of Commons or the country, who know the wants of the profession, and understand the subject of Medical Reform better than two Secretaries of State for the Home Department, Sir James Graham and Sir George Grey, who are both in the House of Commons. Let a communication be opened with them at once, and urge one of them to take charge of the bill; they will not require much prompting. Mr. Bell seems to be going on with his Pharmacy Bill. This should stir us up to be looking to ourselves and our own interest.

I am, Gentlemen, yours, &c.,

GEORGE KING,

Bath, March 22, 1852.

Medical Intelligence.

LEICESTER MEDICAL BOOK SOCIETY.

The President of the Leicester Medical Book Society has forwarded to us the following resolution, which was unanimously adopted at a large meeting of the Society, on the 1st of March instant.

*Resolved unanimously,*

"That the Society views with satisfaction the declarations of several professional bodies against homoeopathy, and pledges its members alike to repudiate the nonsensical doctrines of Hahnemann and of Priesznitz; and to decline consultation with those who profess such deceptive absurdities."

MEDICAL BENEVOLENT FUND.

The dinner in behalf of this Fund is announced to take place at the London Tavern on Thursday, May 20th; and from the first list of stewards already published, we feel confident that it will receive the support of the entire profession.

MEDICAL CANDIDATE FOR PARLIAMENT.

Mr. Hartley Kennedy, the author of the well-known work on Cholera, and lately holding a high position in the medical service of India, is a candidate for the Inverness Burghs. The medical gentlemen of the district, it is to be hoped, will cordially support him.

PRINCELY MUNIFICENCE.

Edward Lonlie, Esq., of Milton Hall, Norfolk, who lately died, has bequeathed to University College Hospital, upon the demise of his wife, the whole of his property, which is sworn to be worth £25,000.

BLOOD STAINS.

In concluding the evidence given a short time since at the Marylebone police-court, before Mr. Broughton, in the case of William Styles, Dr. Hassall made the following observations, important in a medico-legal point of view, in reference to blood stains:—"That, while the determination, by means of the microscope, of the nature of blood-stains, even when very recent, formed on cloth, linen, and other soft and porous textures, is usually a matter of considerable difficulty, and is often impossible, the determination of such stains, however old, as are placed on glass, porcelain, wood, and other hard and smooth surfaces, is in general unattended with difficulty, and extremely satisfactory. This difference is to be explained thus: in the one case the fibrin, albumen, and serum of the blood are in part absorbed, and pass into the cavities of the hairs or fibres of the wool or linen; the blood corpuscles are thus deprived of their preservative fluids, and shrink up—become misshapen or disintegrated; while, in the other case, the fibrin and albumen harden around the blood-discs in drying, and thus preserve them slightly altered in form only." Dr. Hassall stated that he had frequently succeeded in identifying the blood of different animals, preserved on slips of glass, after the lapse of six years. The stains should be examined in white of egg, and not in water.

FRAUDS COMMITTED BY CHEMICAL PROCESSES.

Extensive frauds have lately been committed in France by washing out, by chemical means, the sums inscribed in checks and bills of exchange, and filling up the blanks with larger amounts. No remedy has yet been discovered; several, however, are talked of, amongst them is one by which commercial paper is covered with a multitude of microscope spots or stars, which cannot be removed without changing the colour of the paper; another is, to put some coloured matter in the body of the paper, of such a kind as to disappear when washed.—*Literary Gazette*.

APPOINTMENTS.

MILITARY.—2nd West India Regiment; Acting Assistant Surgeon T. Llewellyn Nash, M.D., to be

Assistant-Surgeon, vice Clarke, appointed to the staff. Hospital Staff: Assistant-Surgeon Patrick Joseph Clarke, from the 2nd West India Regiment, to be Assistant Surgeon to the Forces, vice Moore, appointed to the 6th Dragoon Guards.

NAVAL.—Assistant-Surgeon John Bernard Richards (1847), at present serving in the Rodney, 90, to be Assistant-Surgeon of the Pioneer, screw-steamer, in the Arctic Expedition. Surgeon James John Louis Donnet (1845) to be Surgeon-Superintendent of the William Jardine convict-ship. Assistant-Surgeon Hart Gunlet, M.D. (1846), recently serving in the Southampton, 50, on the south-east coast of America station, to the St. George, 120, guard-ship of ordinary at Devonport. Assistant-Surgeon Stephen Bowden (1845) from the Britannia, 120, flag-ship on the Mediterranean station, to the Impregnable, flag-ship at Devonport. Acting Assistant-Surgeon David Wilson to the Polyphemus steam-sloop, for service on the coast of Africa.

#### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on Friday, the 12th instant:—Charles Blatherwick, Titchfield, Hants; Charles Dixon, Australia; Wm. Edney, London; Richard Griffin, Buenos Ayres; Edward Vavasour Hemingway, Leeds; Henry Lane, Wedgnoek Park, Warwick; Benjamin Richardson Lawrence, Cheddar, Somerset; Josiah Ramskill, Leeds; John Reynolds Salter, Exeter.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, March 11th:—Edward Parry Beverley, Margate; David Daniel Davies, Carmarthen; George Hymeneus Lovegrove, Gloucester; Arthur Stretton.

Gentlemen admitted members on Thursday, March 18th:—Arthur Newstead Holmes, Pocklington, York; Southmead Lanworthy, Modbury, Devon; Francis Robinson, Ware, Herts.

#### OBITUARY.

January 11th, at Calcutta, Surgeon Thomas Murray, of the Bengal Medical Service, aged 35.

March 3rd, in Dale Street, Manchester, James Rhodes, Esq., aged 29, one of the surgeons to the Manchester and Salford Lying-in Hospital.

March 11th, at his residence, Henry Street, Tipperary, suddenly, aged 47, William Reardon, M.B., Trinity College, Dublin, M.R.C.S., Eng.

March 16th, at Woolwich, Mr. Edmond Waters, surgeon, aged 76.

March 18th, at Dalston, in the 68th year of his age, Edward Seaton, Esq., Surgeon, R.N., formerly of Rochester.

March 19th, Thomas Gaskell, Esq., M.R.C.S., of Markham Square, Chelsea, aged 61.

March 22nd, at his residence, Argyll Street, Sir Charles Fergusson Forbes, M.D., K.C.H., and Deputy Inspector-General of Army Hospitals, aged 73.

#### BOOKS RECEIVED FOR REVIEW.

Lectures on the Diseases of Infancy and Childhood. By Charles West, M.D., &c. Second Edition. London: Longmans and Co., 1852.

On the Diseases of the Bladder and Prostate Gland. By William Coulson, Surgeon to St. Mary's Hospital. Fourth Edition. London: Churchill, 1852.

Lectures on Clinical Medicine. By John Hughes Bennett, M.D., F.R.C.S.E. No. 6.

On Syphilis, Constitutional and Hereditary, and on Syphilitic Eruptions. By Erasmus Wilson. London: Churchill, 1852.

Sketches of Brazil, including New Views of Tropical and European Fever, &c. By Robert Dundas, M.D., &c. London: Churchill, 1852.

On True and False Spermatorrhœa. By Dr. Pickford, of the University of Heidelberg. Edited by Chirurgus. London: E. Churton, 1852. Pamphlet.

Varicose Veins and Varicose Ulcers. By T. W. Nunn, Surgeon to the Western Dispensary. London: Renshaw, 1852.

The Principles and Practice of Surgery. By W. Pirrie, F.R.S.E., Regius Professor of Surgery in the Marischal College of Aberdeen. London: J. Churchill 8vo, pp. 952.

Remarks on the Pathology and Treatment of the Deformities of the Human Body. By John Bishop, F.R.S. London: Highley and Son, 1852.

Lateral Curvature of the Spine; its Causes, Nature, and Treatment. By R. W. Tamplin, F.R.C.S.E. London: J. Churchill, 1852.

The Stomach and its Difficulties. By Sir James Eyre, M.D. London: J. Churchill, 1852.

Observations upon the importance of Establishing Public Hospitals for the Insane of the Middle and Higher Classes; with a Brief Exposition of the Nature of Insanity, and the present Provision for the Treatment of the Insane. By Thomas Dickson, L.R.C.S.E., London: Churchill, 1852. Pamphlet.

A Letter to the Right Hon. Sir George Grey, Bart., M.P., Her Majesty's Principal Secretary of State for the Home Department, &c., on Medical Registration, and the Present Condition of the Medical Corporations. Second Edition. London: Jackson, 32, King Street. Pamphlet.

On the Fallacies of Homœopathy, and the Imperfect Statistical Inquiries on which the Results of that Practice are Estimated. By C. H. F. Routh, M.D., M.R.C.S. Pamphlet. London: H. K. Lewis, 15, Gower Street, North.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### NOTICE TO MEMBERS.

The Twentieth Anniversary Meeting of the Association will take place this year at Oxford, on the 21st and 22nd of July. The appointment is made rather earlier than usual, in consequence of an intimation from the authorities to the effect that it would be more convenient to the University to have the meeting held before the end of that month.

JAMES P. SHEPPARD, Secretary.

Worcester, January, 1852.

ERRATA.—In Mr. Solomon's last lecture, page 85, col. 1, ten lines from the bottom, for "bodily diseases," read "diseases of the body."—Page 86, col. 2, fourteen lines from the bottom, for "steruntories," read "sternutories."

In Dr. Meret's last lecture, in directing the preparation of the scenna-tea, it is stated that the leaves are to be acted upon by "proof spirit." It should have been "alcohol or rectified spirit."

#### TO CORRESPONDENTS.

Communications have been received from Scrutator, Dr. Reid, Dr. Meret, An Admirer of Truth, and Mr. Bryan.

LECTURE  
ON THE  
DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Poth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Poth; Fellow of the Imperial Society of Medicine at Vienna, etc.*

LECTURE IX.

*Emetics; Antacids and Roborants for the Stomach; Soothing Medicines; Tonics; Astringents for the Mucous Membranes; Nervine Stimulants; Tonics for the Spinal Nervous System; Narcotics.*

EMETICS.

GENERALLY infants vomit easily, and frequently throw up a part of the undigested milk. The indication for an emetic is also not unfrequent, but in many instances difficult to determine, in consequence of want of subjective symptoms, which are only communicated by words. Frequent eructations, combined with anorexia, or irregular appetite, improper alvine dejections, and a puffed-up epigastrium, with a proportionally slight, or no alteration at all of the pulse, are the most frequent symptoms of indigestion, which serve as the indication for an emetic. Far more obscure and ambiguous in its phenomena is the bilious state, where, sometimes, neither eructation, nor the puffed state of the epigastrium, nor superabundant bilious matter in the evacuations, appear; and the head being heavy and hot, fever and moaning being present, it becomes sometimes very difficult to decide whether to direct our remedies to the affection of the head or of the liver. In similar cases I have frequently been able to unravel the intricacy by a careful investigation, by touch and percussion of the right hypochondrium, and by inspection of the urine, in which latter we frequently detect, by its darker colour, or by a yellow brown stain which it causes on the linen, the bilious state.

In this place we will content ourselves with these slight remarks, which will require a more accurate exposition when we shall have to speak of abdominal affections; it belongs, however, to our present purpose to observe that supposing there be a well-established indication for evacuation by emetic, very much will depend upon the mode in which we carry it into effect. Many an infant or child, when emaciated, weak, and nervous, has been severely damaged by emetic medicines. Amongst these the Antimonii Potass. Tart. is the most dangerous for them. I have seen its use followed by superpurgation and collapse, and by death. In tender infants and children, therefore, it will be the safest plan to produce vomiting by a large drink of warm water, after it tickling the fauces with our finger or the barb of a feather. The next suitable mild emetic is the following:—R. Rad. Ipecac., scr. j. To be infused in

five drachms of boiling water for a quarter of an hour, strain half an ounce, and add Oxy. Scill., oz. ss. One teaspoonful every ten minutes. If we want it stronger, we may add to the same one to two drachms of Vin. Antimon.

The strongest emetic is the simple solution of tartar emetic. For a child about two years old one grain to two ounces of distilled water, of which, in case we wish to act at the same time upon the alvine evacuations, we administer at first some doses of one teaspoonful every quarter of an hour, and then two teaspoonfuls every ten minutes, until the full effect comes on.

Hyperemesis may be checked by a half, one, or two drops of tincture of opium, followed by a little effervescent mixture; its over-purging effect by a hot infusion of camomile, with an appropriate dose of tincture of opium.

ANTACIDS AND ROBORANTS FOR THE STOMACH.

Magnesia, Carbonated and calcinated, are both frequently prescribed in children's practice against acidity of the stomach and dyspepsy. I find they seldom improve the digestion of little patients, and a quantity sufficient to absorb a common amount of acidity in the stomach will most likely derange this organ by its bulk. At any rate the doses as commonly prescribed are too large. In the first week after birth I regard this plan as improper; and for children from one to two months old, a single dose, to be repeated three or four times a day, ought not to exceed one grain or a grain and a half.

*Rhubarb*, in powder, I do not like to recommend in earliest infancy. About the third or fourth month a single dose, intended to act as a tonic, ought not to exceed a quarter of a grain. The following digestive powder may be recommended:—R. Magnes. Calcina., gr. xij.; Pulv. Rad. Rhei., Pulv. Semin. Foenic., utr., gr. ij.; Pulv. Doveri, gr. j.; Sach. Alb., scr. j. Fiat. pulv. Divid. in part. seq. viij. This for children of about four or six months old (Dover's powder being added if there be great irritability of the bowels). I prefer, however, for tender children the following prescription:—R. Aquæ Chamom., oz., j.; Aquæ. Menthae., dr. ij.; Sodæ Bicarb., scr. j.; Tinct. Rhei. Aquosæ., gtt., xij.; (Tinct. Opii., if necessary, gtt. ij.) One teaspoonful every three or four hours. In all similar cases I find the addition of syrups improper.

Frequently the indication in question is fulfilled the best by a suitable regulation of diet and the occasional use of a slight infusion of camomile, mint, or fennel seeds.

SOOTHING REMEDIES, TONICS, AND ASTRINGENTS FOR THE MUCCOUS MEMBRANES.

*Radix Salep*—mucilaginous and a little astringent—scarcely used in this country, is one of the most generally employed remedies on the continent, particularly in Germany, Italy, and Hungary, against the mucous diarrhoea of children, in powder as well as in decoction. A slight ebullition is enough to get the

whole dissolved. It is the most suitable vehicle for opium, in diarrhoea, and I must recommend it to you very warmly in children's practice.

*Lichen Islandicus*.—Much similar to the former, with the addition of its bitter extractive. It acts in the atonic bronchial catarrh just as favourably as saleg in that of the intestines. An excellent preparation is got by evaporating a strong decoction of it, and exsiccating it slowly, so far as to be pulverised. This, in some Continental pharmacopœias is called *pulvis gelatinæ Lichen-islandici*, and prescribed in quantities like gum-acaciae.

*Tanninum*.—The strongest vegetable astringent, which I prefer to colombo or cascarrilla, because it acts in very small quantities, whilst the decoctions of the latter are not less disagreeable to infants and children, and besides that, too heavy in efficacious quantities; but even tannin I seldom employ for tender suckling children, and prefer to it—

*Kino*.—The powder of it, from a quarter to one grain three or four times a day, will prove efficacious in atonic catarrhal diarrhoea, if the case be a simple and manageable one.

I will now bring before you some of my formulas of the above remedies:—*R. Rad. Salep., gr. viij.; Ebull. in q. s. Aq. usque ad solut. Dein infunde Radicis Ipecac., gr. iij. Post hor. ½. Colat., oz. j. Adde Tinct. Opii, gtt. j.—ij.; Syrup. Papav., dr. j. For infants under one year old, every two or four hours, one teaspoonful against simple catarrhal diarrhoea.*

*R. Pulv. Rad. Salep. Subtiliss. Sach. Alb., utr., scr. j.—ij.; Pulv. Doveri, gr. j.—ij. Fiat pulv. Divide in part. æq. viij. For the same purpose. Each dose being administered with a spoonful of warm water.*

To this formula, in highly atonic cases, we may add from two to three grains of pulverized kino or tannin.—*R. Pulv. Gelatinæ Lichen. Island. Sacch. Alb., utr., scr. j.—ij.; Pulv. Dover., gr. j.—ij. Fiat pulv. Dividi in part æq., viij.*

Against bronchial catarrh, to be administered like the former, three or four times a day.

#### NERVINE STIMULANTS.

*Some Aromatic Flowers, Herbs, and Seeds* are prescribed in hot infusion, and are very useful against those irritations of the nerves, in particular, those belonging to the splanchni-spinal sphere, which, in the forms of spasms, so frequently infect young infants and children. Each dose ought to be prepared when needed. I can recommend the flowers of camomile, the herbs of mint and melissa, and the seeds of fennel and anise, most particularly in abdominal irritations and spasms, with flatulosity. The infusions ought to be given warm, from one to three spoonfuls for a simple dose. Allow me to draw your attention to one circumstance much deserving it. Camomile flowers are a common domestic medicine over the whole Continent. In Germany you will scarcely find a family, where there are young children, that does not keep it in the house. In England we find the contrary. Why? The simple reason is, that the soil and climate of this country is not favorable

to the development of the aromatic principle. I had not long arrived in England, when I observed that the fruit grows much larger than in Germany,—for example, strawberries—but is much less flavoury. A difference still greater you will perceive with aromatic herbs and flowers. Remember my words when you get into practice, and will have to attend families with children, do not neglect then to request a pharmaceutical chemist, to procure from Hamburg the German camomile, which you will find highly useful in every-day instances in the slight but exceedingly frequent abdominal derangements of infants. If you compare the English flowers of camomile with the German, you will find the former of a very handsome white appearance, and three times larger than the German, and this latter unobscured and yellow brown; but the difference of the infusion will be this,—the English very bitter and little aromatic, and the German little bitter and strongly aromatic. With regard to the strength requisite for an infant one or two weeks after birth, it may be one teaspoonful of an infusion made of one scruple of flowers upon three ounces of hot water during ten minutes. For a child two years old, for example, you may give more at once of an infusion of the double quantity of flowers, infused during fifteen minutes. Adding to the dose of from one to four teaspoonful, one-eighth to one-half drop of the tincture of opium, according to the age of the child; this will prove active enough in soothing the common dyspeptic irritations and abdominal pains of infants.

*Camphor*, powerfully stimulant to the vaso-motory nerves, is the unique of similar stimulants, of which I made use in the adynamic fevers of children, alone or combined with quinine. The single dose for the age of from two to four years seldom ought to exceed one-eighth to one quarter of a grain every four or six hours.

*Liquor Ammonia*.—The strongest of this kind of stimulants, seldom admissible, and only in the highest degrees of torpid adynamia, from one to two drops, with a spoonful of an aromatic infusion.

#### TONICS FOR THE SPINAL-NERVOUS SYSTEM.

*Salts of Quinine*.—I have seldom met with their indication in earliest infancy, intermittents being rare at this period of life. Useful as it is, as a general tonic, in some forms of adynamic fevers, with great prostration of muscular power, we seldom find opportunity for its employment before the third year. Children take it with great aversion, and their stomach frequently disagrees with it. Very much depends, therefore, upon the mode of its prescription. The following formula I found to answer the best:—*R. Aquæ Menth Pip., dr. vj.; Quinin. Sulph., gr. ij.—iv.; Acid. Sulph., q. s. ad sol.; Syrup. Simpl., oz. j. One teaspoonful every hour during remittance or intermittence, until its full effect.*

In the highly adynamic stage of typhus, camphor may be combined with it, and in the case of great nervous hyperæsthesy with inactivity of the skin, we add



optum to both. Quinine is decidedly counterindicated by gastric, in particular by bilious, disorders.

I have tried, and recommended quinine to be further tried against spasmus laryngeus and whooping cough. In both cases essential conditions of its application are the pure nervous nature of the affection, and the vegetative weakness of the child; and a good state of the abdominal organs. The good effect, if any, will show itself already between twenty-four and forty-eight hours provided the doses are administered actively enough.

*Nux Vomica*.—Tonic for the locomotive innervation of the spinal cord. The salts of strychnine are too powerful to be properly adaptable for young children. Above the age of eight years, the dose of the sulphate of strychnine may be from 1-48th to 1-24th of a grain morning and evening. The most convenient preparation is the alcoholic extract of *nux vomica*, from 1-10th to half a grain twice a day, for children from three to ten years old.

According to my experience this remedy is mischievous in that kind of paralysis which is characterized by permanent tonic contracture of the flexors, and called by French authors "*contracture essentielle*." In some chronic and purely stonic diarrhoeas I found it useful; but it is difficult to determine beforehand which case will be favourable for it.

*Iron*.—The special tonic for the blood. I have frequently ascertained the state of chlorotic anemia, even in young children, by the carotid murmur, connected with paleness and languor of their complexions. Good preparations are the saccharo-carbonate and citrate of iron. For children about two years old from one to two grains for a single dose of the former, and one-eighth to a quarter of a grain of the latter.

I beg to recommend to you a preparation of iron, the finest which I know, possessing, besides its chemical action upon the blood, a strong nerve quality. This preparation is known in Germany under the name of *tinctura nervino-tonica Bestusheft*, while its proper pharmacological name is *spiritus sulphurico-athericus maritatico-ferratus*. A chemist will be able to prepare it in the following way:—Take one part of the liquor ferri sesquichlor., and two parts of sulphuric ether, let it be mixed for a quarter of an hour, then let it stand for a while, and afterwards take away the ether which occupies the surface of the liquid. This is to be mixed with twice its weight of rectified spirit of wine. Let this mixture stand exposed to light (if possible to the sun) for several days, until the liquid becomes more discoloured. Conserve it afterwards in a hermetically-closed bottle.

This preparation is to be considered as a solution of iron in liquor Hoffmanni, of which it possesses the nerve qualities. Its true indication, therefore, is chlorosis or anemia, connected with nervousness. The doses for children are from one to two drops twice a day. This preparation is also an excellent nervino-tonica for delicate females.

#### NARCOTICS.

*Hyoscyamus*, *aconitum*, *belladonna*, *aqua lauro-cerasi*—as soothing remedies against irritation and

pain—frequently employed by practitioners, seem to me, after a strict comparative trial, to be scarcely trustworthy.

*Opium* is the only remedy of the kind powerful and of utmost utility in children's practice; but we must be aware of its counter-indications, and, if indicated, know how to administer it. Essential counter-indications are,—acute fever, with an active character; typhus, connected with nervous torpor; active and passive congestion of the brain; saburral, or bilious gastric disorder. Moreover, it is necessary to bear in mind that tender and exhausted children are easily narcotised to a dangerous degree by doses moderate in proportion to their age.

It is important to wait after each dose of opium at least three or four hours before the administration of the next, in order to enable ourselves to watch the effects, and stop in time, as soon as narcotism shows itself.

Moderate narcotism, if the remedy were truly indicated, will go off without bad consequences. If, however, narcotism should increase more than five hours after the last dose, we apply large cold fomentos to the head, a mustard poultice to the neck, and a purging injection. If these means show no advantage in about an hour, we apply some leeches to the temples, and administer from one half to two teaspoonfuls of recently roasted and infused coffee, to which, in cases with much abatement and exhaustion, we may add from a quarter to one drop of liquor ammoniac; this may be repeated, according to the nature of the case, once or several times, at an interval of half an hour or an hour.

To find out the proper dose for the case is very difficult; not only the age and constitution, but many imperceptible peculiarities and dispositions, besides the nature of the disease itself, make numerous modifications in the effects of this powerful remedy. I have prescribed of opium, as far as possible, effective doses in many thousands of cases, in particular of irritations of the bronchial and intestinal mucous membranes, and should think the following gradation may be regarded as safely applicable at first in the large amount of ordinary cases, and to be afterwards increased if necessary:—

	Grain.
From the 1st to the 3rd week, middle doses	1-120th
" 3rd " 6th "	1-100th
" 6th " 8th "	1-70th
" 2nd " 4th month "	1-40th

After these tender ages the doses must not increase in that proportion, because the development of the organism does no more go on with that rapidity. Thus the full dose for a child two years old may be about 1-20th of a grain, and for a child four years old 1-10th of a grain.

*Puls. Doveri*.—That preparation of which I make general use in children's practice contains in ten grains one grain of opium. Of the simple tincture of opium fifteen drops are equivalent to one grain of opium in substance.

It must be earnestly remarked in this place that the action of opium by injection,—that is to say, by the

way of intestinal absorption, is much less constant and measurable than that by the stomach. I have ascertained this by a large number of observations. The state of the mucous membrane of the colon is subject to much more variations than that of the mucous membrane of the stomach; and, besides that, much will depend if, and how long, the injection remains within the bowels, or how much of it has been voided after a certain time. Thus, in two children of a good constitution, both two years old, the same dose given by injection may produce very different results, according to the length of time during which the liquid is retained within the rectum; and for the same reason in the one three drops of the tincture will produce narcotism, whilst in another the double quantity will remain without effect upon the brain. If we can suppose that the injection will be absorbed, we may administer only the double of what we would give by the mouth.

*Digitalis*, frequently employed as an antiphlogistic, in particular against acute affections of the brain, I have been fully satisfied does not answer that indication. As a diuretic, it must be postponed to many other remedies of the kind; this action of it being particularly inconstant in children. The unique real indication of *digitalis* is the nervous hyperthiis of the heart, unconnected with inflammation or aneurism. The best mode of administering it is by two doses daily, at the interval of twelve hours. The single doses may be for the third year a quarter of a grain, for the fifth one-third of a grain, and for the eighth year half a grain, which can be considerably augmented. Commonly, too small doses are prescribed.

### CASE OF STRANGULATION OF THREE FEET OF THE JEJUNUM,

BY A RENT IN THE MESENTERY, PRESENTING NO SYMPTOMS OF THE DISEASE FOR SEVERAL HOURS, AND THEN TERMINATING VERY RAPIDLY.

By CHARLES BAILEY, Esq., CHIPPENHAM.

*Read at the Quarterly Meeting of the Bath and Bristol Branch, March 25, 1852.*

HENRY TAYLER, aged 25, was on the 13th of March, 1852, in perfect health; in the evening of that day, after partaking of a hearty supper, he was returning home about a quarter of a mile distance, when at the half way of his return he fell over some large stones which had been carelessly left on the foot-path; he got up, did not feel much hurt, went into an adjoining house, and partook of some warm beer, and smoked a pipe of tobacco; after sitting about half an hour went home to bed, did not complain, but slept soundly till six o'clock; came to his employment a little before eight. Feeling some uneasiness about the bowels, he was induced to seek their relief; this was effected, and urine was also voided. Directly upon this the pain became severe, and he vomited several times; the ejected contents had not undergone digestion, as the food of the last meal of the

preceding day was unaltered. Frequent rigors, cramp, thread-like pulse, cold extremities, and leadened countenance. When I was first apprized of his illness I found that thirty drops of the tincture of opium had been given in a little warm brandy and water, and was rejected. Being ignorant of the fall of the previous night, and conceiving he was labouring under spasmodic colic, I gave him a pill, consisting of two grains of opium and two of calomel; this remained, but still there was no abatement of symptoms. He then related the circumstance of his fall, but said he was sure that would not have anything to do with his present painful condition. I again examined him, could find no tenderness, but he complained of a fulness and tension. Being put into bed, after warm appliances to the abdomen and feet, with doses of the compound spirits of æther and small quantities of tincture of opium, a little reaction took place, yet no abatement of pain, therefore, listening to the entreaties of the poor fellow to do more for him, I reluctantly took away ten or twelve ounces of blood, and he expressed himself relieved. Small quantities of fluid now remained on the stomach. Another dose of calomel only was given, and shortly after one ounce of castor oil; this remained, without any more sickness, which led me to hope the result would have been different, but in about three hours he breathed his last, having endured seven hours severe pain.

The following day my young friend, Dr. W. Colborne, examined the body. No external appearance of injury. On opening the abdomen, more than a pint and a half of bloody serum was found; intestines much inflated; on placing aside the omentum and colon, there was seen a considerable portion (three feet) of the jejunum in a state of mortification, with much discoloration of the connected parts. By carefully carrying on the examination, it was discovered that the mortified part of the jejunum was strangulated, or rather had been so, in a wound or rent of the fold of the mesentery, through which the intestine had fallen, and its functions been destroyed. No injury had been inflicted on any other organs of the abdomen. Other parts of the body not examined.

## Hospital Reports.

MANCHESTER ROYAL INFIRMARY.

### CASES

*Reported under the terms proposed by the Association.*  
By MEDICUS.

#### *Fungus Hamatodes after Fracture.*

GRACE FAULKNER, aged 39, factory operative, Duckinfield, was admitted into the Manchester Royal Infirmary, under Mr. Wilson, October 10, 1850. She states that on the 16th of August, 1850, she fell down, her arm twisted under her, and fractured both radius

and ulnar. She applied to a quack doctor, who said it was "out," not broken, and put on a plaster and bandages. The first dressing remained on a week, during this time it swelled considerably, and was at times exceedingly painful. On the seventh day the dressings were removed and similar ones substituted, but put on more loosely. The pain continued, and when these were removed, a small tumour, about the size of a marble, was perceived; to this some embrocation was used, the pain, however, continued, and after some time, proper medical advice was sought. The true state of the case, as far as the fracture was concerned, was then discovered, and various means used, but the tumour continued to increase, the pain persisted, and was so severe as to prevent her sleeping. When admitted, the tumour was about the size of an orange, of a livid hue, soft and fluctuating in parts, the veins around it are much enlarged, and the hand slightly cedematous; the pulse at the wrist much the same as on the other side; general health tolerably good.—Ordered Cataplasma Lini and opiate at bed-time.

20th.—At a consultation to-day it was agreed to puncture the tumour, which is rather larger; general opinion that it is fungus hæmatodes.

21st.—It was punctured to-day, and a quantity of bloody serum poured out; there was some bleeding afterwards, which was stopped by pressure.—Continue remedies.

27th.—Tumour much increased in size; fungous granulations project from where the puncture was made; it is much darker in colour, and there is evident fluctuation in several parts; her health is suffering, apparently from the air of the hospital.—Some medicine was ordered, and she was sent into the country.

December 11th.—She was readmitted much improved in health; tumour rather larger; she is a little feverish. Ordered a saline mixture, with morphia. She refused any operation to be performed on it, and after a trial of various remedies, her health again suffering, she was sent into the country on the 6th January, 1851.

January 27th.—Readmitted; tumour much enlarged, dark in colour; skin over it much stretched and glazed; health much improved.

February 6th.—At a consultation it was agreed to make an incision into the tumour, and then, if necessary, remove the arm.

7th.—The patient being placed under the influence of chloroform, an incision was made into the tumour, and, as there could be no doubt as to its nature, it was at once removed by amputating the arm above the elbow; eight or nine ligatures were applied as the arteries were much enlarged, and the wound dressed temporarily with wet lint. At night, no hæmorrhage having occurred, it was dressed, no sutures being used. An opiate at bed-time. Two or three days after the operation, she had an attack of feverishness, which was relieved by salines and an antimonial. At intervals she had attacks of dyspnoea, which were immediately and singularly relieved by opium.

March 5th.—She has continued to progress without

any symptom worthy of note; a small abscess has formed in the stump, which has been opened.

24th.—The abscess has healed rapidly, and she was discharged cured to-day.

ROBERT RAND, aged 13, weaver, Heywood, was admitted in the Manchester Royal Infirmary, under Mr. Ransome, February 10, 1851. He states that sixteen weeks previous to his admission he was knocked down, and his thigh fractured four inches above the knee; it was set by a surgeon the next day; it was excessively painful for a week, at the termination of which period the medical attendant readjusted the apparatus, leaving it on this occasion for a fortnight. At the end of eight weeks from the accident happening, he removed the splints, and merely applied a plaster and bandages. The boy states that during the time the splints were applied, he had great pain, and there was considerable swelling. The medical attendant continued to apply bandages and plasters once a fortnight up to the time of the boy coming to the hospital. At the present time there is a tumour of livid hue, which has dull aching pain in it, extending from the knee to within three inches of Poupart's ligament; large veins run over it, and fluctuation is distinct in some parts; the glands in the groin are much enlarged, and rather tender; he sleeps badly, and his general health is bad; he is seized at times with dyspnoea, which, like the former case, is greatly relieved by opium.

21st.—The tumour has ulcerated in one or two places, and discharges bloody serous fluid; his appetite is failing, and his health giving way fast; the glands are becoming more implicated.

March 6th.—At a consultation it was agreed that an operation was inadmissible; the tumour increased, and glands are worse.

10th.—He was discharged incurable, the principal medicines which he had taken being opiates.

The points of interest in these cases I take to be their evident origin in the injury, the age of the parties, and the singular attacks of dyspnoea from which both suffered.

#### *Gangrene of the Leg from Aneurism of the Aorta.*

WILLIAM GREEN, aged 43, labourer, Manchester, was admitted into the Infirmary, January 23, 1852. He states that he has always had good health until thirteen weeks before admission, when he took cold and had inflammation of the lungs, from which he recovered. On the 21st of January, whilst going to his work, he suddenly felt a severe pain in the right knee, which quickly extended down the leg, and it became numb and cold. He went home, sat by the fire, and got some one to rub the leg; whilst sitting by the fire, so imperfect was sensation, that he allowed the limb to be burnt rather severely, and was not aware of the circumstance till it was pointed out to him.

At the time of his admission the leg was red, cedematous, raised into large blisters, and traversed by red

lines, extending as high as the knee. On the calf of the leg, where he suffered it to be burnt, there is a slough about four inches square, and another on the foot, of smaller extent. He has no sensation as far as the knee, but he complains of pain above on pressure nearly to the hip. Pulse full, quick, and irregular; has some cough and pain in the chest; perfectly sensible and answers questions rationally.—Ordered one grain of opium every three hours, poultice to leg, also a febrifuge mixture; he was put on extra diet, and a full dose of opium given at bed-time.

24th.—He was delirious during the night; inflammation active, and seems extending up the leg; bowels open; pulse quick, and irregular.

25th.—He is much worse; inflammation has extended up the leg, and he has no sensation in the limb above the knee; thigh painful on pressure, red lines extending upwards; pulse quick and weak.—Continue remedies. Ordered Vin. Rubri, oz. vj., daily.

26th.—He continues much the same.

27th.—He is worse; has been very delirious; face sunk; abdomen tympanitic; pulse weaker; tongue dry.—Ordered a mixture of bark, ammonia, and opium; beef-tea *ad libitum*.

28th.—A somewhat indistinct line of demarcation begins to be perceptible below the knee; he is exceedingly restless and answers questions incoherently; pulse weaker and irregular.—Continue remedies.

29th.—He is evidently sinking; limb much the same.

30th.—He continued to get worse; the line of demarcation is more distinct; he has delirium, hiccup, vomiting, and is sinking rapidly. He died about three o'clock, P.M.

*Post-mortem twenty hours after death.*—Lungs inflamed, and very adherent; an aneurism of the arch of the aorta about the size of an orange, containing coagula, which were very loose; left ventricle was enlarged; abdominal viscera healthy; limb gangrenous to the knee. On laying open the large vessels a large clot of blood was found blocking up the popliteal artery, also another in the external circumflex artery, and one in the superficial external circumflexa ilii. Rest of the viscera healthy.

In this case there is no doubt that a portion of the loose coagulum from the aneurism of the aorta had been carried on with the current of blood, and being arrested at the spots above stated, cut off the circulation completely from the lower part of the limb.

#### *Carbuncle and Saccharine Urine.*

JOHN BROADBENT, aged 66, of Manchester, packer, was admitted as a patient of the Manchester Royal Infirmary December 12th, 1851. At this time he presented, on examination, a large carbuncle on the back of the neck; it had a jagged feel, and when pressed pus exuded from numerous cribriform openings. His tongue was moderately clean, and his pulse weak. A crucial incision was made into the tumour, poultices subsequently applied, and a mixture ordered, containing

bark, ammonia, and opium. He stated, on the question being put to him, that he thought the quantity of urine increased; it was ordered to be measured, and a portion reserved for testing the following day. The urine measured five pints, specific gravity 1.031. Tested by being boiled with liquor potassæ, it produced the deep colour so characteristic of diabetic sugar. Boiled with sulphate of copper, and excess of potass, it yielded immediately the red oxide. A portion was put on one side for about forty-eight hours, and when examined by the microscope showed an abundance of torulae.

The subsequent treatment was conducted on the ordinary principles of surgery. Tonics were given, with a generous diet and stimulants. Stimulating applications were applied to the wound. The patient recovered rapidly; and in a few days not a trace of sugar could be discovered in the urine. The sugar remained for sixteen days after he came under treatment, in variable quantity, and continued steadily diminishing, as follows:—

Dec. 17.	Urine four pints and a half.	Sp. grav. 1.061.
" 21.	" four pints	" 1.060.
" 26.	" four pints	" 1.056.
" 29.	" three pints and a half.	" 1.028. Slight indication.
" 31.	" less than three pints.	" 1.024. No sugar.

JOHN OWEN, aged 62, of Manchester, green-grocer, was admitted a patient of the Manchester Royal Infirmary November 21st, 1851. At the time of his application he presented a large carbuncle at the back of the neck. He was exceedingly ill; bowels confined; pulse weak and rapid. The tumour presented the usual venous hue and cribriform openings; it was freely opened. Ordered a stimulant poultice. A full dose of calomel given, the bowels well opened, and then a tonic mixture of bark, ammonia, and opium administered. The urine was ordered to be measured, and kept for examination.

The man is improved this morning; the pulse has improved in quality, and the wound looks as well as could be expected; he has had some delirium in the night; urine measured five pints and a half, specific gravity 1.034; the tests mentioned before were applied, and the presence of sugar easily demonstrated. There was nothing after this in the case particularly worthy of notice; the case improved rapidly under good diet, stimulants, and tonics, and the sugar disappeared from the urine in eight days. A trace was again to be found on the tenth day, after which no more could be discovered.

These cases are of interest as showing the presence of sugar, but a comparatively short time has elapsed since it was first pointed out, and it has been repeatedly questioned. In these cases there could be no doubt as to the existence of the sugar; it was freely poured out, easily found, rapidly diminished under treatment, and ultimately disappeared altogether.

## Provincial Medical & Surgical Journal.

WEDNESDAY, APRIL 14, 1852.

WE have received numerous inquiries relative to the conditions of the Prizes for Hospital Reports offered by the Association, and we think the subject of so much importance as to require some observations from us.

Without enumerating the various questions asked of us, we may make the following statement, which will explain all the points touched upon by our various correspondents; and first, then, though by the terms of the proposed prize, House-Surgeons and Pupils are specially mentioned, yet it was never intended to be confined to them, but rather, on the contrary, extended to them as a boon, even though not yet members of the profession, or of the Association. We repeat, therefore, that the prizes are offered to all those who are either members of the profession practising in the provinces, or are pupils or resident officers in a provincial hospital, and that the cases should be *recent*, though not confined to the years 1851-52.

We are extremely glad to find so many and such interesting cases sent to us for competition, and we yet hope to receive even more valuable records of provincial practice. We shall, we hope, be able to find room for their insertion in the *Journal*; but we again recommend condensation, not only as convenient to us and to our readers, but as an important element of success in the object which we conclude all have before them.

OUR respected associate Mr. KING seems to consider, when writing the communication inserted in our last number, that the Worcester Council have only to issue their mandate, and the difficulties attending on the question of Medical Reform will disappear like a house built of cards. We assure that gentleman that if he supposes that either Sir J. GRAHAM or Sir G. GREY could be easily persuaded to take charge of the Bill, he is somewhat mistaken; but still, granting that difficulty overcome, there is the still greater one of finding the funds necessary for carrying a private Bill through the House of Commons, for we cannot suppose that Mr. KING would expect the Worcester Council to have so much magical power as to be able to persuade any

private member of the House of Commons to put his hand in his pocket to the tune of £500 or £600. Yet all this is necessary to such a result; Mr. KING's views must, therefore, be considered as perfectly Utopian.

All that the Worcester Council or the other promoters of the Bill can do, our readers may rest assured will be done. The Bill will be fully matured, the opposing interests, as far as possible conciliated,—having, however, due regard to the principles invariably maintained by the Association, and we hope the Secretary of State for the Home Department may be induced to take the measure under his care before the next Session of Parliament. In the meantime the annual meeting will be held at Oxford, and it may then be considered (if it should be thought advisable so to do) whether the Association should set apart any sufficiently large sum for the furtherance of this scheme of Medical Reform. We are by no means sure that this would be considered by the majority of the Association a legitimate object upon which to disburse the funds at their disposal. Many would think that such an expenditure would be utterly useless, and others that it might be better employed upon objects of science or art. At all events it cannot be considered that the Worcester Council are lukewarm in the cause if they decline to exceed their powers, according to Mr. KING's proposal, by at once proceeding with the Bill at their own risk and individual peril.

## Proceedings of Societies.

### BATH AND BRISTOL BRANCH.

THE Quarterly Meeting of the BATH AND BRISTOL BRANCH OF THE ASSOCIATION was held at the York House, on March 25th, when there were present—Mr. Norman, in the Chair; Dr. Swayne, Messrs. Colthurst, Edlin, Lancaster, Leonard, Mayor, Morgan, Neild, and Wilson, of Bristol; Drs. Davies, Hodges, and Tunstall, Messrs. J. Barrett, Bartrum, Church, Cox, Hensley, King, Mason, and Stone, of Bath; Messrs. Bailey and Colborne, of Chippenham; Crang, of Tisbury; Edwards, of Bathaston; Flower, of Chilcompton; and Vicary, of Warminster.

THE PRESIDENT, on opening the meeting, expressed his opinion that, for the benefit of all parties who had papers to read or observations to make at these gatherings, it was essential that the chairman should be empowered to call upon all persons occupying the attention of the meeting to confine themselves within such limits

of time as the Chairman might think discreet, who should not allow any one to speak twice upon the same subject, except the gentleman introducing it, to reply to any observations elicited in the discussion.

The minutes of the last meeting were then read and passed.

A case was then read by Mr. BAILEY, detailing the strangulation of a portion of the jejunum, three feet long, by a rent in the mesentery, caused probably by a slight fall, in which no symptoms of the injury had been present for several hours after the probable time of the occurrence of the accident. [This case is published at page 188.]

Mr. NIELD then detailed his experience in the application of solutions of nitrate of silver to the glottis, in various affections of that organ. The forms of disease in which he had successfully used it, were laryngeal irritation, cases resembling croup, in some cases of dyspnoea dependent on irritability of the upper part of the trachea, and chronic bronchitis arising from a similar cause; also in two cases where the mucous membrane of the posterior nares was thickened and diseased. He adverted to the varying action of the nitrate upon the mucous membrane according to its condition and the strength of the solution. He drew the attention of the meeting to the necessity of various sizes and shapes of the instrument, and detailed how to distinguish whether the probang had entered the glottis, or gone down the oesophagus. Having himself derived much benefit from it he confidently recommended its use in appropriate cases. [This paper to be published in the *Journal*.]

Dr. DAVIES had long been sceptical of the advantages said to be derived from the topical application of this remedy; but recent observation, and the extended experience of several independent observers, Dr. Hastings, Dr. Green, Dr. Bennett, and now of Mr. Nield, had convinced him that occasionally it was useful, especially in such cases as had been detailed. He had now provided himself with the requisite instruments, and hoped, on some future occasion, to be able to lay before the Association the results of his experience.

Mr. WILSON drew the attention of the meeting to the anomalous position in which at present medical men stood towards many of the Life Insurance Companies. He wished to know what was the usual practice of members of the Association, and whether they would pledge themselves not to sign certificates without a fee being paid by the office requesting the answer. He always refused to sign certificates, except the office paid the fee for the inquiry, the ordinary medical attendant being the only person who, in doubtful cases, could give trustworthy information. In unfavourable cases the office assuredly is the party who ought to pay the fee, for how would the patient like to pay for an inquiry whereby he had been prevented effecting an insurance.

Mr. NORMAN felt that there was much difficulty in the whole question. Assuredly the medical opinion ought to be paid for, as on it often depended the eligibility of the life. In the greater number of the offices the

facts known only to the ordinary attendant of the applicant was part of the preliminary information required before the office would entertain the proposal, the office implying that he would furnish it for their use.

Dr. DAVIES could not but think that the office was the party who ought to pay for the medical opinion, as it thereby is specially benefitted. Take, for example, a case of epilepsy or albuminuria. Could the medical referees of the office, who probably knew nothing of the previous history of the case, ascertain the existence of such diseases? Certainly not. Unless strongly marked the only person competent to give a history of such cases was the ordinary attendant. He felt convinced that if the medical profession were unanimous in the matter, before long all the offices would yield, as many others had already done.

Mr. STONE had always acted on this view. The questions came from the office; however, some might now cunningly make the applicant sign the request for the information. The questions were private, became the property of the office, and might by it be brought into court. On these grounds, as well as those urged by previous speakers, a fee should be paid for the opinion, and should be paid *through* the office, at any rate. In some cases he had refused to answer the questions without a fee; and consequently he had known several cases insured without difficulty whose lives were very bad indeed, and so he had been saved the odium of causing their rejection. By his refusal to give the information without the fee, he had several times caused patients to insure in fee-paying offices. By medical men acting thus, gradually all the offices would come to a sense of their own interest, as well as do justice to the medical profession.

Dr. TUNSTALL rejoiced that the subject had been brought before the Association. He mentioned the following case under his own observation:—A man, whose health had been so bad that his friends did not suppose he would live twelve months, applied to an office whose referees passed him, his ordinary attendant not having been applied to; the life was accepted without such inquiry, and within six months the party died of the disease he had been labouring under.

Mr. NIELD, to exemplify how medical men would evade giving gratuitously an unfavourable opinion, mentioned the following circumstance, which he believed was not infrequent:—The usual opinion was asked of one who, knowing the ineligibility of the life, recommended his patient to apply to another medical man who occasionally had seen him, but did not know so much of his condition. On his report the life was immediately taken, which otherwise it would not have been. He suggested that a resolution be drawn up, and forwarded to all the life offices.

The subject being of a nature not usually entertained at these quarterly meetings, it was eventually arranged that it should form part of the proceedings at the annual meeting in June.

Mr. EDWARDS exhibited a new truss, with elastic belt, for infantile umbilical hernia, which he had found most convenient and useful.

## EAST KENT &amp; CANTERBURY MEDICAL SOCIETY.

SESSION 1851.

Pathological specimens relating to the following cases were exhibited:—

*Cyst in the Brain filled with Pus, the surrounding Structure being softened.*—By DR. LOCHÉE.

A. R., aged 20, fell suddenly from his chair, immediately after dinner, Oct. 16, 1849. The waiter of the hotel where he was staying heard him fall, and entering the room found him insensible. He remained so for three or four minutes, with slight convulsions, but had quite recovered his faculties by the time his medical friend, who lived close by, had arrived. This gentleman remained with him in the room, and was present when the patient, four hours afterwards, had a second seizure, lasting about the same time, and which had all the characters of epilepsy. He recovered from this fit also, but grew flushed, talkative, and restless, though not incoherent. He seemed to those about him to be going on favourably, with no recurrence of the fits until the 23rd, when the left arm was observed to be partially paralyzed, and he looked flushed, complained of slight headache, and was evidently heavy and oppressed. He was bled from the arm to eight ounces but as that led to no amelioration of his symptoms, Dr. Lochée was requested to see him on the morning of the 24th of October. His state then was as follows:—His general appearance and expression were very similar to what is seen in patients when pure inflammatory fever is passing into the typhoid form, the symptoms referable to the brain being more those of congestion and adynamia, than of active mischief. He was stolid and dull in his manner, though conscious; when disturbed and roused he generally answered questions correctly, but not always; he made no complaint, but on the contrary said there was nothing the matter with him; then for some minutes he would take no notice of anything that was done or said. His breathing was slow and rather laborious. The pupils were moveable under strong light, but rather dilated, or spontaneously flickering from one state to the other. The left arm was quite palsied, with involuntary twitching and starting of the tendons at the wrists. The bowels had not acted for twelve hours. The tongue was covered with a yellow fur. The pulse was 90, wavering and compressible. The urine had passed in tolerable quantities two hours before the visit.

The history of the case was interesting, and the unnatural excitement under which he had long laboured, and which, though remarked by his friends, did not give rise to any alarm, was ultimately shown to be produced by a tangible disease of the brain, which had kept up constant irritation. He was naturally very talented, extremely quick, with a wonderfully retentive memory. His conversational powers were of a brilliant kind, so much so as to make him eagerly sought after in society to enliven the dulness of others. This caused him to lead

rather an irregular life, one of constant mental strain and excitement; he also lived freely, more, however, on account of good fellowship, than because he had any pleasure in doing so, for when alone, though he liked to see his table loaded with various wines and viands, he seldom touched any of them. Twelve months before his attack his admiring friends thought him more brilliant and eccentric than ever. He was the life and soul of all their festive meetings. His imaginative faculties, always rich, became now exalted, so much so, as to make him do things which seemed strange even in him. He had the grandest ideas upon every subject; he would have nothing served to him except upon silver, profuse expenditure characterised everything he did. He read nothing but poetry of the most impassioned kind, and used to astonish his friends by repeating whole pages to them with much emphasis and gesticulation. In short, he could do nothing in moderation—if he had to talk, he would sing; and if required to walk, he would be more likely to dance. Such was his history up to the time of his seizure.

Leeches and blisters to the head, with half-grain doses of calomel, formed the essential part of the treatment. He rallied for two days under this treatment, and then fell again into his former state. He was now visited by a physician from London, a friend of the family, who pronounced the patient to be suffering from disease of the kidneys, and prescribed accordingly. In twenty-four hours afterwards, however, the symptoms were so manifestly aggravated that the former plan of treatment was resumed, and for a day or two the patient rallied again. The stupor and palsy left him, his mental faculties returned, and he seemed mending, when on November the 12th, he again became flushed, excited, and talkative, which state ran gradually into one of active delirium, terminating in deep coma, that endured for six hours before his death on the 14th of November.

*Post-mortem examination.*—A cyst, which was full of thick pus, was found in the left hemisphere of the brain, projecting partially into the left lateral ventricle, which cavity also contained about four ounces of greenish pus. The substance of the brain, for about half an inch round the cyst, was disorganised and softened, so as to be almost pulpy. There was no sign of any active inflammation anywhere. The kidneys were specially examined, but they were found to be healthy.

*Hydatid in the Lung, accidentally discovered in a Patient who had died in Puerperal Convulsions.*—By MR. G. RIGDEN.

This was an acephalocyst about the size of a pullet's egg, which was situated in the anterior and upper part of the lower lobe of the left lung. The tissue of the lung which surrounded the cyst in which it was enclosed, was quite natural. After it had been removed for a day or two, owing to the transparency of its wall, an inner membrane, thickly studded with minute and opaque spots, could be seen floating in the contained fluid, at a point where it had become detached from the outer lining.

The particulars of the case, which present some interesting points in relation to puerperal convulsions, are as follows:—

H. B., aged 40, was attended by a midwife in her confinement with her eighth child, and died from puerperal convulsions, two hours after delivery, January 31, 1851. She had been married eighteen years, and was of a very reserved disposition. Her father had died in a lunatic asylum; a brother had destroyed himself; and her twin-sister had suffered for a very long time from constant pains in her head. She herself had enjoyed good health until eight years since, when she was confined with her fifth child, and soon afterwards began to suffer pains in her head, for which she was admitted into the Canterbury Hospital. She was not relieved by the treatment employed, and after her discharge, she gradually became worse, and about a month afterwards attempted suicide, twice repeating the attempt in the course of three weeks. She was then placed in the Bethlem Hospital, London, where she remained ten months, and was discharged much improved. She continued so until her sixth confinement, after which, her head again became troublesome, but not to such a degree as to prevent her from attending to her family duties. She subsequently bore a seventh child, and had a good recovery. She was not attended by any medical man from the period when she left the asylum, until the 4th of May, 1850, when she became a patient of the Canterbury Dispensary, for paralysis of the left arm, which had attacked her suddenly on the previous day. She was discharged September 24, having recovered the perfect use of her limb. About six weeks before her death, she had cough and difficulty of breathing, which subsided without medical aid, but returned, though not violently, about a week before she died.

*Post-mortem examination thirty-six hours after death.*—The scalp separated readily, and was not congested. The bones of the portion of the skull removed, were thickened and dense, the diploe being absent; the arch of its internal surface was considerably flattened on its sides by bony deposit. The dura mater adhered firmly to the skull. The arachnoid covering the brain presented many opacities, but was not vascular; the tissue beneath was infiltrated with serum, so that in some parts the convolutions of the brain could not be seen through it. The pia mater separated readily from the convolutions, and presented a remarkably congested appearance, every fold that dipped into a sulcus having its vessels enlarged, tortuous, and filled with dark blood, and their arrangement being such as to give the appearance of a fine fringe. The convolutions of the brain were narrow, and very convex. The red points that appeared in the sections of the brain were large, and more numerous than usual. The substance of the brain was firm, and was minutely examined, but no remains of any old or recent effusion could be found. The ventricles contained rather more than their usual quantity of fluid. The upper, middle, and part of the lower lobe of the right lung, for the depth of three-quarters of an inch along their anterior surface, were in

a state of solidification from red hepatization. The uterus was firmly contracted, and occupied the entire pelvis. A thin coagulum marked the surface to which the placenta had been attached. Several veins were noticed projecting through the surface of the coagulum, and appeared to be twisted on themselves.

#### *Cyst in the Cerebellum.*—By MR. JAMES REID.

A sketch in water colours, exhibiting the appearance of the part in its recent condition, was also placed before the meeting.

The principal facts of the case were these:—A boy of 15 years of age became gradually affected with amaurosis, accompanied by severe pains in the head, which continued for two years, when he died, having suffered irregular general convulsions for three months, and having become very much emaciated. Although amaurosis was the earliest symptom noticed, so that, with the subsequent progress of the case, it warranted the conclusion before death that the existing lesion involved the optic nerve in some part of its course or origin; yet both the nerve itself, and the parts said to be concerned in the sense of vision, were found, on examination, to be perfectly healthy, and the disease to be situated in a part not acknowledged to have immediate connection with that sense. The details of this case, together with some remarks upon it, have been published in the forty-eighth volume of the *Medical Gazette*.

#### *Hydatids in the Brain.*—By MR. G. RIGDEN.

This specimen exhibited thirty hydatids, or acephalocysts in various stages of development and decay, contained in one pouch. The size of the entire cysts varied from that of a pea to that of a pigeon's egg. The collapsed or degenerated cysts were larger, and had their walls thickened; some of them contained a white, putty-like matter, of the consistence of thick cream; the largest of these, if distended, would have equalled the size of a hen's egg; its wall was the eighth of an inch thick, and its inner surface was corrugated.

The subject of this foregoing disease was a boy, aged 7 years, who became a patient of the Canterbury Dispensary, August 8, 1850, with paralysis of the left upper extremity, having the complete use of his other limbs. At this time he had no headache or other symptoms indicating cerebral disease. The affection of the arm resembled paralysis from the poison of lead; he was able with difficulty to raise the arm to the head, and sensation was not impaired. The mother stated that the child was naturally irritable, but she had not noticed anything wrong until two weeks previously, when the power of moving the left arm became affected. The pupils were natural. He was treated with mercurials, salines, and electro-galvanism, without benefit.

December 20, 1850.—He was attacked with epileptic convulsions, which continued at intervals for several days, and then ceased, the arm becoming gradually weaker.

April 25th, 1851.—The fits returned and continued



to recur, with slight intermission, until his death, which took place April 29, 1851.

*Post-mortem examination.*—The head only was examined. The skull was thin, and at its uppermost part was diaphanous. The dura mater was rather transparent; the surfaces of the arachnoid were less lubricated than usual, appearing almost dry and sticking slightly together. The convolutions of the brain were generally slightly flattened, but more so over the middle of the right hemisphere. On opening the lateral ventricles, the right corpus striatum was seen to project unusually, and when touched it gave way, an hydatid cyst issuing through the opening. The sac containing the hydatids occupied the middle and greater part of the anterior portion of the right hemisphere. The thalamus opticus was reduced to a mere layer, covering the sac, and was somewhat softened.

## Foreign Department.

### FRANCE.

#### *Epithelial Cancer, or Cancroid.*

Among the "*Memoires de la Societ  de Chirurgie de Paris*," is one by M. Lebert "On Cancer and Cancroid of the Skin." His deductions respecting the latter disease we give in the following *resum *:—

Epithelial Cancer sometimes originates in a small warty tumour, at others in a superficial crack, and is not painful at its commencement. The warty tumour may reach the size of a nut without ulcerating. In the second period, or that of development, a certain amount of inflammatory hyper mia occurs, which soon induces pain and ulceration. The character of the ulceration varies; on the face it generally excavates, while on the genital organs it creeps onward irregularly, accompanied by hypertrophy of the base, giving rise to warty excrescences. The mean duration of cancroid is about six years and a half; but this varies with the region implicated, the duration being shortest when seated on the lip. Sex has little influence on its development. In sixty-one cases there were thirty-one men and thirty women. The site, however, varies in frequency in the two sexes; in men the lip is most frequently the part assailed, in women less so than other regions of the face. The genital organs are equally liable to it in both sexes.

The causes of cancroid are little known. Phimosis seems to favour its occurrence on the penis; and the use of short pipes has been thought to cause its appearance on the lower lip. Cancroid may be unhesitatingly said to be a curable affection in certain instances; but it is so frequently the reverse that the prognosis must always be exceedingly doubtful.

The treatment of cancroid must be chiefly local. Early operation is the main indication; but it should be *entirely destroyed, or not touched*. On this account the incisions must be made in the healthy tissues, so as to ensure the complete removal of the disease. The knife is the best mode of removing it where incision

can be practised; but when this is inadmissible, caustics must be resorted to. Of these, arsenic is the best, as in the paste of Manec. The conjoined use of excision and caustic will in many cases be more successful than that of either separately. When the disease is too extensive for the reasonable hope of cure, palliative treatment can alone be adopted.

Cancroid of the lower lip shews itself sometimes as superficial hypertrophy of the epidermis, at others, and more frequently as an affection of the papill . The effects of local irritation are most conspicuous in the lower lip, where the injurious consequences of the contact of the pipe are seen, as well as those of the ineffectual use of caustics. In operating for cancer of the lip, the portion removed should be large, even, if necessary, to the removal of the entire lip, together with any engorged glands. If the ulceration is recent and superficial, the arsenical paste may be applied, taking care that none gains access to the mouth, so as to be swallowed.

Cancroid of the face is more commonly seen on the nose and eyelids than elsewhere. On the cheek it assumes the papillary form, as also on the eyelids; but here there is generally the addition of fibro-plastic elements.

The excavating ulcer (*ulcere rougeant*) is commonly seen on the nose; it commences as a tubercle, and then ulcerates to an indefinite extent. The progress of this is slow, and numerous facts sufficiently attest its curability. The mean duration appears to be about nine years.

Cancroid of the penis generally originates either on the surface of the glans, or internal surface of the prepuce. It is chiefly composed of hypertrophied papill , and is specially frequent in persons who are the subjects of congenital phimosis. The orifice of the urethra is concealed by the exuberant vegetations. The duration varies from a few months to ten years.

The "chimney-sweep cancer" of English writers is a form of epithelial cancer; but sometimes it contains true cancer elements. It commences as a wart, which is followed by ulceration. It is curable in its early stages.

Cancroid of the vulva is generally hypertrophic, commencing on the nymph , where it may extend to the whole vulva, as well as the anal region. Its progress is slow, and it chiefly affects young women. Its results are fatal, unless it be removed entirely in its early condition. Anti-scorfulous remedies are specially beneficial.

Cancroid of the limbs generally attacks the dorsum of the hand or the ankle. Cancroid sometimes appears on mucous membranes. We have seen it on the neck of the uterus, and on the tongue, sometimes in the hypertrophic form, at others as an excavating ulcer. Once we have seen it on the arachnoid.

Keloid offers some analogies to cancroid, especially in its tendency to relapse.

#### *Spontaneous Development of Gas in the Blood as a Cause of Sudden Death.*

In the *Presse M dicale de Bruxelles* is published a memoir on this subject by M. Durand Fardel. The

case which forms the basis of the memoir, is that of a lady, aged 56, who, being at Vichy with her husband, proceeded, as is the fashion, to take the baths, though there was no necessity for them as regards her general state of health, which, on the contrary, was remarkably good. It appears that on July 20th, 1850, she took her second bath at four A.M. She had been over night in her usual state of health. In walking to the baths she noticed that her breathing was shorter than usual, and the attendant observing her condition advised her not to bathe that day. She, however, [did so, and remained in her bath half an hour. When she got out she felt uncomfortable, and in a few minutes sunk exhausted into a chair. Respiration now became very difficult, and in a few moments she was dead.

M. Durand Fardel, who was on the spot immediately, found her still covered with her bathing sheet. The face was pallid; lips violet; no froth on the lips; limbs flaccid; and heart's action completely ceased.

The autopsy was made twenty-two hours after death, the 31st of July, at three o'clock in the morning. The body presented no appearance of putrefaction, there being some lividity only on the depending portion of the trunk and members. The heart was very large; the right cavities distended with liquid blood, rather violet coloured than black, syrupy, very frothy; the bubbles of gas enclosed were some (very numerous) as big as the head of a pin, others less common, as large as peas. When pressure was applied over the course of the two venæ cavæ, the blood which flowed into the right auricle was frothy, like soap and water; the parietes of the right cavities of the heart presented a superficial violet colour; the left side was completely void of blood, and not coloured; the left ventricle was considerably hypertrophied; the orifices of the heart did not present any appreciable alteration, as also the aorta. All the abdominal venous system was distended with violet and frothy blood; numerous bubbles of gas were also found in the blood of the splenic and portal vein. The lungs filled the chest, presenting a few adhesions, and some appearances of emphysema; their colour was reddish outside, but of a deeper tint internally, where they presented traces of considerable sanguineous congestion, without infiltration of blood. There was considerable frothy congestion in the more depending parts. The bronchi contained some whitish frothy mucus. The abdominal organs presented nothing more worthy of notice than a considerable sanguineous congestion of the liver, spleen, kidneys, and a remarkable congestion of the veins of the epiploon and mesentery. The epiploon was loaded with fat; the stomach rather large, and containing about half a glass of clear colorless mucus. The intestines were not opened. The encephalon did not present the same degree of congestion as the other organs; the sinuses of the dura mater contained only a little liquid blood, not frothy. The brain and origin of the spinal marrow, examined as soon as possible, appeared completely natural, a little injected with blood; no bubbles of gas appeared in its vessels.

The author publishes this case in all its details, as

science possesses as yet very few cases of this kind. The observations of Morgagni, wanting in details, do not allow of a positive judgment. M. Reyrolles, in two cases of death by hæmorrhage, found the blood frothy in the heart and veins.

Finally, M. Ollivier of Angers, published a case (*Ann. Gen. de Méd.*, 1838) which leaves no doubt as to the existence of the disease which M. Durand Fardel observed in this case. A curious circumstance, doubtless observed before, enabled M. Durand Fardel to state the existence of gas at the moment even of death. The bleeding performed at the arm gave issue for more than a quarter of an hour to blood, which, trickling from the vein of a body deprived of life, carried with it numerous bubbles of gas.

To what cause can the origin of this gas be attributed? This is a question still undetermined, and which may be perhaps solved at some future time by the chemical analysis of the gas found in the blood. Whatever it may be, the observations of M. Durand Fardel tend to prove that it is owing to a spontaneous exhalation from the veins, caused by spontaneous alteration in the crasis of the blood, of which we are ignorant.

[This case is still further important in its connection with those cases of sudden death after delivery in which air has been found in the blood, and is supposed to have entered by the uterine sinuses. May it not in these cases depend, as in M. Fardel's, on a spontaneous generation of gas?—ED. P. J.]

## Correspondence.

### ON PRIVATE LUNATIC ASYLUMS

To the Editors of the *Provincial Medical and Surgical Journal*.

SIRS,—In conversation with various intelligent members of Society, lay as well as professional, I find the above subject has attracted considerable attention, and is invested with an interest at the present time, which calls for a more extended discussion, and if your pages be still open to such a theme, I solicit another portion of your space in one of your earliest issues.

When my former letter, published in your journal of the 21st of January, was penned, I was not prepared to believe that the noble Chairman of the Commissioners in Lunacy could possibly have made use of such a statement as has been attributed to him by the public press. It is reported that Lord Ashley, at a late meeting in one of the midland counties, said that "he hoped to live to see the day when every private asylum in the kingdom would cease to exist." Now, Lord Ashley, I should suppose, notwithstanding his official relations, is at liberty to fully express his opinions on this subject, freedom of discussion being the birthright of every inhabitant of this realm, and constituting, indeed, one of its main glories; but I think you will agree with me, that it specially behoves an individual holding the conspicuous position he has hitherto done in public estimation, to be cautious as to the grounds on which he allows his actions to be determined in any public movement. I do not think any one does or can suspect

Lord Ashley of any but the most honourable motives in his philanthropic career, but his judgment is equally liable with that of all others to be impugned; and it is my opinion that the above bold and rather radical statement, like the recent dictum of a celebrated lawyer, "that no lunatic not dangerous to himself or others, should ever be confined in a lunatic asylum," would have been better unsaid. But we have not yet to learn that great men may, and do err, and we must leave his lordship to answer for himself. It is necessary to observe, however, that such an asseveration coming from such a quarter, and in such an age, is rather startling and significant, and ought to awaken from his slumbers every party who has an interest at stake in the existence and maintenance of a private asylum. Whether intended or not, we seem to have no alternative left, than to look upon it as the sounding of the tocsin, and we can no longer with safety lull ourselves in our fancied security, otherwise our strongholds may be taken by surprise, and we shall be left to mourn over our fate without sympathy and without redress. Coming events are apt to cast their shadows before them; and, depend upon it, the day is portentous, and it is high time to put on our armour for the fight, and if we can show that we have any measure of right and justice on our side, let us resolve to act in concert, and not fall, when called upon, "to die hard." If public feeling, goaded on by notions of mistaken philanthropy, shall determine the extinction of private asylums, it will be well to prepare in time to make out our case for compensation, (for our right to this, we presume, will be as clear as that of the West Indian planters ever was to their twenty millions,) but as I only fear that such feeling has not yet been wrought up to this pitch of warmth and fanaticism, that it may be still oscillating and perhaps halting between two opinions, it seems better, in the first instance, that we, the proprietors of these asylums, should take some pains with the community in order to give them a proper insight into the nature of private institutions as well as into the "arcana," should there be any, of their general management. As matters at present stand, and as I have shewn in my former letter, the reformers have certainly had everything their own way, the people having been admitted to only one side of the picture, but notwithstanding all this one-sidedness, if the numerous charges against us cannot be rebutted—cannot be met by counter-statements which may annihilate or at least weaken their power; and, further, when we call to mind that our detractors are active and we are passive, I repeat, our extinction is nothing more than a legitimate consequence of our own supineness and lethargy, and our tacit acquiescence in it will be regarded in no better light than as an evidence of our guilt and self-convicted criminality.

Now, it is hardly to be expected that Lord Ashley, with his acknowledged character for caution, would venture upon so general a condemnation of private asylums solely on the strength of his own experience, and it is an inquiry of some interest to us—the proprietors, to learn how his Lordship has been led to this conclusion; for there is undoubtedly involved in it the negative inference that, in his estimation, the very principle of a private asylum is essentially defective, that

the system is incurably wrong, and admits of no remedy but thorough extinction. Certainly, on the part of his Lordship, this is very bold doctrine to broach, but the fairness of our inference is undeniable. The most extreme reformer in general politics could not exceed it; indeed the latter goes no further when he contends that the evils and power of an hereditary peerage are so great that they can never be counteracted by present contrivance, and that there can be no true liberty for the people without its total extinction;—when he contends that the union of Church and State is accompanied with such fearful consequences, that it is useless attempting their reform without first entirely breaking off their alliance, &c., &c., &c.; but as these views are not participated in by the mass of sober and reasonably-minded men, so in like manner I fancy the radical notions of his Lordship in respect to the irremediable nature of the evils of private asylums, will be liable to share the same fate with the community in general. Now, in the absence of positive information, we must briefly speculate as to the mode in which Lord Ashley has been led to these extreme conclusions. Of course he is very familiar with the news of the day, as well as the literature of the age, and no doubt, he may have had a small share, by virtue of his office, of even personal experience; but I should say that the representations, derived from these various sources, highly coloured though they have been, would hardly have emboldened him to come out so strongly, and we are driven to the unwilling alternative of suspecting (and we may be surely excused suspecting, as suspicion seems the order of the day in these things) that the Commissioners themselves have been reporting unfavourably of us *en masse* behind the scenes. However, this may be, the noble Chairman seems to have come to a decision on the question, and to say the least, probably more may be due to the Commissioners for having aided in the result than we would fain believe.

The question, however, must not rest where it is at present; there must be a more thorough understanding on this point; and Lord Ashley, on consideration, must feel himself called upon at once to speak out more distinctly the meaning and scope of his observation. This much, at least, is due to the proprietors of private asylums; for really such an announcement, if it have its legitimate effect, is calculated to paralyze all their energies, and seriously interfere with the further investment of capital in this department of science. I fear, also, it may come to have another and perhaps more serious effect; for it may be the means of throwing additional impediments in the way of the Commissioners exercising their usual supervision with efficiency and satisfaction, for Lord Ashley's experience of mankind must, or ought to have taught him, that laws may be rendered so exacting as to goad people on to rebellion; that the sense of right and wrong, and even, perhaps, be excused saying, even honour, small though this latter may be in the breasts of proprietors of private asylums, may be wounded, suspicions and jealousies may be engendered, and the respectful feelings hitherto subsisting between the supervisors and the supervised may be greatly interfered with. I believe it is a general fact and rule, admitted from Grotius downwards to Blackstone, that to ensure ready, and willing, and

obedient compliance to the laws, the framers must take care that they accord, as far as possible, with that sense of common justice and fairness, naturally inherent in mankind. The law of lunacy, strange to say, in more senses than one, appears destined to be rendered perfect and infallible; seems singled out for special experiment. Because insanity refuseth to be bound in by strict definition;—because the shades of sanity and insanity are so fine that the most copious and expressive language faileth to mark out their respective boundaries;—because a “Nottidge Case,” will now and then occur on the scene;—because, forsooth, these rare and exceptional instances have happened on a subject confessedly the most difficult and abstruse in the whole range of medical or legal science, has the whole system of management, each time of their occurrence, to be stirred up afresh to its very foundation, and triumphantly paraded as an argument showing the irremediable abuses of private establishments. We admit that painful cases have come to light, and we profess to have humanity enough left to lament them; but we at the same time are equally sure that such cases will occur again, despite of the most refined statutory enactments, and we demur, “de toto,” to the conclusions which appear to have been drawn from them. I appeal again to your readers whether, with the view of preventing the recurrence of these things, it is wise—it is necessary to abolish private institutions for the insane. By parity of reasoning we should be called upon to abolish the office of judge and trial by jury, because many innocent men, as has been afterwards proved, have suffered imprisonment and even death at their hands; farther, shall we abrogate the Poor-Law because many instances have come to light where parties have been hungered to death through the difficulties attending its satisfactory administration? Again, why is the office of union-surgeon not extinguished, when it can be shown that in some few instances men have died without being able to obtain his services owing to excessive engagements? The reason is pretty obvious to men of experience. In all human affairs it is a good thing to aim at perfection, but there is no reason in becoming desperate when we fail to attain it. Let abuses as they arise be reformed, but in accordance with the dictates of cool and sober experience. We repeat, it would be very uncandid to deny that certain cases have occurred which were calculated to arouse public attention, or that many useful reforms in the law of lunacy have resulted from the attention of the community having been so directed. To deny this would be tantamount to disbelieving in the possibility of human progress; but public feeling soon tends to right itself and come to a due equilibrium, when the facts of any case awaiting its decision are truly and faithfully represented, without colouring and without distortion; but who can say that such has obtained with regard to the subject of lunacy; indeed, who can deny that a great amount of pseudo-sentimentalism and mawkish sympathy has been unnecessarily expended upon it.

We next approach one of the most important parts in this discussion. Supposing Lord Ashley succeeds in his attempt to annihilate private asylums, it is very necessary to inquire what he proposes to substitute in

their place. Does he intend to remove private lunatics to the county establishments? or is he about to restore the cottage system, and store them up and down again amongst farm houses? or rather, does he not purpose to erect special institutions by means of charitable subscriptions, and in the event of these failing, by the aid of county-rates or the consolidated fund, something on the principle of the Northampton and Manchester Asylums; and when all this has been done, to go out into the highways and hedges, and compel them to come in. We must presume that his Lordship at least imagines he sees his way clearly on this point, and possibly he may be gifted with a more extended vision than ordinary mortals, but he must bear with us taking the liberty of cautioning him as to the very delicate ground on which he here treads, and of expressing our deepest conviction that he is about to undertake a task which will prove too great for him.

We believe it is a general rule, as we have attempted to show in a previous letter, that there is a constant tendency in mankind to be jealous of all establishments officered by salaried superintendents; and for one main reason, amongst many others, that it is generally difficult to fix upon a responsible head. The public prefer to deal with individuals rather than a Committee of Governors; and we must repeat our impression that should the Commissioners succeed in inducing the Legislature to refuse to license any longer private institutions, they indulge themselves in a delusion when they anticipate the day that persons of means, or those who have any option in the matter, will consent, as a general rule, to send their friends to public asylums. No doubt exceptional instances may now and then occur, where the Governors can meet with a Tuke, or a Conolly, or a Pinel, to act as directors, whose high moral and well-established characters would at once inspire sufficient confidence. But in a great undertaking of this kind, intended to be adapted for the whole community, it must be recollected that their main management, after all, will have to be entrusted to men of average attainments and average feelings;—in short, to common fallible humanity.

Having entered so far into the general argument, and having ventured to express our great misgivings as to the success of the institutions which it is proposed to substitute for those whose existence time-honoured custom has long tolerated, if not sanctioned, it seems necessary that we should now clearly and explicitly state some of the probable reasons which induce the public to prefer private asylums. In a former letter we slightly glanced at this subject; but we propose now to enlarge upon it. And, in the first place, we affirm that the public prefer them because there is generally one recognised responsible head, supreme in control, and amenable to no other authority, and who is influenced by motives of self-interest to be affable and approachable, prompt and business-like in his habits;—one who is dependent for his daily bread on his daily exertion;—one who is dependent for success on the candour and good faith which he observes towards his patients and their friends;—one who has time and opportunity to pay individual attention to individual cases.

In the second place, the public prefer private asylums because they are, comparatively speaking,

private;—because they are more limited in extent, and that, therefore, their friends can receive more special attention;—because they believe that a greater variety of diet is practicable in them;—because they feel that they can make it worth the while of the proprietor to grant a greater number of little nice indulgencies, which they conceive will contribute much to the invalid's comfort;—because they can more freely and oftener correspond respecting their friends;—because they feel more at liberty to visit (whether judiciously or not is another question) whenever their feelings prompt them to such a course. And, contrast all these privileges and advantages with those of an asylum containing from 300 to 500 inmates, and perhaps the public will shew themselves not very undiscerning in imagining that a private asylum will suit their tastes and views better, and prove more acceptable to their feelings.

That the above is no factitious representation—no coloured exaggeration to gain an object, we appeal to every medical man of experience in these matters; indeed, to any one who has studied mankind, and who knows something of the impulses and emotions which determine the springs of human actions. Not a year passes over our heads but we receive parties into our establishment who might have obtained admission into the county one (and if our fees were less, we feel that we should receive many more); but the friends prefer to try them for a few months with us previously to their adopting this, in their opinion, extreme course, and they make great exertions to maintain them; and the reasons assigned on their part are embodied in the statements above made.

We cannot well conclude this letter without briefly alluding to the proposals recently set forth by Dr. Henry Munro, although we feel that we might safely leave him in the hands of your correspondent E. B., who, if not so wordy, has at least shewn himself greatly his superior in experience and wisdom. We have really no wish to impugn the purity of motive, or suspect the disinterested nature, of the benevolent aspirations which seem to have actuated Dr. Munro in his present course; but he should recollect that in a movement of moment it is as necessary to use the head as the heart, otherwise we shall be apt to make very poor and profitless advisers. He might also have been induced to act more cautiously by recollecting that he is the scion of a family long distinguished in this department of knowledge, and that there devolves upon him the maintenance of the honour of a character so well and so richly earned. His reasons for increased supervision are, in our opinion, of the most flimsy and gratuitous description, and make us disingenuous enough to stamp them at once as the concoction of the cabinet, and not the offspring of calm and sober experience. Your space will certainly not permit of our entering into detail; but, like E. B., we beg to give an unqualified contradiction to each and every one of his four propositions; and we cannot restrain ourselves from saying that the appointment of any Assistant-Commissioner in Lunacy would be a piece of the most jobbish, meddlesome, and unnecessary legislation, in a small way, that was ever palmed upon an unsuspicious and industrious people; and we sincerely hope that not a sixpence of our hardy earned income-tax will ever be

misappropriated to such a purpose. We have supervision enough. If six or seven clandestine visits in the course of a year, by parties endowed with such tremendous powers as the present Commissioners, are not adequate to regulate and keep in respectable order lunatic asylums, and prevent the creeping in of excessive abuses, the sooner the extinguisher is applied the better. The public, we believe, if let alone, are sufficiently satisfied with the protection afforded to the liberty of the subject by the last Act of Parliament. We never recollect an instance in which any party to whom we have been called upon fully to explain the safeguards established by law to protect Her Majesty's subjects from improper confinement, has considered them inadequate; but we have a very distinct remembrance of a case (for it happened very recently) where an affectionate brother of high moral character, and of considerable mercantile notoriety, whilst performing the painful duty of consigning a near relative to our care, observed that he thought such extreme supervision must be unnecessary in private asylums, but perhaps called for in public institutions. On requesting him to state his reasons for this conclusion, which we informed him was opposed to that of many very humane men at the present day, he replied "that a regard for character and worldly success should do much towards ensuring proper and humane treatment of private patients."

We shall dismiss for the present this part of the subject by candidly observing that our experience inclines us to the belief that the inspection of lunatic asylums will always prove a rather difficult as well as delicate task, and will probably never be rendered so perfect as fully to meet the whims, and caprices, and fastidious tastes of certain gentlemen who sit at home in their easy chairs, and who are seldom seen on the field of battle; and this difficulty will attach whether the establishments be private or public; for we profess to know even something of the internal management of the latter, and therefore would warn our detractors in pointing them out to us as paragons of perfection. Much will always have to depend on the good sense and moral attributes of the medical superintendent; and the public have penetration enough to see this. But we have certainly our doubts as to the soundness of the principle of inspection which is pursued at the present day. We believe that inspection is necessary, and if properly executed cannot fail to do good. We believe that all reasonable suggestions of the Commissioners will be received in a proper spirit by proprietors of these houses;—that they will be thankful for any novel plans which may be submitted to them to assist them in the discharge of their onerous duties; but why allow themselves to be egged on to anything even approaching an undignified course by the current fashion of the day of making molehills into mountains?—why come down upon us predetermined to find fault?—why plant themselves in different departments of the house and cross-question our domestics, with the obvious intent of eliciting inconsistent reports?—why deny the superintendent credit for some few grains of conscience and integrity of purpose? We question either the fairness or philosophy of this system; and we are glad to say that we cannot yet go

this length in our belief in the depravity of human nature. The banker trusts his clerks with bags of gold;—the money-receiver at the entrance of a restaurant, entertaining hundreds, takes your word and statement; and experience seems to warrant a continuance of the plan. But, lo! the proprietor of a lunatic asylum must not be entrusted with even the honour and confidence awarded to the frequenter of a pot-house.

Before we conclude you will perhaps indulge us with one word in reference to Dr. H. Munro's scheme for establishing asylums for the middle classes; and we are sorry that we cannot consider him here any more happy than in his arguments for increased supervision. Dr. H. Munro must really suffer from a morbid overflowing of benevolence. The sum and substance of his appeal amounts to this,—that it would be a good thing to erect asylums for the middle classes, because their limited resources render it difficult for them to maintain their friends at private ones; and it wounds their feeling of pride to be accommodated at the expense of the county. Now, abstractedly considered, we dare scarcely deny the truth and reasonableness of these propositions; but we think we are safe in contending that it would be equally a good thing to subscribe a large fund to assist the middle classes to pay their ordinary doctors' bills, their lawyers' bills, and their Government taxes;—to assist the bereft widow in bringing up her fatherless children, and keeping them from the workhouse;—in short, a fund to assist every man, woman, and child in this kingdom who have the usual worldly difficulties to contend with. But we would ask, is there no danger that such a fund is calculated to strike at the root of our national greatness, and undermine its very essence, namely,—self-reliance and independence of feeling; for who, with such resources at command, would long impute these noble principles as virtues? Nay, would not the inevitable result of such a fund be reckless dissipation and hopeless improvidence. We are here reminded of a sentiment, to which at times we are half inclined to subscribe, the remark of a celebrated foreigner, who, on having had pointed out to him our numerous hospitals and benevolent institutions, as specimens of our national greatness and pride, replied, that he should rather look upon them as evidences of national disgrace, for they indicate one or other of three things,—either that the people are very idle, or very improvident and dissipated, or the rewards of labour are very unfairly and unequally distributed amongst them.

To say the least, our Saxon blood recoils at the very idea of pauperising the middle classes of England for this purpose, and rendering them recipients of charity. True benevolence, Dr. H. Munro may rest assured, will always find abundant scope for exercise. Too many objects, we fear, for its gratification are constantly falling out in complicated societies like ours, without devising means for their artificial creation; and it has really become a question with us whether indiscriminate almsgiving or unlimited selfishness be attended with greater evils to society. We feel that the best and soundest part of benevolence consists in readily adopting all those political expedients which tend to beget industry and exertion amongst the people, and to

ensure a proper and equable distribution amongst them of the fruits of their labour; and that excessive almsgiving is only a very secondary ingredient in the philosophy of social improvement.

To conclude, our task has been a very ungracious one of having to set ourselves in seeming opposition to principles and practices which, when properly carried out under the guidance of reason and judgment, reflect infinite credit on our very race, and constitute, indeed, some of the great redeeming traits in our fallen nature. But the sense of duty not unfrequently works in antagonism to the feelings of the heart; and we have only enunciated what we believe to be based on equity and truth.

I remain, yours, very obediently,

AN ADMIRER OF TRUTH.

### ON UTERINE HÆMORRHAGE.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—I was much interested in the perusal of the paper on "Uterine Hæmorrhage" by Mr. King, contained in your journal of the 31st ultimo, but was somewhat surprised he made no mention, amongst other means for the treatment of internal uterine hæmorrhage, of the injection of cold water into the cavity of the uterus, for the purpose of inducing permanent contraction of that organ, after the expulsion of the placenta. In three cases of internal hæmorrhage I have applied cold water in this way, with the most complete success, and unattended with any unfavourable symptoms afterwards. In one of them napkins, saturated with cold water, placed on the abdomen and pubes, and pressure with the hand over the fundus uteri, had been applied for some time, but with the effect only of retarding, not stopping, the gradual increase of the organ. Having sent for a syringe, I injected a quantity of cold water into the cavity, and immediately perfect contraction ensued. It is immaterial whether a common enema syringe or an elastic bottle be used for the purpose, provided the tube be sufficiently long to be carried completely within the os uteri; by this method the uterus is thoroughly emptied of its contents, not leaving, as is frequently done after the application of cold externally, a large coagulum within, which, undergoing decomposition, causes offensive lochia, and not infrequently uterine phlebitis; and it is also less likely to be followed by serious consequences than the introduction of the hand within the uterus, as recommended by some authors, although Mr. King says "the only contracting power in this case (internal hæmorrhage after delivery) is cold water."

With regard to the action of the *secale cornutum*, I think it has certainly the power of originating uterine action, not merely of stimulating it, but the dose requires to be frequently repeated, and is undoubtedly more efficacious when combined with biborate of soda recommended by Dr. Rigby.

I am, gentlemen,

Yours very truly,

F. P. C.

April 3, 1852.

# THE NEW MEDICAL REFORM BILL AND THE TITLE OF DOCTOR.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I perceive that the New Medical Reform Bill is particularly fastidious with respect to the use of the title of *Doctor*. No one shall use it, says the Bill, who has not an undoubted right to it.

Now, Sir, if the *Squires* of the country were as fastidious and particular as regards their title—*Esquire*, which is a territorial title, and as much a title of honour as *Baron*, *Count*, or *Duke*. How would your correspondents, who use that title, without any real right to it, feel?

Every blue-bottle doctor, now-a-days, sets up for being an *Esquire*, many of them not knowing that they are using a title of honour; yet the real *Squires* say nothing in the way of objection, but on the contrary, often courteously address their medical attendants, however humble their grade may be, by that title.

The barrister and the M.D., are by law *Esquires*, as the attorney is a *Gentleman*; and as such they rank in society; but the apothecary or the surgeon is not an *Esquire* in right of his profession, and their using that title is as great an usurpation and intrusion as using the title of *Doctor*.

Now, Sir, I would suggest to you, not to be so exclusive about the use of the title—*Doctor*. It is a convenient title for the medical attendant, and I see no reason why physicians should have a monopoly of it.

The people always will say "*our doctor*," whether *their Doctor* be physician, surgeon or apothecary, and I think the medical attendant should have the privilege of styling himself by the title the people ordinarily give him, whatever his grade may be. But then, again, as you are going to have only one scale of education for all medical men, this distinction about title is the less tenable in your scheme. Someday, having passed the examination, join the College of Physicians, and some the College of Surgeons, whilst others will remain general practitioners; but if they are to be educated alike this invidious distinction of title would be unjust. Let them all be *doctors*, for *doctor* is the title the public will give them; and to keep it from being a *nickname*, let it be their rightful title.

But it is intended that those who may select to join the Colleges of Physicians and Surgeons respectively, shall have to undergo another examination; if so, your Medical Reform will make little or no change beyond a superseding of the Apothecaries' Hall in its functions of examining and giving a licence to practise. All those under the new law who shall not have joined the Colleges, will be looked upon as mere apothecaries under some other title—a title it appears not yet settled on, but that title as the act, or rather proposed act implies, must not be *doctor*. Nor can it be surgeon, for the using of that title would be a usurpation, without the diploma of the College.

When I was young there was a medical practitioner who kept a shop in a certain city, and he had on the door his name, with surgeon-apothecary and midwife after it. It so happened that he was a good-looking

fellow, and that a wealthy heiress fell in love with him, and married him. He took *her* name, and having moved into a neighbouring square, put it on his door after his own name, but no surgeon-apothecary or manwife. His own name was Davis, the wife's maiden name, which he adopted, was Issadore, rather an uncommon name no doubt, and many of his patients seeing that the former titles were no longer on his door, came to the conclusion that Issadore was a new technical word, meaning surgeon, apothecary, and midwife altogether.

It is, I submit, Sir, just such a word we want as a title for the new-fangled practitioners, if the use of the title of *Doctor* is to be prohibited. But I am for the good old title of *Doctor*; it means all, and it is short and handy, and every one has it by heart, and will apply it to the medical attendant in spite of all the penal laws you can enact.

Your constant reader,

M.D., EDIN.

London, April 3, 1852.

## MEDICAL BENEVOLENT FUNDS AND COLLEGE.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—By the exertions of Messrs. Newnham, Daniell, and Propert, the subject of Medical Benevolent and Provident Funds or Societies has at length been forced upon the attention of the profession, and a decided conviction of their necessity and utility established. This result, upon which I sincerely congratulate those gentlemen, would, I believe, have been much sooner realised had they not ignored the existence of numerous societies which have been long established, and have accomplished a large amount of benefit in their different spheres. My object at the present time is not to discuss the peculiar claims of the purely Benevolent Fund which is advocated with untiring zeal by Mr. Newnham, or the society of a mixed character so ably supported by Mr. Daniell, but, having satisfied myself as to the merits of the Medical Benevolent College proposed by Mr. Propert, to submit for the consideration of the Council of that College, and the different County Medical Benevolent Societies, a plan which, in my humble opinion, will, at the same time that it promotes and expedites the establishment of the College, increase the usefulness of the local societies without interfering with their individuality or independence.

It is proposed that the College shall afford accommodation for 100 pensioners,—who shall possess an income of £15 a year each,—and a school for 100 boys.

The estimated outlay for site and the requisite buildings is £20,000.

The annual expenditure is estimated at £1500.

This gives an outlay of £200 capital for each pensioner and scholar, and an annual cost of £15 for each scholar.

No mode of electing or appointing the pensioners and scholars has as yet been proposed. The combination of election and nomination appears to me to be desirable and practicable. A certain number of appointments should be filled up by the votes of the subscribers of less than £200, and every individual or society subscribing £200 and upwards should have the right to nominate one pensioner and one scholar for every £200 subscribed, subject to the conditions that every pensioner so nominated should be possessed of, or have guaranteed for him, the sum of £15 a year, and that

for every scholar so nominated the sum of £15 shall be paid yearly.

The President, Vice-Presidents, and Treasurer of every society subscribing to be *ex officio* members of the Council.

I respectfully submit this scheme to the consideration of the Council of the Medical College, believing it will harmonize with the steps already taken, and tend to facilitate and hasten the accomplishment of their benevolent object.

There are several County Benevolent Societies existing, which have accomplished, and continue to confer, a large amount of benefit in their several localities. I will take the Kent, with which I am connected, as a specimen of them. The remarks which apply to this will most probably apply to the others.

The Kent Medical Benevolent Society was established in the year 1787. The amount of capital accumulated in the year 1851 was £6450 in three per cent. consols, (which sum is on no account to be diminished below £3300 stock,) producing an annual income of £186. 8s. 1d. The number of members at the same period was 141, who subscribe £1. 1s. each annually, making £148. 1s., thus giving an annual income of £334. 9s. 1d.

The number of members deceased is 162, of whom forty, or nearly twenty-five per cent., have received assistance to the amount of £10,827. 15s. since the establishment of the society. The number of recipients have, on the average of the last ten years, been 8.5, who have received annual grants to the amount of £225. The grants made in 1851 were, £35 each to four widows, £30 each to two widows, and £10 towards the education of the son of a deceased member, making a total of £210.

I think the time has arrived when the Society ought to take into their serious consideration, the policy of increasing their capital without any scheme for its ultimate appropriation. Should the Council of the College adopt the plan proposed, I should recommend that the sum of £1000 should be subscribed to that institution. This would reduce the annual income by something less than £32, but would afford the means of granting a house and home to five individuals, and securing a good education and board to five young persons, at a cost of £15 each, or £50 less than it could otherwise be obtained for. Should the ten nominations be filled up, and the Society pay the whole of the pensions—viz. £150 a year—there will still be an income of £150 to appropriate to those cases which it would be desirable and necessary to assist as heretofore, and which, judging from the past, would be amply sufficient for the purpose. It, however, by no means follows, that the Society should in every case pay the pension for their scholars; a nomination would in many instances be a great assistance. The necessary regulations for the appropriation of these nominations would of course be framed by the Society.

The adoption of this proposition would, I feel convinced, increase and extend the means of usefulness, without in the least involving the independent action of the Society, which is essential to its permanent existence and support. I am not acquainted with the actual number of societies existing, but I may mention the London, the Norfolk and Norwich, the Hertford and Essex, the Surrey, the Kent, and one in Yorkshire, I believe. A subscription of £1000 each from these would produce one-fourth of the required capital!

If by these observations the parties interested should be induced to adopt the propositions severally made, and thus hasten the consummation of a great and good work, I shall be gratified thereby, and am, Sir,

Your obedient Servant,

Dover, March, 1852.

GEO. SOULBY.

## Medical Intelligence.

### APPOINTMENTS.

Mr. Joseph MacLise, F.R.C.S., has just been elected Assistant-surgeon to the University College Hospital, in the vacancy occasioned by the resignation of Mr. William Cadge.

### ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted Members of the College on Monday, April 5th:—Dr. Henry Folkard, Old Brompton; Dr. Liebermann, Clapham Road; Dr. Prout, Royal Hospital, Chelsea; Dr. Salter, Montague Street, Russell Square. Also Dr. Osborn, Southampton, was admitted an Extra-Licentiate.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 26th ultimo:—Richard Sumner Fowler, Bath; Henry Homer Grainger, Skipton-in-Craven, Yorks; William Harboard, Hull; Frederick Ashton Heath, Manchester; William James, Newport, Monmouthshire; John Lister Bertram King, Belgrave Square; Samuel Buckland Mitchell, Kingston-upon-Thames; Constantine Casidi Reade, Army.

The following gentlemen were also admitted on the 2nd instant.—John Mathew Burke, London; George William Carr, Kincardine, Upper Canada; Charles Richard Crossley, Ashby-de-la-Zouch, Leicestershire; John Brendon Curgenven, Highgate; William Evans, Anglesey; William Richard Grylls, Sydney, New South Wales; William Haynes, Hon. East India Company's Service, Bengal; Iberson Izod, Birmingham; William Young Gieves, Sharrow Grange, Yorkshire; Charles Lee, Woodbridge, Suffolk; Robert Francis Symmons, Bures, Suffolk.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 25th ultimo:—Thomas George David Davies, St. Andrew's Court, Holborn Hill; Samuel Drew, Cornwall; Alfred Freer, Stourbridge, Worcestershire; John Hemming, Kimbolton; Alfred Jackson; John Moysey Bartlett Langworthy, Modbury, Devon; Patrick James Mullarky, Margate; John Vinall, Sutton Place, Hackney; John Wilcox, Birmingham.

The following gentlemen were also admitted on April 1st:—William Field Bellin, Great Yarmouth; George Vause Birks, Manchester; Thomas Quiller Couch, Polpero, Cornwall; Charles Richard Crossley, Ashby-de-la-Zouch; Alfred Hedger, South Street, West Square; Arthur Robert Lomax, Hereford; Henry John Davis Mathews, Denmark Hill; Joseph Dunn Nelson, Exeter; Thomas White, Chester.

ERRATUM.—In Mr. King's paper "On Uterine Hæmorrhage," in our last *Journal*, page 168, second column, 20 lines from the bottom, for "on dividing the head" read "on dividing the cord."

### TO CORRESPONDENTS.

Communications have been received from Mr. Perceval, Justitia, Mr. West, Dr. Russell, and Dr. Nelson. *Stockport Medical Society*.—The resolutions passed at the monthly meeting of the Stockport Medical Society, upon the Medical Reform Bill, will be inserted in our next.



CLINICAL LECTURES  
ON THE  
PRACTICE OF PHYSIC.

DELIVERED IN THE  
THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D., EDIN.,

*Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.*

LECTURE XIV.

ON THE MORBID CONDITIONS OF THE URINARY  
ORGANS.

GENTLEMEN,—While dwelling, in the last lecture, upon the affections of the bowels, we had to consider one channel of excrementitious discharge, though certainly even the lower guts are not altogether mere conduit pipes of bodily waste, but are also the seat of sundry acts of secretion and absorption which seem requisite for perfecting the process of digestion. They are only, therefore, partly excrementitious, and their purifying functions are limited to those cruder and more insoluble forms of carbon and the earths which are not capable of being eliminated through the lungs, the skin, or the kidneys.

These latter organs, of which I am now about to speak in connection with their more mechanical appendages, are purely and entirely an apparatus of excretion, and nothing passes through them naturally excepting the results of bodily decay, or such matters as are entirely useless to the animal economy. Thus, you are aware, that almost all the organic compounds which enter the body are resolvable, ultimately, into carbonic acid and ammonia, along with an admixture of earthy and alkaline salts. The cruder refuse of the food (that which is never assimilated at all) passes, as just observed, by the intestines. Those elements which go to constitute the chyle, after being mixed with the venous blood—and more thoroughly so within the heart—enter the lungs to be formed into blood fit for reparative purposes. At this stage of the process, however, a considerable portion of the oleaginous or other carbonized particles are decomposed, with a view to the maintenance of the animal heat; and one of the results of this smothered combustion is a formation of carbonic acid gas, which is evolved from the lungs. In this manner, about eight ounces of carbon are eliminated by a moderate-sized man in twenty-four hours. A woman, while menstruating, discharges much less, but comes up to the male standard both before and after her period of uterine activity. Now, after the blood has left the lungs in an arterialized state, we are to bear in mind that almost all its waste, as well as that of the more solid tissues (excepting such as is evolved in the invisible perspiration), has next to be carried off by the kidneys. In the perspiration we only find a few alkaline salts and some oil; and as the bile secreted by the liver is not an effete matter, but is destined to subserve various important purposes in the economy, it is, as you

see, to the kidneys alone that we must chiefly look for the purification of the vitiated venous blood, in so far as regards the elements above-mentioned; and not only so, but all other soluble matters which may pass unchanged into the blood do here also find vent. Thus, on the assumption of soda, potass, iodine, or any such matter, it will soon be found in the urine. The colouring matter of the bile will also escape by this channel, and, in morbid states of the blood or kidneys, sugar and albumen.

Let us now briefly consider the physiological nature and constitution of these wonderful organs and their appendages, upon which the safety of the frame so completely depends. Tracing the apparatus from the orifice of the urethra, we first find a passage, lined with mucous membrane, and encircled by muscular bands of minute dimensions, the whole being enclosed by the usual areolar tissue. This passage, at its junction with the neck of the bladder, presents to us a very powerful sphincter muscle, naturally capable of preventing the escape of the urine, except under the motion of the will. So far it is a voluntary, or may be called a semi-voluntary, muscle; for while, to a certain extent, it is subject to the will, there is a point of resistance at which even the will is incapable of controlling it. The same observation applies to the muscular bands of the bladder itself, which is to be viewed merely as a convenient reservoir in the animal economy to preserve us from the constant distillation that would otherwise be going on externally. The bladder is also lined with a continuation of the above mucous membrane, underneath which we find a beautiful work of encircling and interlacing pale muscular fibres, invested, as usual, with areolar tissue, which is again covered with a serous coat (the peritoneum), except where it is attached in front, behind, and inferiorly, to other organs in its neighbourhood. Towards the upper and back part of this bladder we find the openings of the ureters, which narrow passages may next be traced up to the kidneys being of similar structure to the urethra and other mucous ducts. At their termination, we discover the kidneys lying upon the lumbar muscles, and embedded within those masses of suet which are commonly found in this situation. They lie outside of the folds of the peritoneum, with which they have no connection, and may, therefore, be said to be not in the cavity of the abdomen, but in a peculiar cavity of their own—the renal cavity, let us say. The shape and size of these organs need not be described to you,—they are too familiar to every one present; and I shall confine myself still to tracing the excreting passages upwards until we come to the ultimate vesicles and tubules which are the seat of elimination. We find, then, that the ureter proceeds from that small reservoir at the inner side of the kidney, called, in its different turnings, the pelvis, the infundibula, and the calyces; and that, into this irregular reservoir dip certain conical mammillæ, these being simply bundles of tubules, which, distilling their contents through the points of the mammillæ, are traced inwards to the body of the kidney and into the cortical, vesicular, or secreting structure. In this course they

are found to branch dichotomously, and to diverge from one another like the hairs of a painting brush, so as to spread themselves over as much secreting surface as possible, until, at their widest stretch, they form the bases of the cones, where they either pass more deeply into the vesicular structure, in right lines, or wander hither and thither in a tortuous manner through the vesicles, each one ultimately terminating in one of those aqueous excrements called Malpighian bodies. The intimate structure of these tubes consists of a transparent basement membrane, which alone intervenes between the capillary expansion of vessels, on the one side, and the epithelial lining on the other. It is through those epithelial cells, when within the cortical portion, that the saline excretions are inferred, by observations, to be eliminated from the sanguineous current below, while the water that dissolves them is conceived to distil from the Malpighian bodies. Now, these Malpighian bodies are individually inclosed within the final rounded expansions of each tube, which, therefore, forms what are called their capsules. The bodies consist, essentially, of a wonderfully minute subdivision of vessels, being tufts of capillaries, formed conjointly from the afferent and efferent vessels. Each afferent vessel is a minute branch of the renal artery, which, after entering and ramifying in a tortuous manner through the capsule, is formed again, by rejunction, into one efferent vessel, which proceeds to pour its contents into that secondary plexus, or minute ramification of capillary vessels, which is found upon or within the expansions of the basement membrane of the tubes. The coils of capillaries within these Malpighian bodies are naked ultimate vessels, not attached to each other by any other structure, but distilling their watery contents without any intervening membrane, even of the thinnest kind. It is in these bodies, and from these vessels, that, as I have said, the aqueous portion of the urine is eliminated; while the saline excretions are considered to be separated from the blood of the secondary circulation in the intertubular plexus, through the agency of the glandular epithelial cells. Upon cutting a kidney through the centre longitudinally, you can see at once, by a coarse view, how beautifully the merely conducting or tubular portion is distinguished from the vesicular, cortical, or secreting part. You will also observe that it is covered with a thin but firm fibrous lining, which, in the healthy state, can be easily peeled off, showing the smooth, shining, and dark-brown surface of the kidney proper underneath. It may also be added, that within the parenchyma of the organ, as in all other soft organs, we find a similar fibrous tissue, which dips down into and surrounds, involves, and supports, after the manner of a skeleton, all the more yielding and delicate portions of structure. I shall only further recapitulate that the secretory circulation within the kidney seems to be in this routine. The arterial blood enters by the artery, which next subdivides, and sends a minute branch, called the afferent vessel, to each Malpighian body. Expanding there into a tuft of capillaries, it appears to part with a portion of the watery element of

the blood, after which these same capillaries reunite into another vessel (the efferent), which proceeds to empty itself into another capillary plexus, which surrounds the tortuous tubes, and is spread over their basement or primary membrane. Here the elimination of the true urinary elements seems to take place, after which the blood is conveyed back to its general current through the veins. The kidney exhibits to us one of the purest forms of mere organic or vegetative life, and has, consequently, very little connection with the sensorial nervous system. Its nerves are derived from the semilunar ganglion, which is formed of the great sympathetic, with a few connecting links from the pneumo-gastric. Thus much was it necessary to say as to the anatomy and physiology of the urinary system before descending upon its morbid conditions.

I shall now speak of some of its chief diseases in relation to functional or nervous derangement—*anæmia*, *hyperæmia*, and *degenerations*.

*PARALYSIS*, or the absence or defect of power, is not common in the kidneys in a simple unmixed form. Its more partial manifestation, as a mere torpor, is certainly very frequently seen, but that is, most commonly, due to a state of congestion, and is, therefore, not a primary or central affection. That which arises from narcotic poisons, such as opium, or from the depressing effects of certain morbid conditions of the blood, affords us a better instance of true paralysis, whether complete or partial. In the terrible pestilence of cholera asphyxia, or true malignant cholera, this paralysis of the kidneys seems to be the leading feature when the disease is profoundly observed. Here an intense poison is conveyed, whether directly to the nervous system, or indirectly through the blood, it is hard to say, but it is conveyed so as to depress the ganglionic organic centres in a most extraordinary manner, while the cerebral masses are little affected, except from secondary causes. It thus happens, though the intellect be clear, that the lungs, heart, and other involuntary organs, at once flag in their efforts, while the blood becomes cold and congealed; but above all, while a mere passive exudation of serum takes place through the bowels, and while the functions of the liver are arrested, the kidneys are also observed not to secrete at all. It is the utter suppression of function in these organs, leading to retention of the urinary elements, which ultimately leads to stupor, and to the fatal result. You may, by your treatment, maintain the respiration and circulation; you may stop the purging, restore the bodily heat, and liquify the blood, and yet you will fail in exciting the kidneys to action, and consequently lose your patient; in brief, if you can excite them to do their duty, the sufferer will probably live, but if you cannot—and it is not often that you can—he will most certainly die.

The disease has been named *cholera asphyxia*, from its more serious results being first noticed on such organs of perpetual and obvious action as the lungs. The kidneys are less open to common observation, and their condition, therefore, is less noted by the ordinary eye; but, from its effects upon them, as recognised by

the professional investigator, it might as appropriately be named *cholera morbus anurialis*.

The bladder, from its more immediate nervous connections with the spinal cord, is more apt to suffer from paralysis. This may proceed from any accident or affection of that great trunk, above the points whence the nerves are derived, and may involve both the common circular muscles and the sphincter. Such cases are familiar to you as evidenced in the constant dribbling of the urine from the orifice of the urethra, so soon as it distils from the ureters. You have observed this symptom in several of our spinal cases, leading to paraplegia; but, most remarkably, in the poor woman Shipp, lying in the top bed of the second ward, though even in her it has yielded, in a great measure, to treatment. In the more common instances of mere debility of the sphincter, in which the sensitive surface becomes so irritable that very slight quantities of urine excite the other muscles to a reflex action, overpowering the feeble resistance of the sphincter, and giving rise to frequent, and next to involuntary micturition, the treatment is commonly very successful. We have had numerous such cases amongst our out-patients, but they have all soon recovered. One little girl, aged 10, lately appeared before us, suffering especially from this inconvenience. She had been troubled for nearly two years, the water often coming away every ten minutes; yet, by the use of local cold bathing, with a course of iron and lytta, bland demulcents, and a belladonna plaster over the sacrum, she was soon able to retain her urine like other people. Mrs. Shipp was in a different plight. She had no power over the lower extremities, which, however, were very painful, and often drawn up by violent involuntary jerks, a curious feature in some of these cases. The urine dribbled constantly from her, and was one of her chief sources of annoyance. At the side of the second or third dorsal vertebra a large boil was observed, extremely tender to the touch, and the adjacent vertebrae were noticed to be displaced, apparently from osseous disease. This was a desperate case; (since removed to the workhouse infirmary,) but still a similar course of iron and lytta, as above, removed in a great measure this most offensive symptom, so that she came to retain her urine for two or even four hours at a time.

Of any SPASM in the kidney I know nothing at all, but it is by no means uncommon in the bladder and its sphincter, and commonly proceeds from some local cause of irritation, such as a stone, an ulcer, an enlarged and indurated prostate gland, rectum, or uterus, &c., or the presence of acrid urine, or an acrid diuretic or astringent, such as lytta or port wine. Thus, when spasmodic excitation of the muscular bands exists, there is frequent, distressing, and unavoidable micturition, or painful contraction, without any micturition at all, as then the resistance of the sphincter is reduced, and we have a strangury of the bladder, corresponding to a tenesmus of the bowels. But when the spasm is persistent in the sphincter, the muscles proper of the bladder or of the abdomen will be exerted in vain. The first case is to be subdued or modified by sedatives and

tonics alone, as functional appliances, but keeping our eye at the same time on any physical cause that may be present. The second is to be also met by sedatives, antispasmodics, and heat. Hence a dose of calomel and laudanum, with the warm-bath, will frequently induce micturition without any use of the catheter; though, when physical obstacles exist, they must often come under the surgeon, especially as regards urethral stricture, a prostatic enlargement, in which cases the smallest catheter will sometimes be refused admittance, so that, in this extremity, puncturation has to be practised, either in front or by the rectum.

HYPEREMIA is to be next considered, as anæmia of such organs is rather a disease of the blood in general, unless it be only a diminished local circulation, depending on organic changes, in which case it rather comes under the head of degenerations.

The ACUTE HYPEREMIA of arterial origin, is well known in the kidney under the name of NEPHRITIS, and is commonly caused by the presence of a calculus, or powerful and prolonged impressions of cold. It is not very common here, nor have we had any severe case. When it does appear, we have more or less severe pain and heat over the affected part, the pain extending by sympathy down the ureters into the bladder or root of the penis or testicles. The pain feels deeply seated, and is increased under the slightest bodily motion or stretch of the parts, so that the various muscles naturally accommodate themselves to the condition of the sufferer. Great febrile excitement exists, along with anxiety, and the stomach, especially, is apt to suffer from sickness and vomiting. This word—*anxiety*, so often employed by the physician, is one of which you ought to know the precise technical meaning. It does not imply what is commonly known as mental anxiety; but that indescribable instinctive, or inward organic uneasiness which seems to depress us so deeply whenever any necessary part of organic life is much disturbed, even though the mental consciousness be in abeyance. It is to be recognised upon the countenance, and other expressive parts, apart from all apparent sensation or understanding; and it is thus that you will often hear a patient in typhus, who, on being momentarily roused, will say he is quite at ease and all comfortable; but who will tell a very different tale by the *organic anxiety* which is printed upon his brow, lips, nostrils, and labouring chest. It affords a simple illustration of the double life of Bichat, a doctrine now so well established. Besides this localised pain, and the constitutional symptoms, you would also have to seek for other evidence in such a case, as derived from the nature of the discharges. These, in the first instance, from the actively-turgid state of the vessels would, in all likelihood, be sanguineous. Such presence of blood globules in a severe attack, would be sufficiently indicated by the bright red colour of the urine; but if any doubt existed, the microscope would at once clear it up. If not arrested at this stage, there would next be a discharge of pus, and this would also be easily tested by the microscope, if not sufficiently evident to the naked senses. If the inflammation ran very high, or

was long protracted, there might likewise be deposits of fibrinous lymph within the body of the organ, which, if not absorbed within a limited time, might displace the glandular structure, and produce a carnification of the kidney, quite similar to that of the lung. This, again, under degenerate action, or rather loss of action, might break up into sanious or granular tuberculous matter, of which we had a very curious specimen lately in the case of the phthisical patient, Margaret Williams, of the circumstances of which I shall remind you. She was admitted on October 22, 1850, labouring under laryngeal and pulmonary phthisis, accompanied with rheumatism. Of this latter complaint she had recently been relieved at the General Hospital, but she was extremely emaciated, and in deep hectic fever; though what I wish to draw your attention to is the fact that she also complained of a settled pain about the brim of the pelvis, at the left side, which she had experienced, more or less, ever since she remembered anything. Now this poor woman, aged 42, after being in the hospital one month, died, when, besides the universal diffusion of tubercle in the lungs, which were also reduced to a softened grumous state by inflammation, the right kidney was found preternaturally large—nearly double the natural size—while the left presented, externally, a white semi-transparent lobulated appearance like blisterstone, or more near the point, like blisters themselves on the skin. On opening it, there spouted out, with considerable force, a quantity of thin, sero-purulent matter, intermixed with tubercular lumps, like cream cheese. This matter was observed to occupy large sacculated recesses on the internal surface of the organ, or rather pouch,—for organ there was none—to the number of six or eight. In fact, the whole of the proper tissue of this kidney had been destroyed, and not a vestige of glandular structure remained. When the fluid was thoroughly evacuated, and the inside was washed out, it had exactly the honeycomb appearance of an old potatoe that has been hollowed out by minute insects into rounded chambers. The observations which I have entered upon this point in the large case book are as follow:—"The most interesting feature in this dead body, was the condition of the left kidney, which accounted for the dull pain which she had always had about the brim of the pelvis at that side. The primitive disease of the kidney, of whatever kind it may have been, (for she could give no account of it), must have been of old date, looking to its then state, and to the preternatural size of the other kidney, which had, doubtless, gradually conformed itself to the double duty thrown upon it, and thus become augmented in bulk. It is not likely that the primary disease had been an acute inflammation, as, unless it occurred in very early life, it would not have escaped her notice. Most probably it was a chronic inflammatory action, followed by degeneration, which had destroyed the proper structures of the gland and deposited in their stead at first, perhaps, a sub-organizable lymph, and then a sero-purulent fluid interspersed with granular matter, which at the date of the death had here and there become aggregated in masses resembling particles of

yellowish curd. Such may be inferred as the likely course of chronic inflammation in a debilitated subject, while in a plethoric constitution acute nephritis would more probably lead to an abscess, which might burst either outside or inside."

This renal inflammatory action may be propagated along the ureters, in which case the pain along the lines of these passages will be very marked, but this more commonly occurs in a chronic form, from some persistent source of irritation, such as a calculus seated within the pelvis of the kidney, or the continued passage of gravelly matter.

*Cystitis*, in the acute idiopathic form, is not a common disease, and most frequently occurs from some traumatic cause, such as external violent injury, the presence of rough and pointed calculi, acrid injections, or from such accident as the swallowing of cantharides. I have only known of one instance of acute fatal cystitis in this hospital, which was not traceable to any such causes as the above, but the patient was not mine, and therefore I am not at liberty to use the case in illustration. When it arises we have acute localised pain, greatly increased by pressure, ardent local heat, and some swelling over the pubes. From the irritability there is frequent micturition of small quantities of urine, in the same manner as there is rejection of food in gastritis, or of mucus in dysentery. Likewise we may have constant attempts to pass something, which never comes at all. By sympathy with the stomach, vomiting also generally occurs, and there arises a symptomatic fever, more or less violent according to circumstances. The discharges, under these symptoms, may consist of tenacious mucus, or blood, or pus, but the pus, of course, will only appear when the disease has advanced to its latter stage; and the same observation applies to the appearance of gangrene, if that should ultimately supervene. In that event the pain, from being extreme, will almost suddenly cease, but the ease so obtained gives no cheerful expression to the countenance, such as would be the case in a true healthy resolution. On the contrary, the eyes sink deep into the head, with a lack-lustre stupidity, and are surrounded by a dark-blue ring. The brow is pale, and covered with cold drops of sweat; the cheeks are sunk, the mouth open, the tongue furred brown, and the teeth covered with black sordes; the lips are pale, the whole face is cold, and the body exhales a peculiarly damp earthy odour—the certain precursor of death. Locally, there will be tympanitis, and perhaps some dribbling of offensive matter from the urethra, but the general signs which I have now given will attend the onset of gangrene in any vital part of the body, and our great aim, on every occasion, must be to prevent it.

*Chronic Cystitis* is no uncommon complaint, especially amongst the old, but is usually associated with other forms of disease which constitute local causes of continued irritation. This may be instanced in scirrhus of the rectum, enlargement and induration of the prostate gland, passage of gravelly matter from the kidneys, and strictures of the urethra, besides foreign bodies or degenerate growths within the textures of the bladder

itself. In such an affection, setting aside the peculiarities of each individual case, according to its peculiar cause—all of which, however, must be diligently investigated, with a view to diagnosis and correct treatment,—we shall have a dull localised pain over the pubes, increased under pressure, along with frequent uneasy micturition, the urine being loaded with mucus or pus, more or less thick and tenacious according to the severity of the disease. Some time ago I had an old man under my care labouring under this complaint to a great degree. He was upwards of 82, and the action had been of about twelve months' standing; otherwise, however, he appeared healthy, nor did the disease seem traceable to any peculiar cause. He suffered much pain from ineffectual attempts to make water very many times in the day. A drop or two only would come, after much straining; and the bladder would still feel full and very irritable. The pulse was not materially disturbed; but he could not sleep at night from the above cause. Once in twenty-four or thirty-six hours he was wont to pass, after a protracted and agonizing effort a quantity of fibrinated mucus, slightly intermingled with pus, so thick and tenacious that on dipping a stick into it and drawing it out, you could thus form a thin rope of it from one end of the room to the other, without its showing any tendency to give way. I found he had been taking nitric acid in sarsaparilla, but without any change in his symptoms. In fact, these discharges, out of the body, were coagulated into almost solid masses like cod sound, by the influence of nitric acid, and the same result might have been expected within the system. It was soluble, however, in potassa, and he therefore took that alkali in an infusion of uva ursi, which astringent diuretic is so well known to have peculiar healing powers over the urinary mucous membrane. From that time he began to pass his water more freely, and the mucus ceased to form such tenacious masses within the bladder as I have described. Under these favourable circumstances, however, he began to complain of an intolerable internal itching, so that, as he expressed it, he felt "inclined to tear his bowels out." This I was disposed to attribute to the virtues of the bearberry. Without intermitting its exhibition, however, he had laudanum and tincture of conium added to his draught. These abated the sense of itching, and within one month he had no symptoms of disordered bladder beyond making water oftener than usual. This, however, was also removed after he had concluded his course of potassa and bearberry, by the use of the muriated iron and lytta. He is still living, and I have heard of no return of the malady.

In regard to the special and general treatment of these inflammations, it is to be observed in the first place, that all of them require local abstraction of blood unless they be of very mild form, or the constitutional circumstances of the patient clearly forbid it. Mercury, antimony, and digitalis, will also be of their usual general value, as in other inflammations; but, as the first agent is specially applicable to inflammatory action in the bowels and in the fibrous and serous tissues, the second to a similar action in the lungs and skin, and the third to

acute affections of the heart, so these urinary organs have their peculiar modes of action, which are to be met by peculiar remedies. Thus, in acute nephritis while we would cup or apply leeches over the loins, to such extent as might be necessary, and at the same time give mild oleaginous purgatives along with mercury, we would not expect that decided effect from the latter agent which we look for in affections of the brain, or liver, or bowels, or peritoneum, &c. The kidneys are peculiar glands, which the mercury does not so directly affect, and the great object, therefore, is to relieve them of that burden which they usually bear in the business of excretion, and to lessen the degree of irritation which might be fatally injurious to them in such a condition. This is to be effected by moderating the amount both of solid and fluid ingesta, or, if thirst so prevail as to demand satisfaction, the drinks must be of the most demulcent and unstimulating nature, such as barley or acacia-water. Other excreting organs are also to be solicited to increased activity as a means of relief by a vicarious discharge of the urinary elements. Hence the employment of purgatives, and sudorifics, or diaphoretics, with this view; though it can be effected only under certain limitations, inasmuch as no other glands are calculated fully to take the place of the kidneys in the system. When the acute action is thus subdued, it will be desirable to begin the use of uva ursi, or buchu, in combination with an alkali and sedative, such as potass or soda, in alliance with the tinctures of opium or conium. If it be not arrested, however, and an abscess be inevitable, we can only place an anodyne poultice over the loins and leave the result to nature, cautiously watching every turn of the symptoms.

We very seldom have inflammation of the ureters except as an extension of the same action from the kidneys, or bladder; and when it does arise the treatment is the same as in such inflammations. In cystitis, as in nephritis, the first step to be adopted, if the patient can at all bear it, is the local abstraction of blood; after which a blister may be applied over the pubes, for it never, (except in some peculiar constitutions,) causes strangury when placed there, though it often does so if applied over the kidneys. These measures are to be repeated again and again if necessary; but if not actually required, and some pain and irritability remain, we may next resort to a belladonna plaster. While employing these external means, it may also be necessary to use soothing urethral injections, or suppositories of opium by the bowels. Alkalized draughts of uva ursi, with conium or opium, are here especially serviceable when the acute action is moderated, and the drinks, which may be taken in any quantity, must, however, be of a very demulcent nature. The decoction of the marsh mallow is very good. If irritability continue afterwards, a belladonna plaster may be worn for some time—till it be subdued, while a tonic course is resorted to, including the use of steel and cold ablutions.

The chronic cystitis is, as already observed, to be treated in the same manner as the declining stage of the acute disease. We are to inquire carefully whether it be due to a stone in the bladder, or to gravel descending from

the kidneys, or to prostatic induration, or any neighbouring disease of the womb or rectum, in each of which cases, if any one of them exist, we must direct our more special treatment to such causes. Thus, in our patient Rebecca Brooks, aged 60, who died of dysentery and deep extensive ulcerations of the rectum, the inflammatory action extended to the bladder and ureters; also in Sarah Binion, aged 40, who died of phagedenic carcinoma of the uterus, and in whom the vagina was a softened purulent mass, and the cervix uteri had entirely disappeared, we also found that part of the bladder which was next the womb in a state of scirrhus, while the viscus was also contracted, and its mucous membrane in an inflamed condition; and such causes will exist in many cases. Some, such as the above, are scarcely impressionable by any means, and prostatic enlargement and induration is almost as bad, though the danger be not so imminent. But if we suspect a stone in the bladder, that is known how to be managed by the surgeon, and if gravel be passed, we must examine its chemical composition, with a view to adapt the remedy to it. These collateral matters being thus duly considered, the local inflammation itself is chiefly to be controlled either by leeches or blisters, according to circumstances, accompanied with the internal remedies already alluded to. The potass would appear to liquefy the tenacious fibrinated mucus, as well as to neutralize any irritating acid elements in the urine. The uva ursi and buchu seem both to constrict the extreme vessels of this mucous membrane, and so reduce them to a more healthy calibre, while the opium or conium, or any other such sedative, lulls the sensibility, and so renders the parts less likely to be excited by any irritating cause. The outlines of a case of this kind I have already given to you, in that of the old man; they are rather common amongst such elderly persons, though not usually so severe as the one I have described. In all of them, it is highly desirable that the concluding part of the treatment should consist of a course of steel and cantharides, as no other combination seems to have such a tonic effect upon the urinary mucous membrane. I must defer the consideration of congestions and degenerations in these parts till my next lecture.

## CASES OF DIFFICULT PARTURITION.

By EDWIN BISHOP, Esq.,

*For some years Assistant-Surgeon to the West London Union, and Greenwich Union Infirmary.*

DURING twelve months' engagement with L. Owen Fox, Esq., of Broughton, Hants, the following cases of midwifery, (with a great number of others) fell under my care; should you consider them of sufficient interest to occupy a space in your valuable journal, you will oblige me by inserting them.

For some months in succession it was remarked by Mr. Fox that I had what might with some truth be termed a run of ill luck, for almost every case was

either tedious, complicated, or preternatural, and perhaps it will not be considered out of place here to observe the difficulties the *rural* surgeon has to contend with compared to practitioners in or near large towns; the former is almost compelled to depend on his own professional experience, whereas the latter can obtain the benefit of a second opinion without loss of time or trouble.

Dr. Ramsbotham, in his very excellent work on midwifery, makes the following observations in reference to cases requiring instrumental aid:—"As soon as a necessity for instrumental interference appears, two questions of some importance will naturally offer themselves to our mind—the first, whether we shall call in the assistance of another practitioner to advise us by his council, to aid us in the operation, and to divide with us the responsibility of the case; and the second, whether we shall apprise the patient of the necessity of such help, and obtain her sanction and approval." Every practitioner will, I doubt not, admit the necessity of this, and if necessary and convenient seek further aid, when combating difficulties dangerous to his patient, and with his own reputation at stake.

### CASE I.

Mrs. G., aged between 40 and 50, living at Winteralow, the mother of eleven children, states she has required "extra" assistance on the part of her medical attendants in several confinements; has had adhesion of the placenta, and preternatural presentations; always had "hard labours," and much dreads this being a difficult time. I reached her house soon after seven, A.M., found the pains very strong and regular, accompanied with "a show," which had marked the floor of the room in her passage to and fro. Had been in labour several hours. The os uteri dilated, the head presenting and entering the vagina, parts moist and yielding; bowels relieved twice during the night; has passed water several times.

In less than two hours after I had reached her house the head had so far advanced as to press against the perineum. In this case—a woman who had previously given birth to nearly a dozen children, I naturally thought to be released quickly. In another hour the pains relaxed a little; I gave her two full doses of the ethereal tincture of ergot, and waited; the uterus was roused from the second draught, the pains continued strong again, and at regular intervals, but there was no further prospect of labour being safely completed by the natural powers. Having now remained with her for a considerable period, without any marked improvement, and fearing rupture of the uterus, (for it was remarkably distended) together with the fear and anxiety of the patient and relatives about her, I despatched a man on my horse for the forceps; he had to ride nearly ten miles, which occupied another hour.

Considering that this poor woman had passed through similar trials, I never met with a case where fear and mental depression were so prominent; kind words and promises of a favourable issue failed to inspire her with hope. Having received the forceps, I at once

commenced the operation. Both ears could be felt distinctly, and in that position considered the most favourable to admit of the child's exit. I placed her at the edge of the bed, and used the necessary precautions. I succeeded in locking the forceps after some difficulty and perseverance, and with a few extractive efforts, making pressure of the blades at the same time, the head moved forward. She was delivered at four P.M., much exhausted. The child was born alive and weighed eleven pounds some few ounces. After expulsion of the placenta she had considerable hæmorrhage, which was arrested before I left the house. Her progress to convalescence was speedy. The child lived over a week and died of jaundice.

#### CASE II.

Mrs. P., aged 30, in labour with her first child, residing at Lockerley, summoned me on a Sunday evening, about seven o'clock. She is a short, thick-built person, something after the style alluded to by Byron in "Don Juan," "a dumpy woman." Reports that pains commenced in the previous night, and have continued at regular intervals, and without intermission, to this time; from the commencement has had no sleep, and feels much tired. At nine the os uteri was dilated to about the size of a crown piece, thin at the edges, and yielding; membranes entire; head presenting. As I was five miles from home I decided upon remaining with her, with more comfort to myself than to my horse, who was exposed to the winds in an open shed. By daylight the head was in the vagina, and at eight, A.M., pressing against the perineum, the pains appeared quite strong enough to expel the child, but it did not come. I carefully avoided frequent examinations, fearing she would require instrumental aid in some shape. Warm applications were directed to be applied to the vulva and perineum, with the view of relaxing the parts, if possible. The room was kept cool and quiet, and proper drinks administered. The pains began to lose their wonted vigour, still I hoped it would eventually be over without any interference on my part. I had now been in the house seventeen hours. No progress in the last four hours, and the pains were dwindling into nothing, evidently from want of power. She was much exhausted, and disagreeable progressive symptoms were stealing upon her. It became necessary that she should be delivered with the aid of the forceps, if possible, without further delay. The os externum appeared smaller than usual. Probably her age (30, and the first child,) militated against the parts giving way. With considerable trouble and difficulty I passed the first blade, the second glided tolerably easy. She was delivered, after much care and patience, about three, P.M., twenty hours from the time of my arrival. The perineum was slightly lacerated. The child was full-sized, born alive, but died soon after. The mother down stairs in about ten days.

#### CASE III.

I was sent for one evening to Mrs. P., of Lower Wallop, in labour with her fourth child, under the care

of an old midwife. She had been in labour since the morning. Much excited, irritable, and highly nervous. Upon examination I found the left hand in the vagina, which the midwife had mistaken for a foot, and who said she "couldna' tell why the child didna' come, as the pains wur strong."\* The membranes had been ruptured some hours. Pains very violent. I gave her a full dose of tincture of opium, which quieted her, and proceeded to turn. I passed my hand, and succeeded in getting back the arm, after several attempts. The right elbow could be felt, and also the right knee, which I hooked down. With the knee there was a portion of the funis, without pulsation. The breech passed easily, and labour was completed, satisfactorily, in about two hours. The child was still-born, rather above the average size; its left hand and arm considerably swollen, and very livid. The placenta followed quickly.

[To be continued]

### EFFECTS OF IODINE ON THE MAMMÆ,

By JOHN M. BRYAN, Esq.

ELIZABETH MARLOW, aged 16, of robust healthy appearance, had menstruated regularly for more than twelve months; was very fat generally all over the body, and with very large mammæ for her age; applied to me January 12, 1836, for relief of bronchocele, there being great enlargement of the thyroid gland, both in front and at the sides, causing considerable uneasiness from pressure upon the adjacent parts. She commenced using Unguentum Hydriodatis Potassæ, rubbed into the swelling for fifteen minutes every night, taking inwardly at the same time five drops of the compound tincture of iodine three times a day which treatment she persevered in until March 14, when she commenced applying the tincture to the swelling night and morning, instead of the ointment.

This treatment was continued until April 23, when she began to suffer from giddiness and defective vision, and left off the iodine both internally and externally, as it was evidently affecting her health, the flesh losing its firm feeling and appearance, and she was becoming altogether out of health, and was placed under other treatment, having reference to her particular condition, in June and July, consisting of effervescent saline medicine, with alterative aperients. Nevertheless, she gradually became thinner, so that towards the end of the year the mammæ were quite wasted away, and there was a general wasting of the whole body, tending to the supposition that she was in a rapid decline, the bronchocele had also wasted very considerably, although not so

\* The old midwife under whose care this case fell, was then upwards of eighty years of age. Her faculties were clear, and good, and she often boasted to me of having "followed the art," (as she quaintly designated it,) and of having attended several hundred cases. We may, therefore, fairly infer, she has deprived the local medical officer of many hundred pounds.

much in proportion as other parts. In the beginning of 1837, under a restorative plan of treatment, she gradually altered for the better, and became again in a few months quite *en bon point*, and so she has remained until the present time. The bronchocoele enlarged also, and is now much the same as at the commencement of the treatment.

Northampton, March 16, 1852.

## Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

### CASES

*Reported under the terms proposed by the Association.*

BY OBSERVATOR.

#### *Case of Pleuro-Pneumonia complicated with Tubercle.*

THIS case, in which it was obvious that pleurisy and acute pneumonia existed, forcibly illustrates the importance of ascertaining the previous history of a case. In this instance, the only symptom of tubercle was an old-standing cough; where the acute complications have produced organic changes, of course an accurate diagnosis is rendered extremely difficult.

*History.*—Frederick Farmer, aged 42, of nervo-sanguineous temperament, became an in-patient of the Queen's Hospital, Birmingham, under Dr. Nelson, on the 2nd of December, 1850. He stated that he had been subject to cough for some years, and that a fit of coughing usually occurred every morning. About a fortnight previous to admission, after violent exertion, he was seized with a dry harsh cough, with chilliness and difficulty of breathing, which came on in the night, but did not observe that the expectorated matter was at all discoloured. He was attended, expectorants were administered, but he became worse and was sent into the hospital.

*Symptoms.*—He now complained of severe dyspnoea, which was increased by the slightest exertion, with dull pain on inspiration. His cheeks were flushed, and during the last five days his legs had swollen. Expression of countenance intensely anxious, absence of the respiratory murmur, and of the local thrill in the lower part of the left lung; also complete dullness under percussion. On the lower portion of the right side there was marked crepitation, and hasty bronchial respiration above. Pulse 96; respiration 50.

*Diagnosis.*—Pleuro-pneumonia with effusions.

*Indications.*—To subdue inflammatory action and promote absorption.

*Treatment.*—Calomel was ordered, every two hours, and tartrate of antimony with hyoscyamus, every hour, and a blister was applied to the chest. On the following day his spirits were a little higher, but scarcely any

change had taken place. Pulse 116; respiration 56. He gradually sunk and died on the 4th.

*Post-mortem appearances.*—The left lung had collapsed to about half its natural size, and in the left plural cavity was a large quantity of whitish serum, several adhesive bands stretched across from the lungs to the pleura, and there were large flakes of fibrinous lymph in the lower part. There was also a small excavation at the apex, containing disintegrated tubercle. The right lung was gorged with blood and the lower portion was in the first stage of acute pneumonia.

*Observations.*—It seems probable that tubercle had been deposited in the apex of the left lung, which became softened, under the continued irritation of a neglected cough. Ultimately, as is frequently the case, acute pleurisy supervened, which not being actively treated, proceeded to effusion, causing collapse of the left lung. The burden of the circulation falling on the right lung alone, engorgement and inflammation followed, and death ensued. A timely abstraction of blood might have been beneficial, but in the sinking stage, would have been useless.

#### *Case of Frontal Neuralgia.*

IN reference to this complaint, it may not be out of place to remark that neuralgia, chronic rheumatism, spasms, and some nervous affections, may be and are sometimes made subjects of simulation and pretence, in order to obtain comfortable board and lodging, and thus impose upon charitable institutions. Where there is reason for suspicion, the application of setons and blisters, with brisk purging and low diet, generally proves an efficient test of such pretensions. The simple and consistent account given by the patient in this case, his early report of relief, and general conduct, left no doubt of the truth of his complaint.

Matthew Chambers, aged 24, of nervo-lymphatic temperament, was admitted an in-patient to the Queen's Hospital, under Dr. Nelson, on the 14th of December, 1850.

*History.*—He stated that his general health had been tolerably good, but that for some months he had been afflicted with acute shooting pains. Purgatives and liniments had been employed, but to no purpose.

*Symptoms.*—The pains which were limited to the left side of the forehead and left temple continued. The urine contained large quantities of lithates and the bowels were costive. Pulse 88, steady.

*Diagnosis.*—Local neuralgia.

*Indications.*—To improve the secretions and diminish the local sensibility.

*Treatment.*—He took pills of mercury and colocynth every night, and a colchicum pill with an alkaline diuretic draught thrice a day, and a belladonna plaster was applied over the left eye.

On the 17th, the bowels and kidneys acted freely, and only occasional slight twitches of pain. Continued the medicines.

On the 21st the pains were very slight; the urine clear and tongue clean. He continued the aperient



pills every night, but omitted the colchicum and diuretic draughts, in lieu of which full doses of carbonate of iron were administered.

On the 28th the pains had quite gone; urine clear and plentiful, and he felt quite well.

On the 31st there had not been any recurrence of symptoms, when he left the hospital. He was advised to keep the bowels open and continue taking the iron, with small doses of carbonate of soda, for some time. The beneficial results of the treatment so speedily obtained in this case afford a strong proof of the peculiar efficacy of colchicum and iron in neuralgic affections.

## CHELTENHAM GENERAL HOSPITAL.

### CASES

*Reported under the Terms proposed by the Association.*

By OCULUS APERTUS.

#### *Fracture of the Ilium through the Acetabulum.*

WILLIAM BENNETT, aged 52, was admitted into the Cheltenham General Hospital under the care of Dr. Eves, August 5th, 1850.

As he was riding down hill on a velocipede, at a very quick pace, the machine fell, and he was thrown violently on his right side.

*Present Symptoms.*—He feels severe pain in moving the right lower extremity. The right anterior superior spinous process of the ilium projects considerably, and the skin covering it is very red and tense. By moving the limb, the head being placed on the ilium, a decided crepitus may be felt.

A bandage was placed round the pelvis, and a long splint applied to the limb. Nothing more occurred worthy of record. On September 9th, the splint was removed, and the bone was found to be completely united. He was ordered to rub the hip with the following liniment:—Lin. Vol., oz. j.; Tinct. Opii, oz. ss. M. Fiat linimentum soepe applicandum. The joint gradually regained its strength, and he left the hospital cured, with the full use of his limb.

Dr. Eves remarked that this was the only case of fracture of the pelvis which he had seen recover, as this accident is generally caused by a crushing weight falling on the part, which, besides fracturing the bone, produces also some other internal lesion, such as rupture of the bladder, or severe injury to some of the abdominal viscera. The peculiar manner in which the accident happened in Bennett's case, explains the recovery. The long splint was used to prevent motion of the limb, by which the fractured part of the bone would have been moved, by means of the head of the femur acting on the acetabulum. Sir Astley Cooper records three cases of recovery from simple fracture of the os innominatum, and one from compound fracture.

#### *Compound Fracture of the Skull.*

HENRY PREECE, aged 25, was admitted into the Cheltenham General Hospital, December 25th, 1851, under Dr. Eves. About half-past seven this morning he received a kick from a horse on the right side of the head. He was brought into the hospital at half-past nine.

On examination there was found a wound of the scalp, about four inches in length, commencing over the right parietal bone, and extending across the parietal suture to the opposite bone. The skull was fractured, and a portion of bone driven in, for about three inches in length; both tables of the bone at the right extremity of the fracture were broken, so that a probe might be passed between the outer table of the depressed portion and the inner table of the bone, which remained in its natural position. The left extremity presented a deep furrow. He was quite sensible, and as there were no symptoms of compression, the wound was simply brought together by sutures. To have low diet.—R. Hydrarg. Chlor., gr. v., statim et habeat haustum aperientem post horam.—R. Ant. Pot. Tart., gr. ij.; Mist. Camph., oz. viij. M. Uncia dimidia tertiis horis sumenda.

Half-past nine, P.M.—He had vomited frequently for about an hour after his admission, and now complains of a severe pain in his head.—Venesection ad os. xij.

26th.—Pulse 81; tongue clean; pain in his head removed; no bad symptoms.—Cont. Mist. Ant. Tart.

28th.—No bad symptom; to-day he says that he does not remember anything either of the accident or of being brought into the hospital.—Low diet, and Mist. Ant. Tart. to be continued.

The antiphlogistic regimen was strictly enforced for nearly three weeks, the tartarized antimony being gradually lessened, and no bad symptom having supervened, he left the hospital on the 26th of January quite well.

*Remarks.*—Some difference of opinion still exists respecting the treatment of compound fracture of the skull, *with depression*. It must be considered that the operation of trephining is of itself often sufficiently dangerous to produce death; in proof of this I would adduce the following quotation from Mr. Ellis's "Lectures on Clinical Surgery," p. 139:—"The late Dr. Colles was in the habit of stating in his lectures, that about sixty or seventy years ago there was a Dr. E—t in this city, who fancied that insanity was often the consequence of a want of due proportion between the size of the brain and the cavity of the cranium, in short, that the brain had not sufficient room to perform its functions, and the consequence was madness. He accordingly persuaded himself 'that if there was a large hole (a foramen magnum superior) made in the roof of the skull, that it would be productive of the double advantage of relieving the brain from the undue restraint imposed on it by the comparatively small size of the skull, and of admitting at the same time the

fresh air to cool the overheated organ.' Strange as it may appear, this doctor was allowed to test the validity of his theory in Swift's hospital; and the surgeon of the institution, Mr. O—e, with more condescension than humanity, trepanned three unfortunate patients! Well then, the brains of these poor creatures were relieved from the imaginary restraint which the sapient Doctor, in the sublimity of his hallucinations, thought they suffered, and the cool air was admitted, (aye, and the light, too,) but with what effect? I have the authority of Dr. Colles, when I state that no advantage whatever resulted from the operations; on the contrary, two out of the three persons operated upon died of inflammation of the brain and its membranes; the third survived, having suffered only from the pain of the operation and permanent deformity! What a cruel and disgusting piece of absurdity from beginning to end. The only rational way of accounting for the transaction, is by supposing that all the parties concerned were in a state of mental derangement. The doctor and the surgeon were certainly the most dangerous lunatics I ever heard of."

Nothing, then, but absolute necessity can justify this operation. As, therefore, there were not any symptoms of compression in this case, Dr. Eves determined merely to treat it strictly upon antiphlogistic principles, and the result proved the propriety of his decision. Mr. Ellis rather inclines to the doctrine, that in compound fracture, *with depression*, in adults, although the constitutional symptoms are trifling, the depressed bone ought to be elevated before the wound is dressed. Sir Astley Cooper held the same opinion.

#### *Compound Fracture of Femur; Simple Fracture of Humerus; Dislocation of Shoulder.*

JOHN WEBB, aged 55, was admitted into the Cheltenham General Hospital, under the care of Dr. Eves, April 16th, 1851. Compound fracture of the right femur in the middle-third, with small external wound; simple fracture of the right humerus at its upper-third; dislocation of the same bone upwards and forwards, the head of the humerus being distinctly felt immediately below the clavicle.

He is an agricultural labourer, of a healthy aspect, and has always enjoyed tolerable health. This morning, as he was examining the axle-tree of a loaded dung cart, it (the axle-tree) broke, and the cart fell on him, and remained on him for about two minutes before he could be extricated. Splints were applied to the thigh, and an attempt was made to reduce the dislocation, but failed on account of the fracture of the humerus being too near the shoulder to admit of sufficient hold being obtained to make the requisite extension. Splints were applied to the arm, with the hope that the dislocation might be reduced after the bone had become properly united.

May 14th.—The discharge of pus, which commenced a few days after his admission, has now become very profuse, and exceedingly foetid. There is no

attempt at union of bone, and he is evidently sinking. Amputation, by circular incision, was therefore performed at the upper-third of the thigh. The muscles in the centre of the stump presented a dark unhealthy appearance.

17th.—Stump dressed; no union; foetid discharge. Warm water-dressing ordered.

20th.—Stump in a sloughing state, with very foetid discharge.

24th.—Stump healing, with healthy granulations.

June 4th.—Tongue brown, and dry; vomiting.—R. Hydrarg. Chlor., gr. iij.; Pulv. Zingiberis, gr. j. M. Fiat pulv. statim sumendus.

9th.—The wound is much contracted; all the ligatures but one are removed; his back is red and painful.—Ordered to be bathed with spirits of camphor, and the patient to be placed on a *water bed*.

11th.—His back is much better.—R. Mist. Quinæ, oz. j., bis die.

18th.—All the ligatures are removed; the stump is healed, except over the bone, the edges of which project through the granulations. The strapping hitherto employed has been to-day discontinued.

July 5th.—For the last two or three days the stump has been swollen; he has been flushed, and had rigors; to-day an abscess has burst in the stump, appearing to communicate with the back, discharging, as Mr. Hartley, the resident medical officer states, about *half a gallon of pus*.

7th.—He appears sinking rapidly; there is a collection of matter between the fascia and integument, occupying the whole of the left back, but not appearing to communicate with the opening in the stump, although doubtless the whole of the integuments of the back formed at first the wall of an immense cavity, containing pus. This abscess was punctured, and about half a pint of thick pus discharged. A piece of lint was placed in the opening, to prevent its closing. Tongue clean; pulse 90.—Cont. Mist. Quinæ. Haustum apodynum habeat, horâ somni sumendum.

8th.—Considerable discharge on withdrawing the plug; tongue clean.—Repetatur haustus.

12th.—Discharge copious; pulse 120.—Cont. Mist. Quinæ.

18th.—Discharge about the same; tongue clean; appetite good.

21st.—Edge of bone somewhat projects; appetite good; tongue clean; discharge greatly diminished.

28th.—A small half circle of bone has exfoliated; discharge from the stump and back has quite ceased.

August 4th.—Matter having again formed between the integument and fascia of the back, an incision was made, and pus, to the amount of a pint and a half, escaped.

12th.—Discharge from back copious.—R. Mist. Quinæ, oz. j., ter die.

September 6th.—Back still discharges slightly; the stump has healed, and looks well.

22nd.—Left the hospital cured. The dislocation of the humerus remaining unreduced, for taking both the debility of the patient and length of duration of dislo-

cation into consideration, Dr. Eves did not think proper to attempt its reduction.

This patient, who resided several miles from the hospital came in on January 14th, 1852, to have a wooden leg made; during his stay he became much flushed in the face, there was pain, redness, heat, and swelling of the stump, and in a few days an abscess burst in it, which, after discharging for a few days, got well, and he again left the hospital apparently cured, but of course not able to wear an artificial leg. It is right to state, that besides the quinine, &c., Webb was supported throughout his illness with good diet and porter. The case is a remarkable instance of recovery from a severe accident followed by such enormous suppuration. The amputation was performed under chloroform which saved the system that additional shock and doubtless greatly assisted his recovery.

On examination, the broken ends of the femur were found completely denuded of the periosteum to a considerable extent, and the muscular tissue in the vicinity of the fracture was of a dark colour, softened, and surrounded with pus.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, APRIL 28, 1852.

THE records of the conduct of the medical officers of both services, so almost universally represent them in a favourable light, that let the circumstances under which they may be placed be ever so difficult or dangerous, we look for details of unflinching devotion to duty and to the dictates of humanity as a matter of course. It is, therefore, with a feeling akin to shame, that we meet with any instance which is calculated to prove an exception to the general rule, such as at first sight appears to have been the conduct of the assistant-surgeon of the ill-fated vessel, *Birkenhead*. If we are to put any faith in the narrative of one of the survivors of this catastrophe, as quoted in the "Leader" of the *Times*, the assistant-surgeon was the indirect cause of the destruction of many unfortunates, he having, with eight of the crew, hurried away to shore at once, without heeding the shrieks of numbers who were struggling in the waters around him. We do not hesitate to repudiate such an interpretation of the circumstances, and cannot avoid the conviction that the *Times* is deserving of censure for so prematurely blasting the character of a gentleman, who, as it may turn out after all, acted to the best of his judgment, under the

awful trials to which he was exposed. Until we have better authority at least than this, we will not believe, that while officers and men were offering an example of self-sacrifice, unparalleled in the annals of heroism, the surgeon alone could slink away to shore, bent only upon the preservation of a life which universal execration, he might feel assured, would render a burthen to him.

We had penned these few lines, when with the greatest satisfaction we found our surmises more than justified in the manly remonstrance of a relation of the maligned assistant-surgeon. So far from being among the first to seek safety, Mr. CULHANE was *the last* to leave the sinking ship, and only as the poop on which he stood, sunk in the waters beneath his feet, did this noble fellow strive to preserve his own life, which he did not easily, but by swimming *more than a mile* to reach the boat in which he is said to have escaped. Nor is this all: after vainly attempting to save others, and for a period of ten hours, being exposed to wet and fatigue in an open boat, he rode a distance of *ninety-five miles* without rest, in the humane attempt to obtain the most available help. If ever reparation was due to a calumniated man, the *Times* owes it Mr. CULHANE, and it will but do him but half justice if it does not own him to be a man of whom, not only his profession but his country must be proud.

THE probable operation of the proposed New Pharmacy Bill seems to excite less attention among the members of the profession in general practice than might have been anticipated. And yet its objects should be anything but a matter of indifference as regards the immediate interests of this important class of practitioners. The intention of the bill is clearly to raise the status of the chemist and druggist—to metamorphose him, in fact, from a mere drug grinder to a scientific pharmacist. To this no valid objection can be raised, abstractedly considered; on the contrary, it is much to be desired, that so important a duty as that of dispensing, should be discharged alone by men whose competence as to their knowledge of the properties and doses of drugs has been properly tested; instead of, as at present, being intrusted to any one who chooses to invest his capital in blue bottles and a smart mahogany counter. There is, however, a

view of the question which shows that what is desirable in one respect may be detrimental in another, and this is the operation of the Bill on the functions and interests of the surgeon in general practice. To us it appears more than probable, that these interests will suffer considerable damage in the event of this Bill becoming law. Already their legitimate sphere is shamefully encroached upon, even with the minimum of knowledge the druggist can pretend to; and we are much mistaken if then the domain of the general practitioner be not still more seriously invaded. The humbler classes even now too often fail to perceive the inferiority of the druggist to the educated and diplomatized surgeon; will not the confusion in their minds be still greater, when the former can exhibit a parchment, which, to their uninstructed eyes is just as showy, and therefore equally a test of skill as that of the Apothecaries' Hall? That the effect of the Bill will be to exalt the chemist at the expense of the general practitioner we do not doubt, unless some stringent clause be introduced with reference to prescribing across the counter; and this clause it behoves the general practitioner to strive for, if he would preserve his legitimate sources of emolument from still further diminution.

Since writing the above we have received the letter of Dr. WEBSTER, published at page 223. This gentleman takes the same view as ourselves of the proposed Bill; and we cannot avoid drawing attention to the plan which he advocates for opposing the measure in Parliament. Something of this nature should assuredly be attempted, and we do not see how we can improve upon Dr. WEBSTER's proposition.

There is one suggestion, too, that we would make to the framers of the Bill, which would at least have the effect of popularising the measure to a certain degree with the medical profession; and this is, by some means to disconnect the compounding and dispensing of drugs from the vending of quack medicines. Such is the extent to which these villainous nostrums are sold, by chemists of even the most respectable standing, that the latter are really less the adjuvants of true medical science, than of fraud and imposture. If Mr. BELL has the true advancement of the pharmacutists at heart, he will make a strenuous endeavour to purge his order from this damning blot, and leave the distribution of all the farrago of quackery to hungry newspaper

proprietors, a class of individuals who think there is no inconsistency in reviewing a book of sermons in one column, and advertising the most beastly obscenities in another.

## Reviews.

*Neuralgia: its Various Forms, Pathology, and Treatment. Being the Jacksonian Prize Essay of the Royal College of Surgeons for 1850, with Additions.* By C. TOOGOOD DOWNING, M.D., M.R.C.S. London: Churchill, 1851.

WHILE we do not attempt to reply to the inquiry,—Why it is that disorders of the nervous system are so much more prevalent now than heretofore, there can be little difficulty in acknowledging the fact, as well as in applauding the choice of Dr. Downing in making a most important section of these disorders the theme of his essay.

Neuralgia is a term generally understood to express a pain in the track of a nerve, unconnected with inflammation or recognisable lesion. The character of the pain is familiar to all practitioners, and is diagnosed by intermittent paroxysms, variously described as plunging, stabbing, tearing, or shooting, confined to the immediate locality of a known nerve and its ramifications. Dr. Downing divides neuralgia into three varieties, the spasmodic, rheumatic, and hysterical; each of which admits of further subdivisions, according to the site of the nerve affected. *Spasmodic neuralgia* is thus described:—

"The attack is sudden, instantaneous, and usually without warning. A person in good health is seized in a moment with violent pain in some part of the body. He cannot account for it. The suffering is perhaps moderate at first, and ceases in a few minutes. It then recurs after a brief space, again without warning or apparent cause, and increases in severity and duration. Ultimately the disease is fully established; the suffering occurs at intervals, and often amounts to paroxysms of excruciating agony. Then it is that some premonitory symptoms may be noticed before the attack, and an exciting cause may often be evident. But the patient alone is sensible of the approaching fit. Nothing can be detected by the medical attendant to indicate it, either on the part or in general demeanour, except, perhaps, a little more watchfulness in the countenance. The patient

is on the alert,—is roused by some indefinable internal sensations. \* \* \* \* From careful inquiry I have ascertained that the usual process is this,—the previous fit having passed off, the nerve has an interval of rest. It sleeps, as it were, to recruit its exhausted strength. When this is effected, indications are given that it is prepared for renewed action. \* \* \* The parts previously relaxed in rest begin to brace up, so to speak. They assume a state of great excitability. Slight painless shocks are experienced; and these are succeeded by others of gradually increasing intensity, until the paroxysm is fully established.”—p. 7

The character of the pain is various; in some (and we can speak from painful experience) it resembles repeated electric shocks, each for a moment followed by an agonizing vibration, apparently of the nerve fibre itself. Others describe it as “burning,” “pricking,” “throbbing,” &c. The paroxysms are intermittent, though grouped together for a few hours at intervals of minutes. In some cases a distinct periodicity is observed. This, the author regards, and we think justly, as a favourable element in the case. Much diversity is known to exist in the direction of the pain, as well as in the extent of nerve affected. Generally, the author observes, that the pain darts from within outwards; but the reverse is occasionally the fact. Sometimes a spot which can be covered with the finger is alone painful, at others the pain will radiate from this as from a centre. Great difference also exists in respect of the tenderness of the affected part. In some the lightest touch,—as of the clothes, will reproduce the agony; in others, relief is obtained by firm pressure. The course and termination are as various as the symptoms.

*Rheumatic* neuralgia is marked by heat, pain, and tenderness of surface; and the pain, according to the author, is more constant and dull than in the former variety, although there are intervals of exacerbation. It is also to be traced mostly to cold. The author, however, admits that the diagnosis is difficult in words, though facile in practice.

*Hysterical* neuralgia is another of the many phases of hysteria, which is saying but little, for what is hysteria? Its most usual situations are the head, as in *clavus*; below the *mammar*, in the *iliac* regions, *loins*, *sacrum*, or *spine* generally; in the *mammar*, or one or other of the joints.

With this brief description of the varieties of

neuralgic pain, Dr. Downing next proceeds to the consideration of the causes, predisposing and exciting. Amongst the former are age, sex, mode of life, and hereditary predisposition; the latter, according to the author, is more potent than is generally admitted. He thinks “there cannot be a shadow of doubt that the neuralgic diathesis and even special forms of the affection are occasionally derived from parentage.”

In speaking of the exciting causes, Dr. Downing enters with some minuteness into the rôle of the alimentary canal in its deranged conditions. The exact influence of these has been disputed, but the facts in favour of the hypothesis are too numerous to be easily disposed of. In our own personal experience, violent attacks of sciatica are indisputably traceable to dyspeptic troubles. There are, however, many cases in which dyspeptic symptoms, coexisting with neuralgia, may, in the author's opinion, be the sequence, and not the cause, depending on the irregularity with which food is taken in consequence of the agony which attends mastication. The first relation of the symptoms is only to be made out by careful inquiry into the history of the case. Changes of temperature, osseous deposit in the vicinity of nerves, disease of the nervous centres, caries of the teeth, and malaria, are so many other recognised exciting causes, all of which meet with due consideration.

The proximate cause or nature of neuralgia is involved in obscurity. The author investigates, with great attention, the various theories which have been advanced, and scrupulously weighs the arguments by which each is supported, but without arriving at any very satisfactory conclusion, as is seen in the following quotation:—

“It would be useless to pursue this subject further; a sufficient number of facts have been adduced to justify us in concluding that the nature of neuralgia is not to be discovered by morbid anatomy. In a very small proportion of cases only have alterations been perceptible, and these of a very diverse character; even these were far from pertaining to the nervous affection, but were referrible to neuritis or rheumatism. Moreover, it is proved by an abundance of facts, that neuralgia can exist, with severity, for a number of years without leaving any appreciable lesion after death; we must therefore discard, as unfounded on observation, all those theories which attribute neuralgia to an inflammation, acrid irritation, hypertrophy, or atrophy of nerves. There is reason to regret that no inves-

tigations on this subject have been made with the microscope, as possibly some structural change would be detected which escapes the unaided eye. But with our present information everything tends to demonstrate that this painful malady consists in a functional derangement, the organic cause of which eludes us completely."—p. 80.

The local condition of the nerve during a paroxysm of neuralgia is a question of the utmost interest. Dr. Downing is inclined to the belief that the sensitive fibres are themselves thrown into a state of spasm, through the agency of the neurilemma, a structureless membrane identical with the sarcolemma of unstripped muscular fibre. This idea is not confined to the author, however, as Sauvages had long since adverted to it; and the same opinion is entertained by Mr. Joseph Swan.

We shall not follow our author through the next section of his work, which is occupied with the diagnosis and the alliances of neuralgia with other morbid states, but shall proceed at once to the chapter on treatment, because in this we find the most original portion of his observations.

The principles of treatment in neuralgia are divisible into three indications:—1st, to remove the predisposing and exciting causes; 2nd, to avoid all possible sources of irritation; 3rd, to allay the morbid irritability of the nerve itself. In fulfilling the first indication, the author gives judicious instruction on the method of conducting an examination with reference to the causes, constitutional and local, the removal of which is the *desideratum*; but the third is that on which most is to be said. The medicinal agents are general and local; the former are very numerous, and include drugs of the most opposite actions. Carbonate of iron, quinine, arsenic, zinc, strychnine, among the tonics; croton oil and other purgatives, opium and its preparations, belladonna, aconite, and Indian hemp, among sedatives, form the staple of internal treatment. The local measures, are blisters and other forms of counter-irritants, (which are almost universally employed by Valleix,) veratrine ointment, and the endermic use of morphine and other sedatives, galvanism, intense cold, and lastly, a method peculiar to the author, which we shall presently mention.

In reflecting upon the action of these several remedies, both general and local, the author observes that they may be resolved into two

categories, the stimulant or tonic, and the sedative. Why the same result should follow measures so opposite, he endeavours to show by a reference to the physiology of the nervous system; "both, (he says,) produce the like result,—namely, temporary loss of the polar or erectile property, but in an opposite manner. The one directly paralyzes the action, the other destroys it by over-stimulation."

The new method of treatment to which we allude, as the most original portion of this work, is that of the local application of sedative vapour by means of an apparatus specially adapted to the purpose, and which in the author's hands has been productive of very beneficial results. We do not know that it has been tested by others. The apparatus consists essentially of a reservoir or chamber, in which the material used can be ignited; bellows, for the purpose of generating a current of air through the ignited material; and tubes, with terminations of various kinds, for conducting the air or vapour to the part required. The materials used are chiefly the slender stalks, leaves, and seeds, of sedative plants, such as henbane, hemlock, belladonna, aconite, Indian hemp, &c.

The general doctrines of neuralgia, together with the general principles of treatment, being thus disposed of, the author next addresses himself to the consideration of the local manifestations of the malady, as it shews itself in neuralgia of the several branches of the fifth pair, of the seventh pair, the cervico-occipital, intercostal, lumbo-abdominal, and brachial nerves. Sciatica and crural neuralgia are next in succession, after which we have a description of neuralgia, as it affects the mammæ, the testes, the joints, and internal viscera. A very important variety of the disease, *traumatic* neuralgia, occupies the closing chapter of the book. From all these different subjects we might select passages of great practical value, did our space permit; but we are constrained to content ourselves with a notice of the latter form of the disease, which is the more deserving of attention that it has not hitherto been minutely described.

*Traumatic* neuralgia is the term applied to neuralgia arising from local injury, or, as is not uncommonly the case, from surgical operations. The causes which give rise to this form of neuralgia are stated to be—1st, a foreign body in the substance of the nerve; 2nd, partial or

entire division of a nerve; and 3rd, pressure on a nerve. The author quotes a remarkable case of the first division, which occurred in the practice of Mr. Wardrop; but the most interesting cases are those which occasionally follow amputation, and which are as severe as they are unmanageable. In these cases it is somewhat uncertain whether the pain is to be referred to division, irritation by spiculæ, or to pressure. The author thinks that the pain may be due to either cause; it may arise "from a *fixed half-cut* nervous fibril, which is excited to action by the motion of the limb; from a nervous trunk or fibril *compressed* by the contracting cicatrix, or against the shaft of the bone; or by the hardening of the lymph in the bulbous extremity; and lastly, through *spiculæ of bone* running into, or osseous deposit taking place in, a nervous branch."

In the treatment of traumatic neuralgia no fixed rule can be laid down. Internal remedies are useless; division of the nerve above the presumed seat of irritation has succeeded in some cases, failed in others. The author very properly remarks, that to be successful the division should be practised early, before the nervous system is irretrievably impressed. In neuralgia of stumps, it has been recommended to reopen the cicatrix, remove the bulbous end of the nerve, or to amputate above. The probability of either of these measures being successful will, the author observes, depend on the local nature of the exciting cause, and the localization of the neuralgic pain. His own suggestion is, to rectify, if possible, the general neuralgic diathesis, and to apply local sedatives by his apparatus. In one case narrated, this plan was eminently successful.

We here close our notice of Dr. Downing's volume, and have much pleasure in commending it to the perusal of our readers. The diseases treated of, which are among the most distressing to the patient and baffling to the physician, have, in the present instance, met with an attentive consideration which cannot fail to impart valuable information even to the best informed. Of the probable advantages of the "Aneuralgicon" we will not hazard an opinion, but it is a point upon which experience will soon and readily decide; should it do so favourably, Dr. Downing will have earned himself a most meritorious distinction.

#### *Legal Examiner and Journal of Medical Jurisprudence.*

THIS periodical, which is the weekly organ of the movement now going on for the reform of our law, devotes one portion of its pages to the consideration of forensic medicine—a branch of science which has never yet been represented by any English periodical publication. On the Continent and in America there are regular journals which take cognizance of this subject; and we can hardly doubt that an attempt to obtain for it a footing in this country will meet with support from the medical profession. We see that the pages of the *Legal Examiner* contain many interesting medico-legal cases reported from the late circuits; but we believe that the Editor feels the want of some continued support from medical men in the way of contributions on the various points connected with forensic medicine.

A series of papers has, we see, been commenced in this journal on the laws relating to the medical profession. The review goes back to the earliest times; and at a moment when Medical Reform is so much talked of, a historical sketch of this sort will be found both interesting and instructive by our readers.

## Proceedings of Societies.

### BIRMINGHAM PATHOLOGICAL SOCIETY.

DECEMBER 4TH, 1851.

DR. FLETCHER IN THE CHAIR.

*A very large Tumour of the Uterus, lying upon an enormous Tumour of the Right Ovary, formed in part of solid tissue like the Uterine Tumour, and chiefly of a large Cyst, containing thin Blood, the whole undergoing Cell Degeneration; numerous Minor Tumours approaching to fungus in character.*—By GEORGE ELKINGTON, Esq.

*Sectio-cadaveris.*—The intestines were slightly glued together by recent peritonitis, and the abdomen contained a considerable quantity of opaque white fluid, not unlike thin pus. A large tumour, having the external appearance of the uterus, immensely hypertrophied, occupied the lower part of the abdomen. On raising this, which was easily done, it was found resting upon another softer tumour, which occupied all the posterior part of the abdomen, resting upon the spine, the pillars of the diaphragm, and lumbar muscles, and extending into the pelvis. In endeavouring to remove the first-mentioned tumour by an incision through the vagina, the knife passed through the

bladder, which perhaps was somewhat distended, and through the vagina, and opened some part of the last mentioned tumour lying behind the vagina; from this flowed a very large quantity of fluid, deeply coloured with dark blood, to the extent, certainly, of *two quarts*, Mr. Elkington thought three, at least. In this fluid were contained fragments of tissue, looking more like lumps of fibrin, which, however, they were proved not to be. By this drain the posterior tumour was materially lessened, though still forming a large mass. The whole mass was taken out altogether, and was removed for inspection; it did not adhere to the surrounding parts. All the other organs of the body were quite healthy. The tumour in front proved to be a single very large tumour, developed in the wall of the uterus on the left side; it was entirely enclosed by a thick prolongation of the uterine wall; it lay entirely on the left of the uterine cavity, was greatly elongated, was curved round its right side, although externally there was no indication of the situation of the cavity. The os was open and natural. The mucous membrane of the uterus was deficient in the upper part for about the space of a half-crown, exposing the tumour. From the left side of this larger tumour, at the upper part, projected another tumour, about the size of an egg, attached by a broad pedicle. The left ovary lay on the upper part of the tumour. The other large tumour was connected with the right side of the uterus by the broad ligament. It was plainly the right ovary which had twisted itself back, and had developed itself behind the uterus. The Fallopian tube lay at the upper part, dilated to the calibre of a goose quill, until it approached the uterus, when it was greatly contracted, and I think was not pervious to the organ. The large ovarian tumour consisted of a very large sac, still containing a quantity of thin dark blood, in which lay small masses of debris. The upper part of the wall was very thick, and formed a mass of tumour nearly resembling the one connected with the uterus. The posterior wall was also thick, but very irregularly nodulated by small tumours, which had more of a fungoid aspect. The structure of the uterine tumour seemed to have been of lobules of various sizes, connected closely together, of a smooth, yellowish, homogeneous tissue. The whole tumour much resembled in its characters the description given by Sir A. Cooper of the chronic mammary tumour; the centre, however, was very friable, and readily broken up; it seemed in process of assuming a fungoid character. The small tumour, springing from it, was much softer and more vascular, and turned out of its capsule like a kidney; it contained extravasations of dark blood, and altogether presented a great admixture of a fungoid character in its structure. The tumour, which formed the upper wall of the large cyst, had evidently been much diminished from below, apparently by a process of degeneration; its general aspect was like that of the uterine tumour, but it was softer, more vascular, and contained streaks of extravasations, and, besides, small cavities filled with coagulated blood. The posterior wall presented tumours, many entirely fungoid in their character.

*Microscopic Examination by Dr. Russell.*—The exterior of the tumour in the wall of the uterus was of a distinctly fibrous texture; it was firmer than any other part; the fibres seemed rather broad, in some respects resembling involuntary muscular fibres, though the tumour was perfectly distinct from the portion of uterine tissue prolonged over it. It did not present any fat. The remains of the ovarian tumour constituting the upper and very thick part of the wall of the cyst, consisted of fibrous tissue also, much as the uterine tumour; a large portion of it presented flat bands, but a large part also a more delicate fibrillation, but nowhere marked as in genuine fibrous tissue; it was in part in broad strands without definite arrangement, in part in large sheets. Portions of the tissue of the ovarian tumour were scattered over with small oil globules, generally gathered into small groups (indicating, I suspect, a stage towards formation of cells), in places, however, strewed over the specimens. In some specimens there were bodies strewed over the surface having just the character of nuclei of cells. By acetic acid the tissue of the ovarian tumour became more transparent, retaining, however, its fibrous markings, which in parts became more distinct, and the oil globules were thrown up more prominently. In the water around many specimens there floated the cells to be hereafter mentioned, indicating the formation of these cells in the heart of the fibrous tumour. The centre of the uterine tumour was very friable and crumbling, and consisted entirely of cells; they floated abundantly in the water employed, and seemed, by adhering to one another, to form the solid portion. Most of them were variously caudate, and resembled epithelium more than other cells. Their wall was very delicate; in many the nucleus very distinct, in other fainter and more delicate.

It appears that these were fibrous tumours, broken down by degenerating into cells; this process had gone on extensively in the ovarian tumour, and had nearly destroyed it; it was preceeding in the uterine tumour in the centre. The fragments washed out of the large cyst were plainly debris of the tumour. The process of transformation into cells appears to have gone on throughout a great part of the tumour at once, more vigorously towards the centre, but not confined there, and extending thence, for cells were formed in the very heart of the tumour.

The subject of this tumour was Mrs. Jennens, aged 46, the mother of two children of the respective ages of 25 and 23. Her first labour was rather tedious, and the second very quick, the child being expelled without much previous pain, while she was in the act of cleaning a fender. She walked up to bed, and went on well until the end of the fifth or sixth day, when she was seized with inflammation of the bowels, and was confined to her room for eight weeks. She remained in a very delicate state of health for some time subsequently, and was informed by her medical attendant that she would never again become pregnant. She first became aware of the existence of a tumour about two years after her last confinement; it then lay



rather to the right side of the pelvic region, and was about the size of a hen's egg. It afforded her very little inconvenience, and appeared to increase almost imperceptibly until about two years ago, when the catamenia ceased. After this period the tumour increased more rapidly, and became the seat of frequent pain and uneasiness.

I first saw Mrs. Jennens in March, 1850; the tumour was then about the size of a small foetal head; it occupied the pelvic region, and appeared to be firmly impacted in the cavity of the pelvis, feeling like the uterus when firmly contracted after parturition. The tumour was very tender to the touch. She had a quick pulse, sickness, and vomiting, and appeared to be suffering from inflammation in the tumour and peritoneal covering. These symptoms were removed by leeches, fomentations, &c., and in a short time she was restored to her ordinary health.

In September, 1850, I was again requested to attend her. The tumour had undergone considerable increase in size, and she was again suffering from local inflammation, which was removed by similar means as before. In December, 1850 she again became worse, and suffered from great pain in the left iliac region, in which direction the tumour appeared to be rapidly extending. There appeared to be a distinct tumour on the left side, about the size of an orange, which seemed to grow from the side of the original swelling. This increased rapidly during the months of January and February, 1851, and the morbid mass also extended itself into the right iliac region, and ascended higher into the cavity of the abdomen. About this period she suffered from retention of urine, and for some weeks it became necessary to pass the catheter several times daily. These symptoms gradually subsided as the tumour rose in the abdominal cavity, and she again became tolerably comfortable. The tumour, however, steadily increased, and assumed a nodulated character; several smaller ones arising from its upper part; the development of each being attended with symptoms of local inflammatory action. At the end of March her sufferings became much increased. The tumour grew rapidly in all directions, and she had almost constant pain and vomiting, which, with occasional periods of amelioration, continued to grow worse until the period of her death, which took place on the 20th November, 1851.

#### *Transverse Fracture of the Patella.*—By Mr. Moore.

This specimen was obtained from an old man who had the misfortune to fracture his patella some time back. The specimen has been removed from the body some days; and five weeks and three days elapsed from the date of the accident, up to the time of his death, which took place in consequence of debility and bed-sores. The two portions of the bone are seen firmly united by ligamentous structure, which has not yet acquired the characteristic colour, being still dark and containing blood. The parts round the joint, integuments, &c., were all exceedingly vascular. The ligament is very short, and, considering the restlessness

of the patient, he having at times become much excited, trying to get out of bed, &c., the separation between the fragments is very little indeed.

#### *Dilatation of the Aorta.*—By Mr. Moore.

The subject from which this specimen was obtained died generally anasarcaous. She had suffered from oedema pedum for some years, and had frequently had attacks of bronchitis. During life a loud bruit was heard in the course of the aorta. The valves of the heart were all healthy, but the heart itself was somewhat, although not considerably, hypertrophied. There are numerous hard deposits in the tissue of the vessel, which is nearly thrice the size of the normal state.

#### *Fatty Tumour.*—By Mr. Moore.

This specimen was removed from the neck of a patient near sixty years of age. It had been growing some twenty years, and of late had caused headache and giddiness by its pressure on the vessels. It was situated beneath the platysma myoides, and hung over the clavicle, almost reaching the mammae. Its size when removed, was larger than it now seems, and it weighed nearly three pounds. The operation was performed by Professor Sands Cox.

#### *Necrosis of the Upper Jaw.*—By Mr. Moore.

This portion of bone consists of the greater part of the alveolar process of the right side of the upper-jaw. It contains the two last molar teeth, and was removed from a patient who eight months back had an attack of small-pox. It appears that on convalescence from this attack, the lower teeth first became loose and dropped out, and afterwards the bone became affected and a portion of that was removed. On presenting himself at the Queen's Hospital, some three months since, most of the upper teeth were found loose, and the portion of bone now shown, also in process of separation. Its complete detachment, however, was not effected until some days back. The patient is now well, with the loss of the teeth. It is remarkable there was never any affection of the soft parts. It could not be ascertained whether mercury had been taken.

#### *Necrosed Bone discharged from the Nose.*—By Mr. Moore.

These portions of bone passed from the nose of a patient affected with secondary syphilis, who was under the care of Professor Parker. There are four pieces of bone, one of large size, being nearly half an inch square, and four lines in thickness. The other portions are smaller. They probably came from the sphenoidal cells, but this cannot be stated with certainty. There was no visible deformity of the nose caused by their coming away.

#### *Diseased Humerus.*—By Mr. Moore.

The patient from which this specimen was obtained, met with an accident eight months before his admission into the hospital, and fractured the lower-third of the

humerus. He applied to some empiric who put the arm straight and kept it so for some time, the result of the treatment being the state found on admission. The forearm and hand were very cedematous, and the elbow joint ankylosed. There was a wound at the seat of fracture, through which the probe detected dead bone. There had been no union, and a false joint existed, allowing of some degree of motion. There was also another external wound near the surgical neck, where likewise dead bone was found. The boy was of a scrofulous aspect. Amputation was performed by Professor Knowles, and the patient discharged in a short time well. The specimen shows a sequestrum contained in a bony canal at the lower-third of the humerus, and also another near the upper extremity, with a cloaca in the outside shell at the latter point.

### STOCKPORT MEDICAL SOCIETY.

At the monthly meeting of the Stockport Medical Society, on the 7th of April inst., George Downes, Esq., President, in the chair, the Medical Bill prepared by the Worcester Council of the Provincial Medical and Surgical Association was considered, and on the motion of J. Medd, Esq., seconded by John Rayner, Esq.,

*It was unanimously resolved,—*

"That the general principles of the Bill are worthy the earnest support of the profession, and the members here present pledge themselves to use their utmost exertions in furtherance of such general principles of the said bill becoming law."

*It was also resolved,—*

"That the above resolution be forwarded for insertion in the *Provincial Medical and Surgical Journal*; and that when the Bill is brought before Parliament, a copy of it be sent to the county and borough Members, with a request that they will support the same."

## Foreign Department.

### FRANCE.

#### ACADEMIE DES SCIENCES.

M. WALLER, of Bonn, laid before this Society a new method of studying the nervous system, which consists in making sections of its structure at different places, whether of the nerves or of the spinal marrow, and after keeping the animal alive for two or three months, to determine the changes which have taken place, by the aid of the microscope. He has thus instituted some important researches on the reproduction of nerves.

M. REYNOSO further illustrated his views on the *production of sugar in the urine*. It may be remembered (see *Proc. Journ.* January 7th, 1852,) that he considered the presence of this ingredient, intimately allied to disturbances of the respiratory function, his present object is to confirm the statement then made, which he

does by affirming that he has found sugar in the urine in phthisis, in pleurisy, and in chronic bronchitis and asthma. He has likewise found it in the urine of patients who were taking arsenic and the preparations of iron.

M. ROBIN presented a memoir in which he proposed some new views on the causes of albuminous urine. "In the state of health," he observed, "the albuminous principles are oxygenized in the blood, and the resulting compounds—urea and uric acid, pass off by the kidneys. If, then, from any cause, the due combustion of albumen is interfered with, it passes through the kidneys unchanged, instead of in the form of urea and uric acid. This theory he considers to be supported by numerous facts. Thus, the urine becomes albuminous:—1. In croup, in aggravated cases of ascites, in phthisis, and in advanced pregnancy, all of which disturb respiration. 2. In cyanosis or diseases of the heart, which induce a state of semi-asphyxia. 3. In diseases or injuries of the nervous centres which are marked by a fall of animal temperature. 4. In that state of exhausted nervous energy, to which the name of *courvatur* is applied. Some confirmatory facts are also, he considers, to be derived from comparative anatomy. Thus, in general, he states, the urine of birds and mammals does not contain albumen. Among reptiles, on the contrary, which are distinguished by a low animal temperature, albumen is always present in the urine.

M.M. DESGRANGES and DEVAY, of Lyons, reported a successful case of transfusion of blood. The patient was a female aged 27 years, whose life was placed in the greatest jeopardy by uterine hæmorrhage. All other measures failing, the operation of transfusion was performed. The immediate effects were satisfactory, but in a few hours there was great excitement with delirium, the patient at length becoming so violent as to require restraint. These uncomfortable symptoms, however, gradually subsided, and in a few days the patient was able to be taken from her bed without fainting. She had subsequently an attack of phlegmasia dolens, but eventually quitted the hospital well.

A report was read on a memoir by M. LEREBoullet "On the *Intimate Structure of the Liver*, and on *Fatty Degeneration of the same Organ*," The opinions of the author on each section of his inquiry are expressed in the following propositions:—

*Healthy Structure*.—1. The bile is secreted by the hepatic cells. 2. The livers of molluscs and crustaceæ contain two sorts of cells, biliary and fatty; both of which multiply by endogenous generation. 3. The liver of vertebrate animals is composed of lobules of various dimensions. These lobules or granulations are most distinct in the liver of the pig, as they are surrounded by a continuation of Glisson's capsule. In man the granulations are often confused. 4. The true colour of the liver does not depend upon the bile, but upon the relative repletion of the portal and hepatic

veins. When the former are gorged, the circumference of each lobule is darker than the centre, and *vice versa*. 5. Each lobule may be considered as an epitome of the liver itself. 6. The secretory cells of the liver are veritable follicles, as is seen more distinctly in the fatty state of the organ, the fat being contained within their cavities. 7. These cells contain nuclei and nucleoli, grey or yellow granules and fat globules; one or more of them may, however, be absent. 8. In the foetal liver of mammalia there are two sorts of cells—fat cells, and endogenous bile cells, the preponderance of the former tends to the supposition that they are a prior state of the latter, and that the bile cell is the perfect condition. 9. The secretion of bile is not produced from a portion of a lobule only, but takes place throughout its whole extent. 10. All the lobules have their axis traversed by a venule, several of which either unite to enter an hepatic vein by a single trunk, or do so separately. 11. The extra-lobular biliary canals, arise from the surface of the lobule, and after forming larger trunks, take their course in the intercellular tissue called Glisson's capsule. 12. The ramifications of the vena porta surround each lobule. 13. The hepatic artery does not ramify over each lobule, but sends its capillaries to the coats of the other vessels, and especially to the fibrous capsule of the liver. The capillaries of the artery and portal veins do nevertheless inosculate as infection passes from one to the other. 14. The blood of the hepatic artery does not seem to contribute to the secretion of bile, or at best plays but a secondary part in that function.

Fatty degeneration of the liver, according to the author, consists in an accumulation of fat globules in the interior of the cells or follicles of the lobules, and not the spaces between the lobules. When cells are thus altered they cease to secrete bile, and the lobules gradually acquire a pale fawn colour. The reason of this the author states to be that the engorged cells press upon the portal capillaries, and prevent the ingress of blood. The author has studied the process of forming diseased livers of geese, and determines that in many respects it differs from true fatty liver of spontaneous disease. The intimate cause of the change is stated to be imperfect oxygenation, and it is therefore most commonly seen in diseases which interfere with respiration.

#### *On Neuralgic Amaurosis.*

M. Tavignot gives this name to the complete or incomplete, partial or general, paralysis of the nervous retina under the influence of neuralgia of the fifth pair of nerves.

"The mode of action exercised on the eye by the fifth pair of nerves affected with neuralgia, is," states M. Tavignot, "subject to certain laws which I will endeavour to describe. I admit two species of neuralgic amaurosis, very characteristically distinct from each other. The one is attributable to a neuralgic condition of the extra-orbital branches of the trifacial nerve,—this is

the extra-orbital neuralgic amaurosis; the other arises from a neuralgic condition of the ciliary nerves,—this is the intra-orbital neuralgic amaurosis.

"The extra-orbital neuralgia of the fifth pair appears to me to act on the retina, producing a paralysis of that membrane. This paralysis results from a want of equilibrium in the distribution of the nervous influence, as if the excessive waste of this fluid by the extra-orbital branches took place at the expense of the ciliary nerves, which would thus be more or less deprived of it.

"Both one and the other form of neuralgic amaurosis appear to have an analogous origin, although differing completely in their symptoms. The cause of neuralgic amaurosis, considered in a general manner, is an abnormal state of the blood, resulting from an irregular assimilation, or a vicious re-assimilation.

"Local treatment is not likely to be successful, unless combined with general treatment."

## General Retrospect.

### ANATOMY AND PHYSIOLOGY.

#### *On the Function of the Liver.*—By Dr. G. WYLD.

Dr. Wyld is the author of a paper written with the object of disproving the doctrine generally entertained that the liver is simply a depurating or excrementitious organ, *vicarious* in its action with the lungs; and to propound the theory that it is a *secreting* organ, *antagonistic* with the lungs, and tending to reconstruct the tissues, as the action of the latter is to destroy them. This view he supports by a train of ingenious reasoning, which we cannot afford space to reproduce; the summary of his views may, however, be thus expressed:—

1. The main object of the liver is not to excrete hydro-carbonaceous matters, the result of waste of tissues; and therefore its function is not vicarious with respiration.

2. The grand function of the liver is to secrete bile, without which nutrition is impossible.

3. The grand office of bile is to create oil globules and fat molecules, as they are found in the chyle.

4. The oil is different from ordinary oils, and is more nutritious.

5. In proportion to the relative size of the liver will be found the activity of the formative processes in animals.

6. The liver has the power of decomposing water, and using the hydrogen thus set free for the creation of bile.

7. That as the lungs may be called *oxygenators*, so the liver may be called the *hydrogenator* in animals.—*Monthly Journal of Medical Science*, March, 1852.

### PRACTICAL MEDICINE AND PATHOLOGY.

#### *Treatment of Accidents from Chloroform.*

In cases of accidents from chloroform Dr. Snow considers that the best means of preventing death is,

artificial respiration. From experiments which he has made on animals, he considers that, if it were performed within half a minute after the apparent death of the patient, it would in most cases be successful. He thinks that the most safe and prompt method of performing it, in the human subject, would be to apply the mouth to the nostrils of the patient, and draw as much air as possible from the lungs, allowing them to be filled again by the elasticity of the ribs and atmospheric pressure. If this measure should not quickly succeed, he would recommend that the external jugular vein should be opened while the artificial respiration was still continued; for he has observed, in his experiments, that the right cavities of the heart became distended when its action failed, and that opening a vein near the heart improved the force and extent of any contractions which still continued. He has tried electricity on animals without success.—*Medical Times*, March 6th.

#### *Test for the Purity of Cod-liver Oil.*

Sir James Murray, in calling attention to the numerous adulterations which are made by druggists, incidentally speaks of cod-liver oil, which is extensively falsified by the admixture of other oils, animal and vegetable. The test which he recommends was suggested to him by the knowledge that in a cotton factory the spindles which were made of brass always obtained a deposit of verdigris when a bad oil was used, which was not the case with pure spermaceti oil. The test consists in heating the suspected oil in a copper capsule; if it be genuine cod-liver oil, no discolouration occurs, whereas the spurious oils throw up a quantity of the salts of copper, forming a green film on the surface.—*Dublin Medical Press*, March 24, 1852.

### SURGERY.

#### *Operation for Intestinal Obstruction.*

Several cases have been recently read before the Medico-Chirurgical Society, in which the operation of opening the colon has been performed, for insurmountable intestinal obstruction. The first is related by Mr. Adams, of the London Hospital:—The patient was a lady, aged 35, who was supposed to be the subject of cancer of the rectum. After the usual attempts to relieve an insurmountable constipation, enterotomy was performed according to Mr. Luke's method, with complete relief. Since the operation, her health has been better than she has known it for years. A light truss is used to obviate the annoyances of artificial anus.

A second case is related by Mr. Clement, of Shrewsbury. The patient was a female, aged 47, the subject of obstruction of fourteen days duration, with all the symptoms of ileus; pulse small and fluttering. On the 10th of October, 1841, as the patient's state appeared hopeless, unless relief could be obtained by operation, the patient was placed on her abdomen, and the colon, which was felt to be distended, was opened in the right lumbar region. A large quantity of fluid feces escaped, with immediate relief; and at the end of six weeks the patient was able to walk out of doors. The patient lived more than three years with the artificial anus, and died of gradual exhaustion.

The structure, which was of cartilaginous hardness, was situated in the transverse colon.

A third case, by the same author, occurred in the person of a muscular man, aged 43, who had stricture of the rectum, about six inches from the anus. After gradually increasing constipation, the bowels at length became totally obstructed, and other means failing, an operation as in the previous case was performed on the 20th of June. At first no feces escaped, nor was there any abatement of the hiccup and vomiting; however, in about eight hours an immense discharge of fecal matter occurred, with some abatement of the symptoms. The state of the patient during the next seven days is detailed minutely; and it is stated that at the end of that time his improvement was very decided, and continued for ten days, when he was seized with rigors, followed by enlargement of the inguinal glands, and sloughing of the skin on the sacrum and in the groins. Death took place in July.

Mr. Baker, of Birmingham, likewise furnished a case in which the descending colon was successfully opened in the left lumbar region, for obstruction arising from disease of the rectum. The operation was performed on the 23rd of January, 1850, and the patient has since remained free from constipation, although symptoms are present which indicate the extension of the original disease.

At a subsequent meeting of the society, Mr. Caesar Hawkins read notes of a successful case of opening the colon, followed by an interesting analysis of forty-four cases of artificial anus. These cases were divided into those which had been operated on through the peritoneum, seventeen in number, and those in which the bowels had been opened external to that membrane, twenty-seven in number. The nature of the operation was also described, as well as the character of the obstruction, and the result, with the cause of death in the fatal cases. It appears that ten had died within forty-eight hours after the operation, and twenty-one within five weeks; and that twenty-two only could be said to have recovered from the operation; of these also it appeared that six died within six months, and only nine were known to be alive at the end of one year. Sex did not seem to influence the success of the operation. The tables showed, in reference to the cause of the obstruction, that in seventeen it was of cancerous origin. The tables of the situation in which the artificial anus was made, led to remarks on the comparative value of Littre's and Callisen's operation, from which it appeared right to operate external to the peritoneum on the right side; but the question was left undecided as to the descending colon.—*Lancet*, March 6.

### MIDWIFERY.

#### *Case of Spontaneous Evolution.*—By S. BRAND, Esq.,

The following is reported as an instance of spontaneous evolution:—

On the afternoon of Friday, the 9th of January, Mr. Brand was called to Mrs. P., who had just been brought home on account of the membranes suddenly rupturing, with escape of the liquor amnii. He found the pains were but slight, the os uteri had not begun to dilate, and there was no indication of the presentation.

On Sunday morning the 11th, true labour pains commenced; the elbow presented; but on account of the firm contraction of the os round the upper part of the arm and wrist, the author was not able to get his finger through to reach the parts above, and from its swollen condition, to learn with certainty whether it was the elbow or knee. On examining the uterus through the abdominal parietes, he found it firmly contracted, remarkably small and low in the pelvis; the pains at this time were not very active, and the discharge of water had entirely ceased. After a time, the hand, with the palm to the sacrum, slipped into the vagina. Having no longer the slightest doubt he determined on turning, if possible, but was not able to get so much as the tip of one finger into the uterine cavity, and the attempt was attended with great suffering to the patient. Immediately on the release of the child's hand from the os, the expulsive efforts became exceedingly powerful, and followed each other almost without intermission; and finding that with each the arm was descending, the author did not feel justified in using more force, but made up his mind, for the present at least, not to interfere. Gradually the whole arm was protruded, and the point of the shoulder passed under the arch of the pubes, and never receded; the side of the chest now came upon and separated the labia, and the perineum was fearfully distended. The patient's age (twenty,) being in her favour, notwithstanding this was her first labour, the author was able, by steady support, to save this structure from laceration. A delay of about ten minutes took place before the breach was expelled. He then obtained a purchase in the fold of the thigh, and assisted the delivery of the legs; this being accomplished, there was a cessation of the pains for two or three minutes; they then returned; and having first brought down the left hand, he delivered the head (face to the sacrum) in the usual way, without difficulty.

The child (male) was born dead; it measured nineteen inches, well developed, and of average bulk. The woman has recovered without a bad symptom.—*Lancet*, March 13th.

*On the Connection of Menorrhagia and Gastro-Hepatic Disturbance.*—By Dr. MACKENZIE.

In allusion to this subject, the author of a very valuable essay, "On the Relations of Uterine to Constitutional Disorder," writes somewhat to the following effect:—

Many writers have remarked that in most cases of excessive menstruation the general health is greatly deranged. The cases recorded tend to show that in a certain proportion, at least, the symptoms of gastric derangement, when met with in connection with hæmorrhagia, are its antecedents rather than its consequences; and inasmuch as the cure of uterine disorder is often to be effected by that of the chylo-poietic, without any specific treatment whatever, it must follow that it is not merely its antecedent, but its positive cause also. Further, many collateral circumstances are in favour of this view. It was observed by Mr. Abernethy. Thus his observations in surgical cases led him to attribute many hæmorrhages to a sympathetic affection of the heart and arteries, excited by disorder

of the digestive system. The connection between uterine hæmorrhages and disorder of the stomach and digestive organs has also been specially referred to by Dr. Ayre, in his work on disorder of the liver. He has drawn attention to the fact that many forms of *post partum* hæmorrhage depend upon it. He ascertained that in many of these cases the liver was specially affected, and that calomel was the most efficient remedy. At first he ascribed its efficacy in restraining uterine hæmorrhage to the evacuation of morbid matters from the bowels; but further experience convinced him that the efficacy of the medicine was due to its alterative action upon the digestive organs and liver.

So also Sir James Eyre's cases, in which oxide of silver is exhibited as a remedial agent in uterine hæmorrhage, would seem to bear a similar interpretation; for he has shewn that this medicine, which has extraordinary power in allaying the irritability of the gastro-intestinal mucous membrane, and as such is deservedly popular in dyspeptic affection, is at the same time a valuable remedy in cases of menorrhagia. The efficacy of bismuth in similar affections is in favour of the same doctrine; and indeed it may be conclusively shewn that many forms of menorrhagia owe their origin chiefly to an irritable or-disturbed state of the stomach and digestive organs, and that where these pathological conditions coexist, we are not justified in assuming that the latter are the mere consequences of the former. On the other hand, the history of such cases will often demonstrate that it had preceded rather than followed upon it.—*London Journal of Medicine*, March.

*Two Cases in which an Ovule, or its remains, were discovered in the Fallopian Tube, after Death during Menstruation.*—By Dr. LETHEBY.

At the commencement of the paper the author points out that the arguments which have been adduced in support of the opinion, that the menstruation of the human female corresponds to the "heat" or "rut" of the lower mammalia, and that an ovum is normally matured and thrown off at each menstruation, are entirely of an analogical character; and that, although the ovaries of women who have died during the menstrual period have been frequently examined, and Graafian follicles found in a recently-ruptured state, yet the discovery of the liberated ovule had not, so far as he was aware, ever been detected. The importance of his cases rests upon three grounds—namely, 1st, the circumstances under which the women had died, which forbade the idea of recent sexual intercourse; 2nd, the finding of recently-ruptured Graafian follicles; and, thirdly, the discovery of the ovule and its remains in the fluid matter of the fallopian tubes.

In the first of the cases recorded, the woman died during a menstrual period. She had been an inmate of the London Hospital for twenty-four days before her death, where she was closely watched day and night by a nurse, in consequence of her having attempted self-destruction, by cutting her throat, twenty-nine days before her death.

An examination of the body showed that the pelvic viscera were much congested, that the uterus was considerably enlarged, that the vagina contained a sero-

sanguineous fluid, and that the hymen was unruptured. The ovaries were covered with stellate fissures or cicatrices, and at one part of the left organ there was a purple spot, having a ragged hole in its centre. By means of an incision into the gland through this spot, it was found that the opening led into a small cavity, which was surrounded at its lower part by a dense tissue, infiltrated with dark coagulated blood. After macerating in spirit for a short time, it was noticed that the clot consisted of four parts, which the author describes.

In other parts of the ovary several false *corpora lutea*, in different stages of decline, were found. The fallopian tubes were highly congested, and the cavities of the tubes were filled with bloody mucus. In the left, at about an inch from the fimbriated end, was a small vesicular body, which Dr. Letheby considers was an ovule, for it consisted of nucleated cells and oil globules.

The second case was that of a girl who had died at St. Luke's, where the patient had also been closely watched. In this case the right fallopian tube contained a body resembling an ovule, which under the microscope was found to consist of nucleated cells, of a transparent ring, enclosing an opaque granular mass, and a highly pellucid spot. The corpora lutea were composed of granular corpuscles and oil globules. The author's conclusions from these cases are:—

1. That ovules escape from the ovaries of women during the period of menstruation, and that their escape is quite independent of sexual congress.

2. That the mere presence of a corpus luteum is not a proof of impregnation.—*Proceedings of the Royal Society.*

## Correspondence.

### MEDICAL BENEVOLENT FUND.

*To the Editor of the Provincial Medical and Surgical Journal.*

MR. EDITOR,—Pardon me for asking the attention of your readers at this time, to the Medical Benevolent Fund. At a period when such great efforts are making in favour of *quasi-benevolent* projects, all having a root of selfishness in them, and therefore essentially partaking of the *provident* character, it is really necessary to bring the claim for support of the Benevolent Fund prominently before the profession, because having nothing to recommend it to notice but its own *pure, unselfish, charitable* character, it is necessary that its holy principles should be constantly brought home to the heart of every individual concerned in its success. And what individual in the profession is not concerned in its success? What individual is there who, in prosperity, can refuse to listen to the plaints of the wretched, or can turn a deaf ear to the silent voice of untold misery;—or who, in adversity, can refuse to lend a helping hand to those still more unfortunate than himself—to those who are ready to perish?

The Committee of the Benevolent Fund have wisely determined to hold a public festival on behalf of this fund, on the 20th of May, when the Earl of Carlisle has consented to preside. Their object in this movement is to extend the knowledge of their Institution, to let its claims to support be better known, and to augment its funds. I am well pleased to notice a goodly list of stewards upon that occasion. But there are those whose professional duties have precluded their accepting the office of steward;—there are those whose distance from London has offered an insuperable barrier;—there are those whose own slender means have prevented their *purchasing a ticket*, in addition to the necessary expenses of travelling, and passing a night in London;—there are those whose state of health forbids the excitement of a public dinner. But to each of these individuals let me put the question,—What have *you* done to relieve the necessities of your starving brethren or their families? What have *you* done to relieve the mental agonies of him who finds himself incapacitated by paralysis from the active duties of life; or to soothe the sorrows of the widow and orphan, deprived by sudden sickness or accident of their only support? What have *you* done in support of that helpless idiot orphan, who once enjoyed all the luxuries of life, but is now left to the *charity*—shall I say, the *neglect*, of the great professional family? What have *you* done towards the education of those orphans who have been left without any means of support? What have *you* done towards the comfort of that literary lady, who is struggling to earn her precarious bread by the most ill-paid services?—or towards those who are equally contending with the evils of penury by the help of their own fingers—stitch, stitch, stitch—till, with aching head and almost sightless eyes, the temporary forgetfulness of sorrow is sought for in that “Tired Nature’s sweet restorer—balmy sleep,” to awaken after a brief period of oblivion, to the aggravated consciousness of unpaid labour?—or what have *you* done in favour of the countless forms of wretchedness, which exist festering, though concealed in the great walk of professional life? Tell me not that you are a subscriber towards this or that *provident* local fund; then let me ask what have *you* done to relieve that helpless family, upon whom you have turned your back and coldly told them there is no hope for them, because their circumstances in life had forbidden their becoming members of your *provident* society? Tell me not that you have subscribed towards the British Medical Fund, or the Medical Benevolent College—excellent institutions in their way—but let me ask you, what have *you* done for those who have not had it in their power to secure the benefits of the *one*, or who cannot exist, till *the other*, yet *in posse* be actually in being and dispensing its benefits—and even then living unrelieved in the vain hope of raising which it can never reach:—and which *can be never reached* except by a purely charitable fund—by an institution which stretches out its hand to relieve temporary distress by temporary aid: the Medical Benevolent Fund, the *only* institution in the Kingdom which can expend the funds with which it is intrusted in relieving the wants of our brethren;—the only Institution which gives, hoping for nothing again;—which in the hour of sorrow steps in with its soothing

sympathy;—which listens to the voice of *real distress* and promptly relieves;—which reinstates the pecuniary beggar to his lost position in society, and which restores to him the means of again providing for his family; and which enables the *widow* to support her helpless orphans.

Allow me, therefore, Mr. Editor, to press the claims of this Institution upon the notice of your readers, and to ask each individually if he has done what he could in support of this purely Christian fund.

I have no jealousy towards the local provident funds,—I have no jealousy towards the British Medical Fund,—I have no jealousy towards the Medical Benevolent College: I envy them not their successes—I support them all; but I must say that no one, nor all combined, can ever supply the place of the Medical Benevolent Fund.

It has been asserted by a correspondent in your last journal, that we ignore the existence of the local funds; but this is a mistake, we have known and acknowledged their value to a far greater extent than Dr. Soulby, who appears not to be aware of the existence of several. But we have always contended, and we still assert, that these funds *relieve their members only*,—that *their members are entitled to relief*,—that as such they are truly *provident* funds, and *not benevolent*, except in the limited sense attached to all other mutual insurance societies.

It is often suggested to me, that it is a pity there should be so many funds with *ALLIED* objects, and that it would be better to have *one comprehensive fund, and combine all the objects by one machinery*. But, as I have already stated, all the funds combined cannot supply the place of the Medical Benevolent Fund; and there can be *no amalgamation*, because the principle upon which we proceed is dissimilar. Ours is *truly charitable*, all others are *partly provident*. It is quite true, that if the other funds choose to make over their resources to our fund, we could dispense them; and as the far older and long-tried society, we have a claim which more modern institutions have not. But this project they will never adopt, and it is obvious that we dare not give up our funds and our principle at the same time, and hand over to others the distribution of the means which have been intrusted to us. It has been suggested to me, that all these objects might be *combined*, though *not amalgamated*, and that by a *compulsory* payment from every individual employed in the profession. I will not say what I think of such a *compulsory provision*, except that it is *not charity*, and to ask "*Who will bell the cat?*"

And now, Mr. Editor, let me seriously inquire of each one of your readers,—Have you yet cast in your mite to the treasury of the Benevolent Fund? Have you done what you could to relieve professional distress; or have you been determined to ignore its existence, except in a shape in which it may be provided against? Have you listened to that feeble cry of the helpless orphan, or have you determined to pass it by, with a cold reference to the fact, that the father might have provided for the day of distress and destitution? Have you left it to the rich and prosperous (*the few*) to make up for that which can only be thoroughly accomplished by the combination of the many? Have you forgotten the aged widows, who now depend upon our fund for their only sustenance: or have you "*remem-*

bered to forget" their wants; and because you do not see those wants, have you persuaded yourself that there are none such in existence?

And Mr. Editor, let me most earnestly entreat your readers' attention to the facts of the case, and let them not listen to the arts of evading a charitable subscription; let them not be as the priest and the Levite which passed by on the other side; but let them emulate the good Samaritan, who proved himself to be the neighbour of the wretched and the miserable, by relieving their distress;—let me earnestly beseech them to listen to the voice of conscience, and to that still small word of affectionate interest which proceeds from the heart;—let them in this instance listen to their *feelings*, and what the heart prompts let the hand execute directly;—and then may the tired head rest upon its pillow at night with the soothing reflection of having done what it could for others as well as for himself, and of having executed one grand Christian duty, for the "*greatest of these is charity.*"

I remain, Mr. Editor, yours faithfully,  
W. NEWNHAM, Treasurer.

P.S. There are a few persons in arrear with their subscriptions. I trust the present appeal will remind them of their debt, and of the necessity for *payment*.

## THE PHARMACY BILL.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—I am anxious to call the attention of the provincial general practitioners to the "Pharmacy Bill" of Mr. Jacob Bell, which has been silently but surely passing through the House of Commons. It has hitherto met with little or no opposition, the *Medical Times* being the only journal which has made any stand against it. I think the *Lancet* and your journal\* have each noticed it with a rather laudatory leading article, which I regretted to see, because I feel assured that without considerable modifications and safeguards to prevent chemists and druggists from acting as medical practitioners, the Pharmacy Bill will prove highly injurious to the public and to surgeons in general practice. I have just addressed a letter to the editor of the *Lancet* on the subject, which, as containing my sentiments more at length, you will much oblige me by inserting in the next number of your journal.

I would only further remark that there is no time to lose. Evidence is about to be given against the bill in its present state before the Select Committee, but should the necessary alterations not be made, I would recommend that the measure be *opposed in toto*. This might be effectually done by even a single practitioner in every parliamentary district signing a petition against the measure and entrusting it to his own member for presentation.

In the meantime I beg the serious attention of all general practitioners to the bill, and to its probable effects on their prospects. I can quite understand why

\* This is a mistake, no such article having appeared in this journal.—  
Ed. Jovan.

the Colleges, who have so frequently neglected or opposed the interests of the general practitioner, are *supporting* the bill! The suicidal conduct of the Society of Apothecaries, who I understand are not opposing the measure, and are thus betraying the interests of their Licentiates, I confess I do not comprehend.

I am, Sir, in haste, yours faithfully,  
GEORGE WEBSTER.

April 21, 1852.

*To the Editor of the Lancet.*

SIR,—I am much surprised at the apathy which seems to pervade the ranks of the general practitioners, both in London and the provincial towns, respecting the "Pharmacy Bill." That measure has been read a second time in the House of Commons, and is now in Committee, and if not strenuously opposed, has every prospect of passing both Houses of Parliament, and becoming the law of the land. You, Sir, are a member of the Select Committee now sitting on the Bill, and I cannot help thinking that you are either deceived as to its probable effects, or that you are not as usual sensitively alive to the interests of the public and of surgeons in general practice.

I am strongly of opinion that should the Pharmacy Bill pass into a law, it will most injuriously affect the public, and seriously interfere with the legal practitioners of medicine. No man knows better than you do the frightful extent to which chemists assume the functions of medical men, and the fearful consequences which result from "counter practice," and even domiciliary visits. The present bill gives full power to the Pharmaceutical Society (already incorporated under a Royal Charter) to regulate with all the machinery of a Royal College the affairs and government of the chemists and druggists of England and Wales; and not contented with this, they wish to assume the same power over the chemists of Scotland. They contend not only for registration, and full power to make such bye-laws as they may think proper, without any control, but also for the sole regulation of the education and examination of all their future members.

And what is to be the course of their examination? Why—in the classics, in dispensing and prescriptions, in botany, in chemistry, in materia medica, in pharmacy, and in toxicology, which last word may include almost anything pertaining to the practice of medicine. I am rather surprised indeed that midwifery was not also included, which some chemists now boldly assume the right of practising.

Now, Sir, I ask my medical brethren, and I ask you, whether, with these considerable fragments of a medical education, the future race of chemists will not, on the strength of their examinations, and a showy diploma placed in their windows, most egregiously deceive themselves as to their amount of medical knowledge, and also sadly deceive the public into a belief that they are perfectly qualified to treat and cure diseases? My firm conviction is, that by the passing of the Pharmacy Bill, "counter practice" and the treatment of diseases by chemists, which now obtain to such an extent, will be increased at least *ten-fold*; and I look upon the measure as being fraught with great danger to the

public, and with great injury to medical men. Even the present race of chemists will, I presume, be entitled under the Act to another flaring diploma, and will consider themselves as better qualified by such a licence to pursue their present dangerous career.

I do not for a moment mean to charge the more respectable houses in London and in the larger towns with resorting to such dangerous practices; and I am convinced that Mr. Jacob Bell, and you, Sir, and others, may believe that this bill is calculated to prevent rather than promote the evils of which I complain. I regret that after much consideration of the subject I cannot entertain this view; and I know that many of my medical friends fully agree with me in the opinion which I have thus expressed.

It will naturally be asked what remedy I propose? Let me say at once that I would *not object* to the education of chemists under proper regulations. I *simply object* to their assumption of functions for which they are not educated. They may dispense the prescriptions of physicians and surgeons, and they may vend all the usual medicines *ad libitum*, except the strong poisons, such as arsenic (already guarded), prussic acid, oxalic acid, opium and its preparations, chloroform, &c., which ought to have been included in the arsenic bill. I would not prevent their doing anything which belongs legitimately to the trade or business of a chemist, but I would propose that a clause should be introduced into the bill, making it penal for a chemist to prescribe for, or treat diseases, or to act in any way as a legally qualified medical practitioner. I would restrict the chemists of this country as the pharmacians of France and other parts of the Continent are restricted, and I would despise the maudlin nonsense respecting "the liberty of the subject in this free country," and would consider that as salutary and requisite which should evidently prevent the destruction of life or health. If Mr. Jacob Bell should object to such a clause, I would call on you, Sir, and on my medical brethren to oppose the Pharmacy Bill by every means within their reach.

There are other objections to the Bill, such as its inappropriateness pending a general measure of Medical Reform. I object also to the creation of a new Corporation with Parliamentary powers, when, in fact, the chemists ought to be joined to the Society of Apothecaries, whose present functions (which they are seriously neglecting if they assent to the Pharmacy Bill) must soon necessarily cease. But your space and my time are both exhausted.

I remain, Sir,

Yours faithfully,

GEO. WEBSTER, M.D.

Dulwich, April 21, 1852.

## TREATMENT OF THE INSANE.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I have the honour of acknowledging and thanking you for the insertion of my letter of the 25th of February in your journal of the 17th inst., and



whilst I am preparing to conclude my reply to your correspondents, I beg leave to notice two passages in the second column of page 156, which are not quite correctly printed. The first is at the twelfth line, where the sentence—"I heard an instance where a young man was lately seized in his bed, at three o'clock on a November morning," which I inserted, because without proof the statement preceding it might appear to be incredible, ought to appear between short lines, or brackets. The other is at the bottom of the same column, and the mistake arises from my own erasures and omissions. The passage should run thus:—"The question, not of the private character, but of the official conduct of proprietors of asylums, and that of the merits of private asylums, however important, are both different questions."

I will take the same opportunity to notice the short letter of E. B. with no date, which has been forwarded to me, extracted, I believe, from your journal of the 31st ultimo. I never stated that E. B. had mentioned my name in his original communication, but in my letter of the 1st of November I replied to the *allusion* which he made to my name, when, after having attacked the report of the Alleged Lunatics' Friend Society, he observed, that no one could be astonished at the nature of the report, when they considered the wild or extravagant notions of the gentleman whose signature was attached to it, or words to that effect. E. B. would have acted more candidly, in either regretting his hasty allusion to my signature, or in defending the style of it. I, however, beg to assure him that I feel no offence at his allegations, because I know that many persons cannot believe that the system of confining alleged lunatic patients in private asylums without the knowledge of the grounds of their confinement, and without power to appeal to any tribunal for an inquiry into their case, or of communicating with their friends and legal advisers, and the cruel and ignorant treatment to which I was exposed and which I witnessed, and which I have had reported to me by others, is either true, or can deserve the strong language in which I have spoken of it. And they presume that the reforms which I advocate in this system, and which are founded, as I believe, on the soundest principles, must be as extravagant as that language appears to them to be from their unbelief of the truth of my statements, or from their want of reflection. With regard to my knowledge of insanity being slight or not, that is not the question between us. The objects which I and my friends have in view, are to prevent injustice, and cruelty, and outrageous violence being used to patients, under the pretence of care and cure and of the necessity of sometimes using force to subdue maniacal excitement. We do not pretend to interfere with the proper medical treatment of the insane; I believe, however, that on this point I might be able to throw out some hints that might be useful, or at least some very valuable cautions, particularly as regards the moral and spiritual effects which many medicines may produce, a subject which I have not yet seen treated on, and is well worthy of inquiry. My confinement, however, for two years in two different asylums, and the visits which I have paid to several asylums, both in this country and in France, have

given me some insight into the nature of this disorder. I will add, also, that in all other maladies the experience of patients is considered of some value by intelligent physicians, and my experience under one of the most extraordinary phases of mental derangement, entitles me to some attention on that special subject; this however, from the first, I have never expected in this generation, except from men like Dr. Esquirolle or Dr. Conolly. Mankind in these matters are still labouring under the same folly which has impeded their advance in all sciences, and the opinions and observations of Commissioners on Lunacy, of lunatic doctors, and even of medical men who have little practical acquaintance with the subject, are the sole authorities looked to, almost to the exclusion of the testimony and experience of their unfortunate victims; yet if I had to lead a body of troops through an unknown country, I would rather depend, for the details of every day's march, upon the information even of the savage inhabitants, than on the books of travellers and the maps of geographers, although it would be right to attend to their data and information to prevent deception.

If, as E. B. reminds your readers, there is a zeal without knowledge, there is also a presumption that our knowledge is perfect, and that we form unerring conclusions from our observations, which excludes knowledge, and consecrates unsound principles. Of all classes of men—the owners of private asylums—who for ages have been confessedly labouring in the dark, and into whose institutions light has only broken within the last thirty years, are the last that should expect confidence in their opinions, when we know how they abused the implicit confidence they formerly laid claim to, and to which they required relatives to surrender their unfortunate patients. I have often doubted whether, as E. B. states, personal restraint should not be allowed, if not too protracted, in suicidal cases, and in cases where the patients, from delusion, or from savage impetus, are likely to do themselves or others injury; but it is a debateable question, and, I have been answered, that the apparent necessity for it arises from defect in the management of the patients. I am little acquainted with those cases where restraint is required for moral objects, but in some of these, perhaps, a more liberal construction of the rules of religion and morality, which are evidently not intended to be of universal application, might be certainly more wholesome and more beneficial, if by that means the patients could be weaned from the abuse, to the use, of Nature's laws and propensities. This, however, is, I confess, a very delicate and very difficult subject, and involves a great revolution of opinion amongst those who hold pharisaical doctrines, or austere notions on the subject of religion. The separation of the sexes is, in my opinion, the most cruel and fearful consequence of all confinement, and cannot but greatly contribute to the maladies and miseries, and retard the prospects of recovery, of the insane.

I have the honour to be, Sir,

Your obedient humble servant,

JOHN PERCEVAL.

Kensington, April 9, 1852.

## Medical Intelligence.

### COLCHESTER MEDICAL SOCIETY.

At a meeting of the Colchester Medical Society, it was unanimously resolved,—“That the members of the Colchester Medical Society pledge themselves not to meet professionally any person practising homœopathy, or homœopathy combined with rational medicine; and that any member of the Society violating this pledge will be considered by the Society, as acting *unprofessionally*. That a copy of this resolution be sent to every member of the Society.”

### MEDICAL BENEVOLENT COLLEGE.

At a meeting of the Council of the Medical Benevolent College, held at the Hanover Square Rooms, on the 6th instant, Dr. Watson was unanimously elected Vice-President of the College. The Rev. Henry Mackenzie, Vicar of St. Martin's-in-the-Fields, and the Rev. H. Glossop, Vicar of Isleworth, were also elected life governors of the institution, both these gentlemen having, in their respective districts, kindly preached in aid of the funds of the College.

### ROYAL COLLEGE OF PHYSICIANS.

Dr. Paris, President; Dr. Wilson, Senior Censor; Dr. Hawkins, Registrar; Dr. Burrows, and Dr. Nairne, had an interview last Saturday with the Secretary of State.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted Fellows on the 5th and 7th instant:—Thomas Francis Fernandez, Madras Medical Establishment—Diploma dated Oct. 5, 1838; Thos. Eaton Lander, Shiffnal, Shropshire—April 18, 1842; James Morris, Park Street, Grosvenor Square—June 16, 1848.

The following gentlemen were admitted members on the 16th instant:—Robert Thorley Bolton, Hexham, Australia; Henry Desplan, Bath; Edmund Adolphus Kirby, Hampstead Road; Henry John Hughes Lawrence, Carmarthen; Francis Nottidge Macnamara, Uxbridge, Middlesex; Francis Wm. Merry, Shottesham All Saints, Norfolk; James Barclay Montgomery, Penzance, Cornwall; George Newport Pickstock, Belize, Honduras, West Indies; Henry James Rogers, Peninsular and Oriental Service; John Kent Spender, Bath; Alonzo Henry Stocker, Grove Hall, Bow, Middlesex; Edwin Adolphus James Wilkinson, Birmingham.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 8th instant:—Frank Lane Bindley, Burton-on-Trent; George Smith Brent, 13, Caroline Street, Bedford Square; Erlin Clarke, Worcester; Ebenezer Davies, Swansea; James Ekin; John Fountain, Cowley, Uxbridge; John Northend Nicholls Hamerton, Elland, Yorkshire; John Roberts Hughes, Flintshire; Joseph King, Newbury; Robert Knaggs, Clapham; Joseph Lewis, Cardiff; Frederick Moon; Charles Palmer, Horton-in-Lindsey; Robert Bryant Pearse, Bath; Thomas James Vallance; Geo. Walker, Harworth-on-Tees, Durham; Charles White, Doncaster.

Gentlemen admitted members on the 15th instant:—Robert Cuff, Northbury, Somersetshire; Thomas Wm.

John Goldsbro, Welshpool, Montgomery; John Hall; John Long, Leeds; John Thomas Muriel, Ely, Cambridgeshire; Richard Bird Nason, Nuneaton, Warwickshire; Henry Osborne, Northampton; Augustin Benoit Pettrau, London; Charles Sanders; John Charles Savery, Hastings; Henry Charles Warren, Milverton, Somersetshire; William Webb, Barton-under-Neewood; David Jones Whitty, Britonferry, Glamorganshire; Samuel Wright, Huntingdon.

### UNIVERSITY AND KING'S COLLEGE, ABERDEEN.

GRADUATES OF M.D., APRIL 15, 1852.—Christopher A. Allen, Cork; Philip Brown, Durham County; George Crosland, York-shire; Ernest Elliott, Portsmouth; John Dalston Jones, London; Robert Molloy, Pentonville, London; William Home Popham, London; Owen Richards, Cardiganshire; James Ross, Elgin; James William Young, County Meath, Ireland.

### APPOINTMENTS.

Mr. John Wickham Barnes (of Bath) has been appointed House-Surgeon to the Royal Westminster Ophthalmic Hospital.

Mr. E. Pitt has been appointed House-Surgeon to the Wrexham Infirmary.

Mr. Samuel Wall has been appointed Colonial Surgeon at the Gold Coast.

Dr. Millington, of Queen's College, Birmingham, has been appointed Surgeon to the Staffordshire General Hospital.

Mr. Hunter, Mr. Hoffman, Mr. Price, and Mr. Waddington, have been elected Consulting-Surgeons to the Margate Sea-Bathing Infirmary.

Mr. Miles O'Brien has been appointed Apothecary to the Newcastle Dispensary, under the Medical Charities' Act.

### BOOKS RECEIVED FOR REVIEW.

Observations in Surgery. By Benjamin Travers, jun., Esq., F.R.C.S. London: Longman and Co. 8vo, pp. 230. 1852.

The Pathology and Treatment of Stricture of the Urethra. By John Harrison, Esq., F.R.C.S. London: John Churchill. 8vo, pp. 104. (Plates.) 1852.

Hydropathy, as Applied to Acute Disease. By T. R. Armitage, M.B., Lond., M.R.C.S. London: John Churchill. 8vo, pp. 178. 1852.

### TO CORRESPONDENTS.

Communications have been received from Dr. Hall, Mr. Wood, Mr. Solomon, Mr. Gabb, Mr. Walker, Mr. Sands Cox.

We have received several private letters on Mr. Pascoe's case, all condemning the verdict and suggesting applications to the Secretary of State. We believe that the case is now undergoing a searching investigation. This we hope will result in a reversal of the sentence, which to us certainly appears totally unsupported by any evidence worthy of credit.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Charchill, Princes Street, Soho.

CLINICAL LECTURES  
ON THE  
PRACTICE OF PHYSIC,  
DELIVERED IN THE  
THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D., EDIN.,  
*Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.*

LECTURE XV.

ON THE MORBID CONDITIONS OF THE URINARY  
ORGANS CONTINUED.

GENTLEMEN,—In our last lecture we took a review of the nervous or functional derangements of these organs, and their treatment; and we also dwelt upon the nature and management of acute and chronic inflammations. I now direct your attention to the more frequent, and, upon the whole, more dangerous and fatal disorders, arising from congestion and degeneration.

CONGESTION, by which is to be understood a distention of vessels, and a sluggishness of circulation, commencing in a stagnation of the venous and capillary blood, is a very common occurrence in the kidneys. Nor does the frequency of such a morbid condition surprise us, when we consider that there are such various causes for determination of blood to the kidneys. For they are not only designed for their own peculiar and exclusive purposes, but they are also vicarious to other organs, when these may be checked in the performance of their functions. Thus, "besides the extraordinary efforts which they must necessarily make, whenever either the increment or the waste of the body, very much exceeds the usual amount, they have likewise to be tasked in a more unnatural way, so soon as the skin, the liver, or the bowels are interrupted in their duties. Under all such circumstances—and they are exceedingly numerous—the vessels of the kidneys at once become gorged and distended, and if this continue beyond a certain period, or be carried to an extreme, it must necessarily happen that the elasticity or organic contractility, will be more or less overcome and destroyed, so that the vessels will be brought to a condition of permanent relaxation, which will make them habitually yield to still lesser degrees of pressure. At every successive engorgement this state of things will be increased, if it does not, indeed, lead to a continual state of congestion, itself a disease, but yet tending to bring about other diseases of a still more deep and serious nature. Also, besides these functional causes of renal congestion, there may be others of a more mechanical kind, such as the pressure of tumours, or calculi, or of dropsies, or external injuries. And all this will be still more apparent to you, when these various causes are further particularised—such as eating beyond the requirements of nature, and indulging in excess of compound drinks, especially when this is done as a matter of habit. Also any excessive disintegration of the tissues under fatigue

of body and mind, or the presence of such consuming or destructive diseases as inflammations, ulcerations, and fevers. Then we have to consider the sundry foreign matters that may be assumed by the mouth, or generated in the blood, and which must find an outlet by these organs; as well as the revulsed excretions of the skin, the liver, and the lungs, occurring under extreme cold, or under some regular affections of these parts. When you consider, I say, all these circumstances, you need not feel surprised that congestion of the kidneys is a common event. When it occurs suddenly, from any unwonted cause, the local symptoms will be pretty manifest, and the patient's observation will scarcely fail to be directed to the subacute heavy pain in the loins, along with the scantiness or over abundance of urine, abounding in thick deposits. If, however, it be of gradual accession, as it commonly is, the pain will consist more of a sense of heaviness in the part, and in a general lassitude such as may not excite his particular attention, until they have so oppressed him, that his life has become burdensome, or some secondary disease of a worse character has been induced, as diabetes, or albuminuria, or general dropsy.

From these observations you will infer that I wish to draw your special attention to this condition of the kidneys, and the more so from the symptoms often being so obscure. No patient should pass without some inquiry into these matters, for you know not in how many instances it may be the means of warding off such painful diseases as gout and rheumatism, and such a fatal one as albuminuria. To this end you should apply gentle but deep pressure over the organs, without any sudden poking or grasping, and learn if there be any uneasiness experienced. You may also desire the patient to lift something that tasks his strength, and watch if there be any stiffness or shrinking of the loins. If circumstances permit, you may likewise examine the skin of the loins, and see if it be of a deeper colour than natural, if the veins seem loaded, or if the blood that may be drawn from them be thick, dark, and tarry. You will note whether the sufferers have an unaccountable languor, drowsiness, and disinclination to exertion, and whether their ordinary labours may induce weakness in the back, and compel them to resort to such undesirable articles of dress as belts, long stays, and paddings, for the sake of mere support, and apart from any affectations of imagined grace or beauty. You will also, specially examine the urine, as to its amount, colour, and density, its deposition of sundry salts, and its intermixture with blood globules, pus corpuscles, albumen, fibrin, or any extraordinary amount of mucus. Not until you are satisfied on these points, will you be justified in treating such a patient for those vague ailments, which are too often carelessly denominated dyspepsia, change of life, cachexy, debility, and so on, for which you would forthwith be administering tonics, and bitters, with mineral acids or alkalies, as the case might be. Under such circumstances these remedies may tend only to increase the evil, and you will be subjected to the annoyance of your patient constantly repeating the same complaints of

lassitude, weight, and general derangement of health, in spite of the whole armarium which you have brought to bear upon his case. Doubtless, from the deposits in the urine, you may be led to combine with the above medicines, diuretics, alteratives, and diaphoretics, which are very desirable at the proper time, and under the right circumstances; but you may also find that these have by no means the effects which you anticipated, and, simply, because all your diuretics and alteratives can have no free play, while this physical condition of the kidneys is acting as an impediment to their operation. It must be evident to you upon a little reflection, that all this increased injection of foreign matters, such as your nitrous æther, your juniper, or your Hollands; your highly nitrogenated tonics and meat diets; your soda, potass, or ammonia, cannot at all remove the one essential and fundamental cause of all the evils—viz., the congestion or engorgement; but will rather throw an additional burden of excretion upon that member, which is already unable to eliminate even the natural waste of the body, and, therefore, you will find that, so far from the appetite improving, or the strength increasing, or the body becoming lighter in its feelings, all the uneasy symptoms will advance and deepen. The food will be still more loathed; the mouth will become more conscious of an offensive urinous or metallic taste; the skin will be subject to sweatings, instead of the natural and invisible transpiration; the whole frame will become more conscious of languor, and the mind more dull and depressed.

The same condition of congestion existing in the ureters or bladder, would require similar management; but the symptoms and effects would be by no means of the same consequence there as in the kidneys, and therefore I shall at once proceed to speak of the treatment of renal congestion, without dwelling upon these minor parts at all.

And, in the first place, I must say, that whatever may be the internal remedies required in this or that peculiar case of congestion, all such remedies, to be properly effectual, must be preceded by local abstraction of blood. It is the engorgement of the vessels with a deteriorated blood, and the consequent unnatural pressure upon the excrent structures and their organic nervous filaments, that prevent them from performing their functions; and, as I have shown that the additional assumption of foreign, and especially saline and nitrogenated elements, must tend further to deteriorate the blood, and to increase the burden and pressure that already weigh upon the renal excrents, it is clear that all such matters must do harm rather than good. To relieve the nervous filaments of this paralyzing pressure, to unload the capillaries and other vessels of their distending fluids, to excite the former to renewed vivacity and the latter to renewed contractile energy, are the first indications, and these can only be accomplished simply and speedily by a removal of the direct cause, which is this overplus of blood. When that is removed, and free play thus allowed to the nerves, vessels, and excrent cells of the organ, your renal stimulants, tonics, and alterants may then be

poured in with good effect, but certainly not till then. To this end, cuppings or leechings will be the best appliances, along with those purgatives which would act most briskly upon the bowels. To resort, as a usual rule, to general bleeding, would be improper, as the state of the system might forbid it; although in a very plethoric and apoplectic subject, that measure might be not inadmissible. But no such objection can be urged against local bleedings, except by those who adopt the sweeping dictum that no blood should ever be removed at all. Such persons commence their reasoning with the declarations, that physicians ought only to assist nature, and that nature never resorts to blood-letting. The first assertion is agreeable to reason, but the second is palpably false, as witnessed in natural bleedings at the nose, in piles, and in the female catamenia; such natural hæmorrhage always being the result of local turgidity of the vessels containing deteriorated blood. But, even if this were not the fact, we must recollect that nature can go wrong as well as right; and, if she did not do so, then there were no use of physicians at all. Yet, in truth, when either nature or the physician resorts to local depletion, it is not proper reparative blood that is drawn off; but something that is not only useless, but vitiated, and hurtful to the constitution. Such fluid, by its stagnation, and the chemical changes consequent upon the depression of vital action, has become quite unfit to be taken back into the system with advantage, and is, therefore, better removed, as only affording a fit sphere for the morbid separation, or formation, of fibrin, fat, albumen, tubercle, and other results of altered affinities and diminished vital energy in the blood. These different deposits will severally accrue from congestion, according to the nature of the patient's constitution; fibrin in the robust and plethoric; fat, tubercle, and albumen in the scrofulous; and colloid and cancer amongst persons of a malignant diathesis. Such facts all point to the timely removal of stagnant and degenerate blood, before proceeding to the employment of other remedies.

The kidneys, then, being thus cleared of their unnatural load, our next steps must be to excite the organic nerves, to constrict the relaxed vessels, and to eliminate those matters from the system which have hitherto been retarded in their excretion, and produced a long series, perhaps, of secondary and tertiary ailments, such as anorexia, albuminuria, and dropsy, with rheumatism, and other local inflammations. It may also happen that we have to supply certain elements which may have become deficient during a lengthened period of mal-assimilation. The best stimulants for these nerves are lytta, nitrous æther, juniper, and the rest of that class of diuretics; for constriction of the vessels we have various saline astringents, such as acetate of lead, &c.; but the most appropriate for the urinary organs are the buchu, the uva ursi, and the terebinthinates; to alter and amend the urinary elements in the blood, and promote their excretion, we have colchicum, with acids, or alkalies, according to the particular conditions of the blood; and we have also those salines which are solvents of the earthy

principles, such as phosphate of soda, or of the fibrin, such as nitrate of potassa. The employment of these three classes of remedies, along with the occasional abstraction of blood, is what is regularly required in every case of renal congestion; the extent of their employment being alone the consideration in any constitution. But, besides these, there are other additional agents, which would be specially applicable in certain special cases. Thus, colchicum, and the ordinary chemical neutralisers, would be enough for any ordinary manifestation of the disease, as in chronic renal rheumatism and the like; but if the patient were of a plethoric, and inflammatory habit, with fibrinous blood, as in acute rheumatism, then calomel and nitrate of potassa were desirable additions; if a fatty habit existed, potassa before food, and super-muriated iron after it, might be advisable; in a thin, scrofulous patient, we might employ the cod oil and its adjuncts; and, in an anæmic or otherwise degenerate person, the carbonate of iron, or phosphates of iron and lime. Where albumen was escaping, we would have as plain an indication for the supply of it to the body, in the shape of eggs, &c., as we have indications for the supply of oil and iron in the consumptive and anæmic. But, whatever else we may do, let me only repeat once more, that we must relieve the gland of its oppressive load, excite the functional activity by specific stimulation, aid the vessels in resuming their natural contractility, and give full attention to the excretion of all the effete elements of the body, not merely by means of the kidneys, but by the bowels, the skin, and the lungs.

I have dwelt thus particularly upon this disorder, because I believe it to be not only very common, but also very often overlooked; and when we find its long continuance to be so frequent a cause of those terrible degenerations which we are next to consider, I feel that I should be wanting in my duty if I did not rather run the risk of being thought prolix, than not sufficiently force it upon your attention. I shall now adduce one case of this malady as an example, but need not cite more; because they are scarcely required to illustrate a subject so clearly physiological and deductive, apart from all experience. Besides this, such cases are seldom severe enough, when not complicated with the secondary results, to come into the hospital; but you have frequently witnessed them amongst out-patients, and so-called dyspeptics and cachectics, in which I have ordered the loins to be cupped or leeches, with remarkably favourable results almost immediately following therefrom, and all traceable to a freer expulsion of the urinary elements from the blood.

You will recollect the case of nurse ABBOTT in the hospital. She had long been subject to lumbar pain, which had become much aggravated for three months before she placed herself under me. Some time before, Mr. Moore, to whom she complained, found the urine much loaded with lithates, and, at that period, she obtained relief from alkalies and benzoic acid. The pain, however, had returned in force, and, on examination, her brow was observed to exhibit an expression of continued organic suffering. She had heavy and severe

pain in the loins, increased upon motion; the tongue was foul; the appetite gone, and the sleep disturbed; the urine was very red and scanty, and the pulse 120. The first thing now done was to cup her in the back, and she then had colchicum and muriate of morphia in an alkaline mixture. By the next day the pain was easier, though the urine was still red; and she also passed gravelly particles, like the dust of cayenne pepper, and so she gradually improved and recovered. Other complications arose in the course of the illness, such as torpidity of the liver, and bronchitis, but, at the end of a month, she had no pain, her urine was natural, she eat and slept well, and was quite active, and free from the perpendicular wrinkles.

There could be little doubt that the chief source of benefit in this case was the cupping, which I do believe would, in many instances, effect all that we desired, even without the aid of anything else beyond the *vis medicatrix nature*.

THE DEGENERATIONS which overtake the kidneys are, like the degenerations in other parts, always referable to morbid conditions of the blood, and shall be treated of as to their origin and advancement at another period of the course. At the same time, there are some of those affections so important in a practical point of view, and so well exemplified by what we have seen, and now see, in the hospital, that it is advisable we should review them at this time, though not so much as regards theory, as practice and demonstration.

THE MELLITIC DIABETES is so constantly, as one might almost say, connected with congestion of the kidneys, that I naturally allude to it first in connection with this affection, although its actual nature, in a pathological view, is still as great a mystery as ever. Sometimes, it would seem chiefly to have proceeded from a defect of energy in the organs of primary assimilation, the carbonized ingesta having proceeded no further than to form sugar, absorbed as such, and expelled through the kidneys, thereby inducing renal congestion only as a secondary effect. At other times, however, the sugar has not been detected in the blood, and seemed rather to have been matured in the kidneys, which, in such cases, have been found enlarged and congested; but, as in either circumstance, the real causes of arrest or of morbid change in the assimilative and excreting processes are quite unknown, it would serve no useful purpose to speculate upon the many suppositions that have been pushed forward by different writers. I quite coincide with Dr. Graves in thinking that each different view is as well supported as another, and that all of them are contradictory to each other, and unsatisfactory; and, although it may seem over-cautious, and equally unsatisfactory, that one should give no opinion about it at all, yet we thereby escape from the danger that always attends the advancement of mere suppositions—viz., that we are thus apt to think that we know something, when we know nothing, and so rest contented with our ignorance. Dr. Graves admits, as we all must admit, that the amylaceous elements, being arrested at the saccharine stage of their transformation, will be taken into the blood, and is

charged by the kidneys; and he does not doubt but that many people who are commonly ranked under the general name of dyspeptics, do thus excrete a urine partially charged with saccharine matter, which is no uncommon event, while genuine diabetes is very uncommon. But, at the same time, such a condition of the blood is no certain result of indigestion; and Dr. Graves sees no reason, nor do I, why the kidneys, under some perversion of function, may not themselves play some part in the creation of sugar—a substance, as he justly remarks, so readily formed, even by organizations of the lowest order; at all events, as we cannot as yet trace the order of events to their primary source, we are not in a condition to offer any scientific plan of treatment, such as may reach the essence of the morbid action. We combat collateral symptoms, and meet particular defects and excesses, but we can do no more. You are aware that the great symptom is the discharge of sugar by the urine, which not only flows in vast abundance, but is also marked by an increase of its specific gravity, which reaches even so high as 1050, while, perhaps, the proper urinary salts are in deficiency. This symptom is always accompanied by a voracious appetite, and derangement of the stomach, and almost always, from the beginning, with congested kidneys, hypertrophied in all their tissues. The papillæ of the tongue are uncommonly long, and sometimes brown or black; there is a mellitic odour in the breath; emaciation and debility, with languor and indifference, soon set in, all ending, very frequently, in pulmonary consumption. There being no certain theory to connect all these results, the consequence is, as I say, that we have no certain or philosophical treatment. We combat this or that derangement as it presents itself to our senses, but can point out no leading or fundamental rule; and the fact stands plainly before us, that although various pretenders, from time to time—perhaps magnifying the partial and fluctuating discharges already mentioned into real examples of diabetes—have arrogated to themselves the cure of this as of other mysterious diseases, we have no record of any scientific physician having asserted that he arrested this malady by any scientific treatment; and those recoveries that have taken place, have appeared to be the work of natural and accidental causes, or the merely happy result of that assiduous attention to the general health, and to this or that symptom as it arose, and not to any specific plan of arrest, founded upon principle. Thus, seeing that the sugar can be formed from starch alone, there is a clear indication for the withholding of such a substance, and the giving rather a nitrogenated diet; yet not that this measure affects the real disease, except by relieving the kidneys of their burden. Likewise, as these latter organs are congested, blood may be rationally withdrawn from them, and astringents used, and yet this congestion alone does not constitute the diabetes. The stomach and bowels being, at the same time, torpid and inefficient, we may attempt to check the saccharine formations by stimulation, and invigorating tonics, yet not that such formations are the invariable and necessary consequence of the debility, or that the tonics and

stimulants will, with any certainty, check the morbid action. Lastly, the skin being almost always dry and torpid, diaphoretics are properly resorted to; but no one ever imagined diabetes to be an ailment of the skin, or that the restoration of the dermic functions would, *per se*, cure the disease. The only article of the materia medica that ever did seem to me to act in any specific manner, by checking the unnatural discharges, was lime, but, at the same time, it has also appeared to aggravate the constitutional uneasiness, and to beget a degree of irritation which the ordinary sedatives could not assuage.

HENRY SIMMONS, who was lately in the hospital, had been ill for about two years, and had during that time, wandered about the country from hospital to hospital. He had lost much flesh, and discharged twelve pints of urine daily, of specific gravity 1030. His pulse was 120; his tongue was black in the centre; he had very acid vomitings, with epigastric tenderness; and his skin was scurfy, and dry. He first had an emetic, followed by a purge, and then a blister was applied to the epigastrium, while he took bismuth and magnesia in an infusion of calumba. The blister took no effect, but the sickness was relieved. The urine, upon trial, fermented freely, and, after evaporation and digestion in alcohol, six ounces of it yielded 192 grains of solid matter, containing upwards of one drachm of sugar. He now had potassa fusa applied to the epigastrium, and took, besides the above medicines, ammonia and Huxham's tincture of bark, under which the tongue became gradually cleaner, and exhibited white papillæ, of extraordinary length and flaccidity. The urine also came down to eight pints. He subsequently was leeches in the loins, and took varieties of stomachic stimulants and general tonics, such as quinine, arsenic, strychnia, and so on, along with astringents, but with no great alteration in the essential symptoms. He left the hospital as he entered it, so far as the diabetes was concerned; though certainly much relieved from a variety of distressing accompaniments in the stomach and other organs.

And such is the ordinary history of the disease. We have no records, as I have said, of cases of recovery in which any specific remedies that were employed could be depended on as serving the same end in the next case that presented itself, far less in a consecutive series of cases. These are the order of maladies that deserve to be closely watched from beginning to end, in hospitals specially devoted to these and other such mortal affections; for it is only from the concentration and continuance of observations that we can expect to unravel any really available and leading doctrines for practice from such an interwisted puzzle of symptoms; while little is to be expected from the occasional and interrupted study of individual patients over whom you cannot always command a perfect control. That the disorder proceeds from some secret changes in the ganglionic innervation and extreme capillaries of the general system, there can be little doubt, for, if it were merely a concomitant of ordinary or primary indigestion, or of congested kidneys, it would be much more common, and would not prove the terrible disease that it is;

neither would we see the patients dying in the extremity of bodily waste and mental misery, without, perhaps, exhibiting in their bodies any visible change whatever, except a deposit of granular matter in the lungs, and sometimes not even that.

The GRANULAR DEGENERATION, since its precise nature was demonstrated by Dr. Bright, is now found to be a comparatively common disease, existing, to a greater or less extent, in numbers of subjects, though not, perhaps, except in a few, manifesting itself in a decidedly severe form. It consists essentially of a deposit of foreign matter of low organization, within the proper tissues of the kidneys, which thus become atrophied and ultimately absorbed. These deposits, having no power to assume the glandular functions—although so far lying within, and having the rude form of a glandular apparatus—are not calculated to eliminate those excretions which ought thence to be drained, without, at the same time, showing a tendency to permit the most valuable reparative material in the blood (albumen) to escape along with them; and hence the common name of this complaint, from its principal symptom—albuminuria. It has been ranked as a disease of the blood; but we do not usually find any decided manifestation of it except in connection with physical disorganization of the kidney; and it would, I suspect, be extremely difficult to point out any very tangible changes in the blood prior to this disorganization taking place. No doubt the red particles are always defective under such discharges of albumen; but that may be as much a consequence as a cause of the disease; though it must be admitted that the occasional manifestations of profuse albuminuria, as a mere passing symptom, in the course of other diseases tending to debilitate the nervous system and attenuate the blood, affords proof that it is possible to be sometimes a simply functional or accidental filtration of the nutrient fluids. The degenerations of structure, though all ranked under the one complimentary name of the *Brightian disease*, may be of various kinds, according to the constitution of the patient, and the nature of the inducing causes; and, though the most prevailing of these causes are impoverishment and debility of the body, proceeding from the scrofulous or syphilitic taint, anæmia, habits of excessive drinking, or the abuse of mercury; yet another order of causes are to be looked for in the form of local or accidental affections, such as the kidneys are subject to in common with other parts. Thus, without finding any prior deterioration of the blood, or any evidence of a preceding local hyperæmia, we may be compelled to look for the primary source of the disorder in a simple perversion of function in the renal nerves, by which the natural vital reaction is so modified, and the affinities so altered, that instead of glandular or epithelial cells being formed and deposited as usual, we shall have a displacement of them by means of granular or tubercular matter, or fat. Here we should have no previous pressure, followed by absorption, but a simple death and disappearance of the higher order of structures, and a substitution of degenerate matters in their place. Nextly, the evil may proceed from a simple anæmia, in

which the over-fibrinated blood may block up and ultimately obliterate the extreme vessels, thus cutting off the source of nutriment from the glandular structure, and substituting in its stead an impoverished lymph, destined, perhaps, to undergo still deeper degenerations in the course of time. Also, we may have a protracted congestion, pressing upon the nervous filaments and delicate microscopic structures of the organs, thereby lowering their vitality, and preparing them to yield, without resistance, to the morbid precipitations which are sure to proceed from a vitiated and stagnant composite fluid like the blood. Then, we may have a subacute inflammation, acting in a manner pretty similar to anæmia, so far as effects are considered, but more rapidly and expansively, in which large amounts of fibrinous exudation will be poured out, oppressing the proper structures, and leading to their destruction, while itself ultimately sinks into a lower form of organization, and becomes the nidus of those fatty or tubercular depositions which are the last evidences of this terrible malady. Such secondary degenerations will be modified by the constitutional diathesis of each patient. Thus, in the more healthy habit, where the disease has rather proceeded from some accidental anæmia or local inflammation, we may only have a fibrinous or carnified kidney, without fat or tubercle; whereas, in the fatty habit, we shall have a sebaceous deposit, and, in the scrofulous or syphilitic patient, a mere granular debris, either generally diffused or aggregated into larger or smaller masses, and perhaps intermixed with pus. Under any circumstances, some degree of chronic inflammatory action must arise, if not as a primary cause, yet certainly as a consequence of the irritative deposits; and hence there will always be found gluings or adhesions of the different structures, especially witnessed in the close attachment which takes place between the fibrous capsule and the organ proper, from which it naturally peels off in a clean manner; whereas, in this disease, it is generally difficult to detach it, without also tearing off sundry portions of the mollified gland. In all cases, likewise, there will be found an obliteration of the vessels, so that the organ cannot be properly injected.

Now, besides the leading, though not altogether unexceptional, feature of albuminuria, the symptoms that will appear, in most cases, are dull pains in the loins, inclination to drowsiness, frequent but scanty micturition, nausea and epigastric tenderness, anasarca or general dropsy, and a pale puffy aspect of the countenance and flabbiness of the limbs, concomitant with deficiency of the red particles of the blood. This latter mark of the disease, giving a Flemish expression to persons in this country, is a very valuable one, for it will often give us a clue to the malady before its more annoying symptoms excite attention; so much so, that the eye of the experienced physician sometimes draws its conclusions from the physiognomy alone. And I am the more satisfied of its value, because I have often found that it revealed the secret of renal disease, as proved after death, even when there was no albumen to be detected in the urine during life. Such evidences of morbid action

must always be duly attended to; and we must recollect that, though it was chiefly through such empirical signs that the ancients attained to the art of diagnosing and curing diseases, such a habit, in the absence of more positive knowledge, did not prevent them from becoming excellent physicians. We arrive at our diagnosis by shorter and more certain methods of inquiry, and we also cure upon more rational and obvious modes of treatment; but yet the empirical mode of observation and healing is never to be lost sight of; because it does very often avail us in obscure cases, in which the rational signs are not very apparent, and the so-called rational remedies disappoint us. I say *so-called* rational remedies; for, indeed, almost all the appliances of therapeutics, unless you except those which act chemically, are essentially empirical; that is, they are known to act in a certain way by experience alone, and not by any rational recognition of the natural connection between them, as causes, and their physiological effects. Indeed, we cannot even except the chemical agents from this empirical category, inasmuch as it is only by observation and experiment, and not by abstract reasoning, that we learn of an alkali neutralising an acid. The like observations and experiments teach us that opium neutralises pain, and that antimony causes vomiting, and colocynth purging, &c.; but while we are apt to designate the latter as empirical, and the former as rational, appliances, we must recollect that we have just the same grounds of reason for using the one as the other. In truth, it suited the purposes of scholastic disputants, at one time, to draw this marked distinction; but, after all, it is a distinction without a real difference; and he will be the most competent for the duties of his calling who combines the excellencies of both sects; that is to say, he who brings the highest degree of metaphysical or mathematical reasoning to generalize upon the details of the empirical or experimental sciences; for the two words are synonymous, except by overstrained interpretation. So much for the value of obscure and unexplainable symptoms in disease, such as this Brightian countenance, or the puffings of apoplexy, or the pickings at the bedclothes in brain disease.

As to the treatment of this granular or fatty degeneration, it must necessarily be varied, according to the various causes from which it may seem to spring, the varied forms which it may assume, and the various consequences to which it may have led. Thus, when the cause appears to be a general debility, it will require to be met by the invigorating remedies, and the usual routine of the tonic regimen, including sound diet, regular moderate exercise, and free exposure to the open air, when mild and sunny. If the atrophied form of scrofula be observable, oils and steel will be required; and, if the degeneration be of a fatty kind, potassa and the super-muriated iron may be advisable for alternate use. A syphilitic condition, or one arising from the abuse of mercury being visible, we should then resort to such diaphoretics as sarsaparilla and mezereon, with iodide of potassium. If habits of excessive drinking have been the cause,

these must be gradually checked; and, if the patient have suffered from anæmia, the blood-forming elements must be exhibited under as favourable conditions for appropriation as possible; and these would consist of the albuminous compounds, along with some excess of oil, iron, and the calcareous phosphate. Yet, while each case would be thus modified in its treatment by the apparent prevailing cause, we would require to look closely to the local conditions or causes, and to such secondary or tertiary symptoms as might have arisen in the course of the malady. A very simple and unvarying formula was at one time in general vogue, arising from the frequent use of it by Dr. Bright, when he had bent his attention to this disease, and published the results. I mean carbonate of soda, with conium, in some stomacheic and diuretic vehicle. But I apprehend, from the additional illustrations of the rise and progress of this disorder which have been offered since the great discovery of Dr. Bright, that the remedies are now much more multiplied, not from the mere caprice of individuals, but from the perception of their fitness to certain varying pathological conditions. Thus, under the dropsies that generally arise, some would formerly have totally forbidden the slightest abstraction of blood, or the employment of diuretics—purgatives and sudorifics alone being by them admissible, no matter what were the conditions on which the dropsy depended. Whereas it is obvious, that if the kidneys be not too irritable, it is most likely that less harm will be done by expelling the accumulated waters through this channel for a short time, than by permitting them to remain as an oppressive load. And it is equally certain, as a matter of observation, that diuresis is a much less exhausting process to the constitution, even under such circumstances, than purgation, and that sweating is rather difficult to be produced, on account of the organic torpidity of the skin. Bloodletting is to be regulated by like considerations. Thus, where chronic inflammation or congestion seems to exist, cupping over the kidneys is to be by all means recommended, while, immediately afterwards, their irritability is to be subdued by a belladonna plaster, and the internal use of conium. In a fatty subject, such a course of cuppings may not be requisite, and potassa and conium may be rather employed; while in the tubercular form, accompanied with emaciation, oils may be directly beneficial, notwithstanding some prejudice against their use, arising from the narrow view of its being always a fatty degeneration and nothing else. In the early stage of such a type of albuminuria, renal stimulants may be advisable, while the *uva ursi* and other astringents, or acids, or alkalies, may be employed, according as there may be evidences of capillary relaxation, or of an acid or alkaline diathesis. Yet, in all cases whatever, as there is essentially a great tendency to loss of albumen from the system, and a deficiency of the blood-forming elements, so there is required, in conjunction with any other remedies employed, a very full supply of albumen in its most digestible form, which full supply must be accompanied by a more than usual supply of iron, and the calcareous phosphate. For the fuller and more precise illustra-



tion of these points of doctrine and practice, both as regards the essential and the accidental symptoms, I shall reserve the cases which we have had, and now have, in the hospital, as the subjects of another lecture. Such cases have been far advanced prior to admission, and our records, like those of others on the same disease, are, upon the whole, painful and deplorable; nevertheless, there are some encouraging facts to be stated, such as may incite us to a course of hopeful inquiry, not altogether useless.

## OPHTHALMIC SKETCHES.

### SHORT LECTURES

DELIVERED TO THE

STUDENTS ATTENDING THE BIRMINGHAM EYE INFIRMARY

By JAMES VOSE SOLOMON, M.R.C.S.,

*One of the Surgeons to that Charity, lately Surgeon of the Birmingham General Dispensary.*

#### LECTURE III.

*Acute abscess of the cornea a result of the impaction of a foreign body in that membrane; the class of persons most disposed to this accident; treatment; terminations of abscess of the cornea; appearances in a part undergoing reparation, a change of treatment is now requisite; treatment of abscess of the cornea by puncture—by incision.*

GENTLEMEN,—You will remember I have told you that foreign bodies may be removed from the cornea, either by the action of the palpebral muscles and a constant flow of tears, or, by the ulceration of the tissue immediately in contact with them, assisted by the preceding eliminants, or, by the interference of surgical art. In the event of the failure of the preceding natural processes, and of the patient's neglect to avail himself of professional aid, the inflammatory congestion of the conjunctival and sclerotic vessels, (that of the conjunctiva presenting an uniform deep red colour, the sclerotic a pink or lake colour, especially apparent around the margin of the cornea,) augments the exudation into the cornea, which at first thin, and superficially situated, as in Case 2, is now poured in considerable quantity into the lamellar interstices around the impacted foreign body, displacing and breaking down the natural structure of the part; the opacity thus formed is dense, white, elevated, and abruptly terminated at its margin, around which the cornea is less opaque. Amidst the exuded matter are formed pus corpuscles, and abscess of the cornea results: upon the ulceration of which the foreign body is discharged. An indelible opacity (leucoma) of greater or less extent will denote the site of the purulent collection ever afterwards. The majority of cases of abscess of the cornea, as a consequence of the cause we have been considering, you will find among careless, debauched men; or where the injury has been complicated by a severe blow upon the cornea. I have never had a single case in the person

of a Birmingham artisan, though the impaction of foreign bodies in the cornea is, with that class, a most frequent accident. I attribute this immunity to his facilities of obtaining well-directed surgical treatment, and to his excellent general health. The Birmingham mechanic is usually an intelligent man,\* receives good wages, and is a resident of a healthy locality; he consumes a liberal quantity of animal food, and, though not a water drinker, is very seldom drunken, consequently with him diseased processes terminate favourably.

The indications of *treatment* are to obtain a subsidence of the ophthalmia, absorption of the purulent matter, and dilatation of the pupil. Exudation into the substance of the iris, consequently adhesion to the lens, is by no means an infrequent result of acute scleritis; it may take place very insidiously, with little if any perceptible change in the natural appearances of the former membrane. It will, therefore, be prudent practice to apply extract of belladonna to the brow, coating it over with glycerine to keep it moist, or the solution of atropine within the palpebræ, of the strength of one grain of the alkaloid to 200 grains of distilled water. Should the patient be robust, we bleed from the arm; even if he should not be so, the ophthalmia being acute, and accompanied by marked febrile disturbance, we adopt the same measure of relief. The patient should stand upright; a large opening having been made in the vein, you allow the stream to flow uninterruptedly, until pallidity of his lips, or a sensation of nausea, indicates that an impression is made upon the brain and heart. This is enough; we do not desire syncope. The patient should now be confined to his bed, the eyelids maintained closed, and the eyeball supported by a few turns of a fine linen roller, which is to be continually moistened with a belladonna lotion. Having premised a purgative, you commence with calomel and opium, repeating them every four hours, until the puriform matter evinces, by its diminution, the commencement of absorption. The patient *is not to be salivated*. An occasional morning purgative, by stimulating the organs of depuration, will promote the cure. If the patient has been bled early in the day, leeches or cupping glasses should be applied in the evening, otherwise on the following day. As soon as the active stage of the disease, indicated by the conjunctiva becoming pale red, has yielded to your measures, flying blisters will be advantageously employed to the temple. The local bleeding will generally, the blistering almost invariably, require repetition. The treatment apposite to cases in which the general power is feeble, or in which the ophthalmic affection presents a subacute character, will be delineated when I speak to you of contusions of the cornea.

\* "Even during my short stay (at Birmingham) I could not help expressing my astonishment at the varied and complex information displayed by the superior workmen; for when I conversed with them upon the early history of their respective branches, they evinced a surprising acquaintance with the peculiar fabrics of Egypt and modern China. They spoke also of the embossments, and of the cast works of those nations, so far removed both in point of time and locality."—*Kohle's England*.

Let me recapitulate, so as to impress upon your minds the treatment in acute cases; and I would here notice a fact of great practical importance, which is, that the case may be acute and yet, in consequence of the agonizing pain endured by the patient and his loss of rest, the evidence of constitutional power as evinced by the pulse, even in a man habitually vigorous, may be entirely absent; the pulse in such cases being quick and weak. This must not deter you from depletion, or induce you to administer quinine or other tonics; for if you do, the inflammation and its results will be certainly aggravated. Well, then, you bleed "*pleno vivo*" as the physicians of old used to write, but not "*ad deliquium animi*;" confine the patient to his bed; lightly bandage both eyes with a fine soft linen roller, keeping the affected organ cool by the frequent application of a belladonna lotion rendered slightly evaporative by the addition of spirits of wine; enjoin a spare, non-stimulating, and fluid diet; administer calomel and opium; deplete from the temple, as the objective symptoms may indicate; at a later period use a repetition of flying blisters to the same part. The low diet must not be continued too long, or the reparative power will be unequal to the filling up of the breach in the cornea. As soon as we detect a decidedly mercurial fetor of the breath, we administer the medicine at longer intervals, and allow some weak animal broth, gradually increasing the strength of the latter if it prove salutary. Opium must be given at bed-time to procure sound sleep; of these, Dover's powder in from twelve to twenty-grain doses, is in my opinion, preferable; it acts upon the skin, and promotes the action of the mercury.

If the pain in the eye be very severe, it will be radiated to the forehead and side of the head, (hemicrania,) to the cheek bone and nose, following, you perceive, the distribution of some of the ophthalmic branches of the fifth pair of nerves. It may become intolerable, in which case, supposing we are satisfied that it has its origin in the distended cornea,\* we are justified in puncturing the abscess (onyx) with a Beer's cataract knife. The matter will not flow out as in an ordinary abscess, but gradually bulge little by little from the opening, so lymph-like is its consistence. When the abscess has been opened by the knife, and even when not so interfered with and treated with all the care I have indicated to you, instead of absorbing, it may ulcerate or slough, the lamellæ forming the posterior wall of the abscess rupture, and the iris is projected through it (*staphyloma iridis*), laying the foundation, if the wound be large, of a staphyloma corneæ. If the protruded portion be small, it will ulcerate to a level with the cornea, and remain adherent to the cicatrix. This is synechia anterior. The perforation of the cornea by ulceration, and escape of aqueous humour, is, on the other hand, in some cases, a favourable event, being the immediate precedent of subsidence of ophthalmia; the humour is regenerated, the iris recovers its normal position, or becomes merely adherent at the point of perforation. The patient's vision would be

perfect, if we could dissipate the leucoma from the axis of vision. The mere contact of the iris with the inner concave surface of the cornea does not endanger the integral dimensions of the anterior chamber. There must be an exudation of lymph, as well as contact, before adhesion can be effected; if it were not so, the removal of cataract by extraction, in which operation the aqueous humour is invariably lost, would be nearly always fatal to vision. I saw a man, a short time since, who had, the day before he came to me, received a small incised wound near the centre of the cornea, which had penetrated the anterior chamber; the wound was closed, the iris had been floated back to its natural position, having spun, as it were, a fine thread of lymph in its passage from the cornea.

In Case 2 (Ballard) the normal configuration of the cornea was said to have been restored in the course of two hours after the escape of the humour, so rapidly is the aqueous humour secreted. The new material supplied for the repair of a loss of corneal substance, is at first of a greyish colour, translucent, not transparent, becoming as it consolidates more opaque. When reparation is going on in the centre of the cornea, we often notice a red spot or streak in the middle of the exuded matter, indicating the development of new vessels for the completion of its organization. In other instances, more particularly if the injury be near the margin of the cornea, a number of little vessels are projected from the conjunctiva and sclerotica into the cytotblast; the vessels, in either position, fade away upon the completion of cicatrization. In some few cases one or more vessels are required for the maintenance of life in the new tissue, and these are permanent. This outline of the reparative process in the cornea is at once suggestive of a rational treatment; namely, to support constitutional power by a nutritious and easily digestible diet; allowing a certain amount of whatever alcoholic stimulant the patient may have habitually taken, when in health. At this period we must be careful how we apply leeches, even though pain be present, which is generally of a neuralgic character, or we shall so interrupt the formation of the new material as to favour the production of staphyloma, or induce so rapid an absorption of the exuded matter that the cornea will give way under pressure of the contents of the globe, and the anterior chamber, drained of its secretion, will be collapsed. As a local application, the belladonna collyrium is one of the most useful, and very agreeable to the patient. Much harm is done by the indiscriminate application of astringents, such as zinc and nitrate of silver, to every species of external ophthalmia. When the lymph lies or hangs loosely upon the wound, the introduction of two or three drops of a solution of nitrate of silver, (gr. ij. or gr. iv. to the ounce of water,) within the lids, or directly to the part by means of a camel's-hair pencil, will tend to consolidate the wound. The drops are to be applied once or twice in the twenty-four hours. If from any cause there should be an exacerbation of inflammation, and we determine to apply leeches, they should be placed over the mastoid process, in preference to the temple. Before

\* The cornea is highly endowed with sensitive nerves.

concluding these remarks, I must again remind you that abscess of the cornea, as a result of the impaction of a foreign body, seldom presents itself in a person of sound constitution, therefore venesection is rarely demanded. Do not go away with the idea that because you have a patient affected with abscess he must necessarily be bled. If you have any misgivings of the propriety of general bleeding, adopt local depletion.

Abscess of the cornea is frequently complicated with the presence of purulent matter in the anterior chamber (hypopion); in fact, the former occasionally discharges itself into the anterior chamber. A difference of opinion exists among ophthalmic practitioners as to the propriety of puncturing a corneal abscess. The operation is advocated by Dr. Jacob, of Dublin, on the principle that wherever pus is collected, it should be let out. Mr. Guthrie considers treatment by *incision*, not by puncture, to be the most successful method of curing the disease under consideration. Other authorities, including my late preceptor, Mr. Lawrence, Dr. Mackenzie, and Mr. Tyrrel, condemn the practice, because they have found that the pus corpuscles are capable of removal by treatment very similar to that I have suggested for your guidance at the commencement of this lecture. Dr. Mackenzie has observed staphyloma more frequently after puncture than when it has been dispensed with. Mr. Guthrie, in one of his clinical lectures, reported in the *Medical Times*, says, "I wish you to recollect that the operation I recommend in these cases, (abscess of the cornea and its concomitants,) is not a puncture; it is a division of the cornea, made (perpendicularly through it) by the best cataract knife you have, beginning immediately below the edge of the interstitial abscess, and extending to a similar point above it, the internal opening in the cornea being, as nearly as possible, as large as the external one. The whole of the aqueous humour, and other matters, should be suddenly discharged, when the iris falls or is pressed forward against the cornea. Care must be taken not to injure the capsule of the lens." "If the whole of the aqueous humour should not have been let out, together with the matter constituting the hypopion, the edges of the wound in the cornea must be separated by the curette." We are also directed to keep the eyelids, after the operation, closed, and covered with a soft pad of linen, maintaining by the bandaging a moderate degree of pressure for twenty-four hours; the eyelids are now to be cleansed, but not opened, for forty-eight hours; when, Mr. Guthrie says, in some instances, the edges of the incision will be found to have united, and the anterior chamber to be full of aqueous humour; the ulcerated part in a healthy state, and all the other symptoms greatly relieved. In the *Medical Times* for October, 1843, and February, 1844, you will find some cases recorded, which were treated by incision. I have often punctured the cornea, but never incised it in the way recommended by Guthrie; the patient has generally obtained temporary relief from the painful sensation of distention which is present in this disease. In my next lecture I shall have to advert to some cases which were so treated.

## Hospital Reports.

BRISTOL ROYAL INFIRMARY.

### CASES

*Reported under the Terms proposed by the Association.*

BY NIL DESPERANDUM.

#### *Strangulated Scrotal Hernia.*

THOMAS KNIGHT, aged 38, was admitted March 31st, 1851, under the care of Mr. Clarke, for strangulated scrotal hernia on the left side. He states that he has had a fulness on that side for the last eighteen years, but it had never given him any inconvenience, although it became somewhat larger on any violent exertion. Six days ago it became much larger after exerting himself more than usual, and which was followed by vomiting and hiccough. He had assistance on that day, but the surgeon could not reduce the hernia. On the following day his bowels were moved, but the vomiting was not relieved. The symptoms continued for the next four days without any alteration, except an abatement in the vomiting. During this time has had no tenderness in the tumour.

*Present symptoms.*—A tumour about five inches long, not tense; pulse 72, small; tongue covered with a brown fur. The surgeon who attended him states that his bowels were opened this morning after the administration of an enema. On consultation, Mr. Clark determined to wait until the evening, as there seemed no immediate necessity for operating. Ordered the application of ice to the tumour for an hour, and an enema of gruel as well as a draught, with Liq. Opii Sed., m. xl.

Eight o'clock P.M.—His bowels not having been moved, Mr. Clark operated at once. Having opened the sac, a large quantity of omentum came into view with a coil of intestine between its layers. The stricture was easily divided, and the intestine (which was tense) returned into the abdomen; it was deemed advisable not to remove or to attempt to return the omentum into the abdomen. The wound was brought together with three sutures, adhesive plaster, and bandage. There was scarcely any bleeding, and he did not complain of any pain, as he was fully under the influence of opium.

April 1st.—Feels very comfortable; slept tolerably well; no nausea or sickness. Has taken beef-tea with relish. Rather more secondary hæmorrhage than there should be. Scrotum and prepuce much swollen but not painful, the swelling of the latter causing paraphymosis and retention of urine. Paraphymosis reduced and catheter passed.

April 2nd.—Slept but very little last night. Scrotum rather painful, tense and ecchymosed. Has had no motion, but is constantly passing gas, and a slimy kind of mucus; no tenderness of abdomen; excessive thirst;

pulse 112, weak; sutures removed; the wound filled with a coagulum. An evaporating spirit lotion to be applied to the scrotum. Soda water *ad libitum*.

Ten o'clock P.M.—Very restless; thirst continues; bowels have been moved five times.—R. Tinct. Opii, dr. ss., Aq. oz. j. Fiat haust statim sumendus.

3rd.—Feels much better; has slept well; scrotum and prepuce of a purple colour; thirst continues; skin hot; pulse 128; bowels opened twice; no tenderness of abdomen; passes water freely. Poultice to scrotum. Ordered an ounce of port-wine every hour. Beef-tea, arrowroot, and eggs.

4th.—Has slept well; pulse 120; tongue dry and coated; scrotum not so tense; but looks dark, as though about to slough. There is a constant exudation of dark venous blood from the wound. The original incision continued downwards for two inches, and turpentine applied to the surface. To have six ounces of wine daily.

5th.—No hemorrhage; seems better; appetite good; tongue moister; considerable sloughing at the lower part of the scrotum. There is an exudation of sanguineous serum from the wound.

6th.—Much better; pulse 108, stronger; tongue moist and cleaner; appetite good; wound sloughy; dressed with Unguentum Resinae c. Terebinth. under the poultice.

14th.—Has continued to improve. Slough has separated, and the surface is granulating. To omit the poultice, but to continue with the Ung. Res. c. Tereb. Appetite good; bowels regular. To have four ounces of wine and one quart of beer daily.

Under the influence of a good diet and stimulating applications the wound quickly healed, considering the large amount of sloughing, and he was discharged, perfectly well, on May 10th.

The chief points of interest in this case are,—1st., the treatment at the operation in respect to the large mass of omentum—viz., not either attempting the return of it into the abdomen, where it might act as a foreign body, or of removing it, which would have given rise most likely to a great deal of hemorrhage, (not at the time of its removal, but secondarily as the case turned out,) and would have required many ligatures; 2ndly, the sloughing and secondary hemorrhage after the operation. Both of these consequences are to be ascribed to the excessive sedative and depressing effects exercised on the parts locally by the application of the ice. It is probable that some little time after the operation, when the parts had recovered from the astringent action of the ice, and reaction had come on, blood was poured out rather freely into the scrotum; and this might have also aided in producing the sloughing of the scrotum, secondary of course, as compared to the ice. In this case, the excessive sedative effects of the ice, no one could have foreseen or guarded against, as its application was of short duration. It is a disadvantage in the employment of ice, that you are not able to control its effects and thus prevent the awkward complications that occurred in this case.

### *Strangulated Inguinal Hernia.*

THOMAS TANNER, aged 65, was admitted August 18th, 1851, under the care of Mr. Harrison, with apparently strangulated inguinal hernia on the left side; symptoms denoting strangulation in its acutest form were wanting. The taxis was employed and the intestine was felt to go back; but a swelling still remained, which, from its doughy feel, was evidently omentum. A compress and bandage were applied at the ring.

On the 19th he still had symptoms of great uneasiness and some abdominal tenderness. On the following morning Mr. Harrison was sent for on account of his great depression and the abdominal tenderness having increased. Although the tumour still felt as only omentum, on consultation, Mr. H. determined on operating, as affording the patient the only chance. Brandy was freely given before the operation. There was a cicatrix in the direction of the inguinal canal, as if he had undergone some operation previously; the man did not corroborate the opinion, but from having a great defect in his speech, it was impossible to obtain any accurate account of his previous history. On opening the sac, nothing but omentum was present, which looked congested, and was adherent to the sac. As the man was so much depressed, and Mr. H. felt convinced that there was no intestine or omentum strangulated, he was removed to his bed. The typhoid symptoms continued, and he had an attack of diarrhoea which exhausted him very much, and he died six hours after the operation.

*Sectio-cadaveris.*—On opening the body, serous effusion was found in the abdominal cavity, with peritonitis. The intestines generally were much congested, giving the appearance of acute enteritis. On examining the seat of operation, no intestine was found down or in any way strangulated. The commencement of the rectum was adherent to the peritoneum lining the abdominal parietes at a point external to the internal abdominal ring, but this evidently was not of recent date, and the passage of the gut was in no way affected. On tracing the rectum farther down, within three inches and a half of its termination, there was a spot of pus at this part, and on taking out this part of the canal and slitting it open, the mucous membrane was found excessively congested, (almost amounting to inflammation,) in the form of irregular patches. The rectum, in its whole extent, was thicker and more tumefied than normal.

### *Strangulated Scrotal Hernia; Rupture of the Intestine; successfully treated by Operation.*

WILLIAM MANNING, aged 24, admitted December 22nd, 1850, under Mr. Clark, for strangulated scrotal hernia on the right side. He is a stone Sawyer, in regular work, unmarried. He states that his habits are regular and sober, and has been ruptured for about twelve months, but has always been able to return the rupture till within the last nine days. He informs me that the hernia came down on December 13th, while at

work, (he had been lifting some heavy pieces of stone the day before,) and that he got back a portion of it at the time, but was not able to return it altogether. A short time after the descent, he suffered so much pain that he was obliged to go home and go to bed. He was attacked with vomiting on the following day, which has continued more or less till within the last two days. Had hiccough severely on the 16th, 17th, and 18th of December. On the 19th he walked to a surgeon's residence, but he was not examined by some unaccountable circumstance or other. The above surgeon saw him to day, and tried to reduce the tumour, after bleeding him to about sixteen ounces, but the attempt did not succeed; he then placed him under the influence of chloroform and tried the taxis again, but failed. The man was then brought to the Infirmary. On examination there was found a tumour on the right side, about four inches in length, and of pear-shaped form; it was not tense, and bore a moderate degree of handling without the man complaining of pain. His countenance looks anxious; tongue brown, dry, and furred; skin clammy; abdomen tender; pulse slow and weak, 84; bowels have not been moved for the last nine days. The taxis was gently tried, but on account of the vomiting, hiccough, and all the other symptoms of strangulation having existed so long, was not persevered in.

*Operation at twenty minutes past eight P.M.*—There seemed to be an unusual thickness of structures, and a great many layers were divided. On opening the sac, a rather large quantity of fluid escaped; the intestine was red and looked rough; it was adherent around the whole circumference of the neck of the sac. While Mr. Clark was feeling to see whether there was a communication with the abdominal cavity, the intestine gave way. On a closer examination, the intestine was found emphysematous, although it did not look dark. It afterwards gave way in two other places, and a large quantity of liquid fecal matter escaped. Mr. Clark then opened the intestine for about three inches, and gave free exit to the contents; a piece of lint dipped in tepid water was then applied to the exposed intestine, and he was removed to his bed. His pulse had risen to 120 during the operation; it was weak. He took an ounce of brandy just before the operation.

Ten o'clock, P.M.—A large quantity of fecal matter has passed through the wound. Pulse small, 130. Ordered the following mixture:—R. Liq. Opii Sed., dr. j.; Aq., oz. vj. Capt. oz. j. quartis horis. To have middle diet and arrowroot.

23rd.—Nine o'clock, A.M.—Feels easy; a large quantity of fluid passed through the wound. Has dosed a little during the night; pulse firmer, 112; tongue furred and dry.

Four o'clock, P.M.—Much the same; pulse 120.

Half-past nine, P.M.—Complains of pain over the bowels; pulse 130. Ordered milk to drink.

24th.—The pain over the bowels but very slight; skin not so clammy; tongue cleaner and moister. Capt. Mist. oct. horis.

25th.—Feels quite easy; free discharge of liquid fecal matter through the wound. Pulse soft, 80

December 26th.—Free discharge from wound; passed two motions per anum last night. Pulse 72. Capt. Mist. omni nocte. Ordered beef-tea.

27th.—Motions passed per wound. Pulse 72; tongue clean; appetite pretty good.

30th.—Two bed-sores on the sacrum and one on the hip, were discovered to day. Ordered the following application for them:—R. Cretæ, dr. iv.; Zinci Oxidi, dr. ij., fiat unguentum. To have a chop daily at eleven and full diet.

21st.—Feels a little pain about the wound; undigestible matter, in small lumps, passed through the wound.

January 1, 1851.—A large quantity of dark offensive matter passed through the wound; very little pain; appetite good.

4th.—He takes his food with great relish, and always feels ready for his meals; sleeps well; pulse 72.

10th.—A large and hard motion passed last night per anum. He says that at the time, the intestine almost disappeared through the wound; the intestine has somewhat receded the last four or five days. Pulse 72, soft. Bed-sores healed.

11th.—Complains of the intestine and surrounding parts being painful since the last motion per anum. Fæces pass through the wound to day.

17th.—The pain is gone. Excepting this no alteration since the last report.

24th.—Feels quite well in himself, and has quite a ravenous appetite. The intestine appears sometimes to be smaller, and at others larger. The fæces pass through the wound.

February 3rd.—The fecal matter, which is liquid, escapes entirely through the wound. Gaining flesh. Appetite good. The textures between the integument and intestine, (which were noticed at the time of the operation to be unusually thick,) are much lessened.

10th.—The textures surrounding the intestine seem to be entirely absorbed; and the intestine has receded. If he eats potatoes they pass through the wound undigested.

February 16th.—The portion of mucous surface of the intestine at the wound is smaller, measures about two inches and a half; there is a little portion of the mucous membrane adherent to the skin at the upper and external margin of the wound. General health good.

22nd.—Mr. Clark introduced a finger into the opening of the lower portion of the intestinal canal, (which opening is small and situated at the upper part of the wound,) and another finger into the opening of the upper part of the canal, (which opening is large, everted, and situated at the lower part of the wound,) and found that the two portions of intestine lay parallel, and in almost close contact as far as his fingers could reach; the lower portion of the canal makes a curve downwards to the upper.

28th.—A tape-worm presenting to day at the opening of the upper portion of the canal, I tried to extract it, but it broke off before the whole worm was extracted;

the portion measured thirty-two inches. He has passed several small worms during the last three or four days. Faeces pass entirely through the wound. Health good. He continued in this condition, without anything of note occurring, till

March 17th.—The remaining portion of the tape-worm, measuring forty inches, came away through the wound this morning. Local condition the same.

21st.—Mr. Clark introduced a pair of Dupuytren's forceps to day, for the purpose of making a communication between the upper and lower portions of the intestine. After the blades were screwed tightly together he complained of pain in the bowels, and fell sick. Ordered—R. Liq. Opii Sed., m. xxx.; Aquam, ad. oz. iss. Fiat haust statim sumendus. To have middle diet, milk, and arrowroot.

Forty-five minutes past eight, P.M.—Not in much pain, but countenance looks anxious; has vomited twice. Has not slept, although he took the opiate five hours ago.

22nd.—Did not sleep last night; vomiting ceased; no tenderness, but complains of slight pain in the bowels. The exposed intestine has somewhat receded within the wound. Pulse 84, soft. Tongue slightly furred.

24th.—Rather puffy and painful around the intestine to-day. The quantity of faecal matter passed by the wound has somewhat diminished the last day or so. Pulse 84; tongue clean. The forceps were screwed up to their full extent.

26th.—The swelling around the intestine has subsided. Has had a great quantity of gas escape from the rectum since yesterday. No faecal matter passed by the wound since this morning. Pulse 72; tongue clean.

27th.—Has not passed any flatus by the rectum to-day; nor is there any faecal matter passed by the wound.

28th.—Has had nothing pass through the wound except a little watery fluid, which appears to be secreted by the mucous membrane of the exposed intestine.

29th.—Has had a little faecal matter pass by the wound to-day.

30th.—At the operation (original), when the incision into the intestine was made, it was considerably on the side of the mesenteric surface of the intestine, consequently, when the intestine threw itself open there would be two portions of mucous surface at the wound. This larger portion, which is superior, looks prominent to-day, and the base, where it is continuous with the portion included between the forceps, looks dark and sloughy. There was a considerable discharge of dark-looking fluid from the wound this morning. The forceps have sunk to the lower part of the wound, evidently showing that the portions of parallel intestine have inflamed and united, and that the portion of the intestine included between the forceps is in process of separating. General health very good.

31st.—Mr. Clark, thinking that there was now a communication between the upper and lower portions of the canal, ordered an enema to be administered; while the man was turning round the forceps dropped

out of the wound. The injection returned immediately after it was given. On examining the rectum it was found quite blocked up by hardened faeces; these being removed by means of a lithotomy scoop, the following injection was thrown up:—R. Spt. Tereb., dr. ij; Olei Ricini, dr. iv.; Dec. Avenæ, oj. This also failed in unloading the bowels. The man himself stated that new beer purged him generally. He was ordered half a pint. One hour afterwards a motion came away. It was not hard, but of a peculiar whitish clay colour; perhaps this may have resulted from a mixing with the secretion of the lower part of the canal. There is a slight discharge through the wound.

April 3rd.—Has had no motion per anum since the last report. No discharge from the wound. To have a chop daily.

5th.—Has had a slight discharge of faecal matter through the wound since the last report. On introducing a finger you find the communication between the two portions of the intestine, about one inch and a half from the external wound; you can also feel a kind of band, where the two portions of intestine are amalgamated. On either side of the septum your fingers enter the cavity of the two portions. The part of mucous membrane (external) is rather more prominent. Has had no motion per anum yet.

7th.—Passed a motion per anum last night, not large, but of good colour, &c. A discharge of yellowish matter from the wound to-day, partly faeculent.

9th.—Has had two very hard and small motions per anum since the last report, which caused him to strain so much that there was a slight discharge of blood with them. A little faecal matter comes through the wound.

11th.—He was ordered the following injection for this morning:—R. Extr. Fel. Bovis, oz. j.; Dec. Avenæ, oj. This brought a larger motion than usual. Very little discharge through the wound.

14th.—He had another injection of ox-gall yesterday, and one this morning. The injection yesterday brought away a very large quantity of faecal matter; that is the first time since he underwent the operation for hæmorrhoids (nearly four months ago,) that he has had a large motion per anum. A truss, with a weak spring, was applied to the wound yesterday.

17th.—The truss does not make pressure on the prominent piece of mucous membrane, but on the side of the wound, which has caused a swelling of the integuments, and given him pain. Had an injection this morning, which brought away a large motion. There is a slight discharge of mucus-like fluid from the wound, but there is no faecal matter with it, nor has there been any for the last week.

19th.—The truss was removed to-day, and several compresses of lint, with a square piece of board over these, were applied over the wound, and kept down by means of an elastic India-rubber band. Has had no motion per anum since the last report; his bowels do not yet act without an injection; no alteration in the discharge.

20th.—Had his bowels freely opened this morning

without any injection; the motion was large, of good colour, &c. The compress, &c., does not pain him, and keeps up very effectual pressure.

23rd.—His bowels have acted regularly every day per anum since the last report; he does not require the enema; the wound has closed a little lately, and the portion of intestine that was so prominent, has receded within the wound since the effective pressure with the compress; there is a little mucous discharge from the wound.

27th.—The elastic band broke two days ago, since then the compress has been kept down with bandage; the lips of the wound have been drawn together with adhesive plaster; there is not so much of the intestine appearing externally, neither is there so much mucous discharge from it; bowels act regularly every day.

30th.—I found, on examining the wound to-day, that a little fecal matter was escaping, and it appears that a very little fecal matter has escaped through the wound for the last two or three days, after he has taken his dinner; bowels act every day; condition of the wound the same.

May 8th.—The wound is a little smaller, but there is still a little discharge from it. In a former report it was stated that the portion of intestine at the wound was adherent to the skin. Mr. Clark applied potassa fusa to it, and then strips of Emp. Adhesiv. Comp., &c.

12th.—The skin around the wound is sore, from the application of the potassa fusa; it was applied again.

16th.—No union of the wound having taken place, and the margins being in a favourable condition, Mr. Clark brought the wound, (which is about two inches long,) accurately together, by means of two sutures, and Emp. Adhesiv.

17th.—The wound was quite open this morning, from the sutures having cut through the skin; the integument around the wound was somewhat inflamed before the sutures were used. Strips of Emp. Adhesiv. were again applied.

22nd.—Wound is getting smaller, still a little discharge from it after his dinner; bowels act regularly. A compress of lint was placed on the wound to-day, and confined by means of Emp. Adhesiv., &c.

28th.—The wound is closing a little. From the application of the potassa fusa one margin of the wound is free, but the other is adherent to the intestine. Mr. Clark applied it again to the margin that is adherent.

June 4th.—Wound much the same. Potassa fusa again applied. Bowels act regularly per anum.

10th.—The potassa fusa has caused a slight slough of the skin around the wound where it was applied. After his dinner, if the compress is removed, a rather large quantity of fecal matter (liquid) will pass through the wound. Ordered not to eat potatoes.

16th.—Nothing like so much fecal matter passes through the wound since his diet has been confined to meat and bread. The skin around the wound has been somewhat sore and inflamed for the last week, from the irritation caused by the escape of fecal matter. Has had no motion per anum for three days. Ordered—*Pil. Hyd. Laxantes*, iij., *statim*. The following dusting

powder has been applied to the wound and surrounding parts for the last five days:—*R. Zinci Oxydi*, dr. iij.; *Cretæ*, dr. iv. *M.*

22nd.—The wound is better, and the surrounding parts are not so inflamed since using the dusting powder. His bowels act freely and regularly.

27th.—The man was placed under the influence of chloroform, and Mr. Clarke enlarged the wound at its upper angle, and then pared the edges completely. He then introduced five pins, and passed a thread round each in the same way as in the operation for hare-lip. Strips of adhesive plaster were used, and a compress. He is not to take more food than is absolutely necessary.

30th.—There is a slight discharge—perhaps pus mixed with the secretion of the intestine—from the lower angle of the wound. Bowels not moved since the operation.

July 1st.—On removing the strapping to-day, found that the last pin at the lower angle of the wound had ulcerated through, and there was some discharge of fecal matter from that part. Mr. Clark removed the other pins, and found that the greater part was in apposition. Adhesive plaster applied; bowels not yet moved. Ordered a turpentine enema.

2nd.—The wound was again dressed to day, and it was found that for the whole extent, with the exception of a small portion at the lower angle, it had united. Bowels have not been moved. To have an ox-gall enema.

4th.—There was some discharge of fecal matter with pus from the wound to day; the discharge seems to come through in those places where the pins were introduced. The wound appears united in the interspaces. Bowels have been opened freely. Dressed with Emp. Adhesiv. Comp.

7th.—The wound is much improved since the compress was applied. A little fecal matter from three small openings, where the pins were extracted. Bowels regular.

10th.—The three openings are smaller, and there is but very little discharge from them. The remainder of the original wound is perfectly adherent. Bowels act well.

14th.—One of the openings is closed; there is only some discharge from two of the openings.

19th.—To day there is only a little discharge from one opening, the other has closed since the last report.

24th.—There is no discharge to day although the opening has not closed. His health is very good.

29th.—From his having exerted himself, there was a slight discharge from the now very small opening; the integuments round the original incision looked puffy, as if he had received a blow, which he says he has not.

August 1st.—The swelling has subsided, but the opening still remains. It being suspected that he had worms, Mr. Clark ordered him a dose of the kousso, which brought away several small portions of a tape-worm. The head was found in the portions passed.

4th.—There is no discharge from the opening, which is closing.

9th.—A little fecal matter came through the open-

ing to-day; the opening is about the size of a pin's head.

12th.—There has been no discharge since the last date; cannot see the opening to-day. The dusting powder is still applied with the compress. Bowels regular.

18th.—The opening has entirely closed, and there has been no discharge for the last nine days. After his dinner the integument at the part bulges out, evidently from the pressure of the fecal matter from within. Bowels act regularly.

29th.—Remains perfectly well. Has been allowed to get up for the last week. He is to remain as an in-patient for some time longer, to see that there is no disposition to the re-formation of a fistulous opening.

He left the Infirmary in the latter part of September, perfectly well, without any symptoms that would indicate that he would be likely to suffer from any bowel obstruction. He was directed to wear a square piece of padded deal, to be kept on with a truss with a weak spring. Nearly five months have elapsed since his dismissal, and I believe he remains perfectly well.

*Remarks.*—This is one of those cases that illustrate the efficiency and power of surgery in completely relieving an individual from a most disgusting infirmity, resulting from strangulated hernia going on unchecked. The successful treatment of this case bears out the opinion that is held concerning the time that Dupuytren's operation should be attempted, viz.,—"in allowing sufficient time to elapse for the irritability and sensibility of the gut and septum to be lessened by the influence of the external air and the pressure of the feces." The comparatively slight symptoms, and their short duration after the introduction of the forceps, show that the parts did not possess those properties that we usually associate with structures so highly endowed with vessels and nerves as the intestines are. It was quite clear that nature was not equal to a partial much less even a perfect cure in this case, the difficulty arising from the very acute angle formed between the two portions of the gut. After the forceps came away, great difficulty was experienced in getting the bowels to act, the rectum being quite blocked up with hardened feces, so as to require manual interference, besides the repeated exhibition of enemata. The administration afterwards of the ox-gall seemed to exercise a very beneficial effect, as stimulating the muscular coat of the intestines, after such a long period of inactivity. The performance of Dupuytren's operation was not sufficient for the perfect cure of this case. In some cases that occurred to Dupuytren, however, a perfect cure followed this mode of procedure, the wound gradually contracting, and after a time entirely closing. From the tendency to what, I suppose, may be called prolapsus of the mucous coat of the gut at the wound, it was necessary to make pressure on it, which was made with good effect. The application of chalk and oxide of zinc to the integuments around the artificial anus was a palliative measure that afforded great comfort to the patient, thus preventing the

excoriation of the skin that would have necessarily ensued from the contact with the fecal matter that was constantly escaping. On account of this matter, to a small extent, continuing to pass through the wound, and that in a fluid state, it was evident that a perfect cure could not be effected, unless this could be almost, if not quite, prevented. With this view his diet was confined to meat and bread; and then, the plastic operation was performed, viz.,—that of paring the edges of the wound, and bringing them accurately together with pins and sutures. As the report of this case states, the fistulous openings made by the insertion of the pins did not entirely close for more than a month. It has occurred to me whether the formation of these small fistulous openings may not be avoided by only partially transfixing the entire thickness of the structures. Previous to this the margins of the wound, having been made sore by the application of potassa fusa, were brought together by interrupted sutures, but it did not succeed; and I think that it may be a question whether in cases which require additional treatment after the performance of Dupuytren's operation, it would be better to have recourse to the former proceeding, as being the more certain of the two. Of course this very interesting case might have called forth many remarks, but I thought that it would be better to confine them to the most prominent points.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, MAY 12, 1852.

WE think it better to reprint at length the Draft Bill of Medical Reform, as amended by the Central Council, because the alterations are of such a nature as to require the whole of the clauses to be placed at once before the reader, in order to understand them. The following are the chief points in which the amended Bill differs from that printed in a former number:—1st. In the appointment of the Medical Council, the Secretary of State is substituted for the Apothecaries' Company. This alteration has been very generally suggested, and is, we think, a great improvement; for though it may, perhaps, entail upon us some increase of opposition from the Apothecaries' Company, still we had no reason to suppose that they were very friendly to the old measure, but rather that they would oppose it as far as lay in their power. The succeeding Clauses, up to 12, which define the machinery for working the several Councils, are, with mere verbal alterations, the same; as is also the 13th, which provides for the registration of existing practitioners; but in the 14th, 15th, 16th, 17th,



and 18th Clauses, which are those relating to the examination and registration of *all future medical practitioners* by the Medical Councils, a very considerable alteration will be found to have been made. It is now proposed that every one, after the passing of the Bill, who intends to practise medicine or surgery, shall present himself before the Council of the country in which he is about to practise, having certain testimonials in his possession to prove the nature and extent of his education; then that the said Council shall examine him as to his fitness to practise medicine, surgery, midwifery, and pharmacy, and, upon being satisfied as to such fitness, shall grant him a licence to practise under the name of a Licentiate of Medicine.

But before taking advantage of this licence, it is provided by the 26th Clause, that the Licentiate shall be registered, and the mode of so doing is laid down by the 17th Clause, which enacts that he may be enrolled in the books to be kept for that purpose, on the production of his licence, together with the diploma or licence of the Royal College of Physicians or the Royal College of Surgeons, of the country in which he intends to practise. So that in future all medical practitioners would come to be classed and registered as physicians or surgeons; though the latter might, and most probably would, as at present, be subdivided into those who practise surgery alone, and those who add to it the practice of midwifery or pharmacy, or both. The remaining Clauses are only slightly altered, with the exception of the 22nd and 34th, which are altogether omitted, as being unnecessary under the altered conditions of the Bill.

The proposed alterations, it will be easily perceived, will simplify the Bill very materially, and we think will also considerably add to its efficacy in practice; for since we are compelled to make use of the materials already existing, in the shape of the Colleges of Physicians and Surgeons, it is surely desirable to make the best use we can of them, and this we think is done by the amended Bill. The total omission of the term "apothecary" is also a great improvement, since it is disliked and repudiated by all; and we can see no objection to the proposed legalization of the present popular name of "surgeon."

In future all must pass through one common portal—the examination of the Medical Council, but in addition, they must attach themselves either to the College of Physicians or to the

College of Surgeons, and under their new Charters we hope and trust that all will be cordially received and fairly represented. We do not say that those bodies will be faultless in their composition, but still the grievances to be complained of are so trifling, that we think they will not, in actual working, interfere with the well-being of the whole body.

Such, then, is the present aspect of the proposed scheme, which we sincerely believe will be carried out in the next session of Parliament, if the Provincial Medical and Surgical Association should generally accord their approbation to it at the ensuing meeting at Oxford. It has been no easy task to construct it, and scarcely less so to alter it in accordance with the suggestions of the numerous parties who have taken an interest in it. There will, no doubt, still be a very formidable opposition to meet from the existing institutions, but we are assured that that opposition *may* be overcome, and that it only requires "a long pull, a strong pull, and a pull altogether," on the part of the profession, to overcome all obstacles, and settle the question of Medical Reform on a basis satisfactory to all men who are not wilfully and unnecessarily querulous.

## Reviews.

*The Journal of Psychological Medicine and Mental Pathology.* Edited by FORBES WINSLOW, M.D.  
No. 18, April, 1852.

At the time this periodical work first made its appearance, we were sceptical as to the support it would receive from the profession, having a knowledge of the comparatively small amount of personal interest which was felt on the subject of insanity, arising from the fact that its treatment was generally confided to a small and special section of medical practitioners. Dr. Winslow has, however, by the force of his own genius and perseverance, shown us that, great as the apparent difficulties were to the establishment of a journal exclusively devoted to psychology, they were not insurmountable; and we believe we may now congratulate him upon having achieved an amount of success, at least satisfactory, if not commensurate with his deserts. It must, we think, be generally admitted, that not only the profession, but the public in general, are deeply indebted to Dr. Winslow for this, his

able endeavour to surround the diseases of the mind, with all the literary appliances of science, and to place their study in that prominent position, which is their undisputed due; and we are but doing him bare justice in stating our conviction that his excellent journal should be possessed and read by every one who is interested in the moral welfare of his species, whether as physician, statesman, or friend.

The "*Journal of Psychological Medicine*" has now been upwards of four years in existence, and its eighteenth number is now before us, and like its predecessors contains several articles of great interest, among which we may enumerate one "On Crime, Education, and Insanity," on the "Psychology of Epochs," on "Nervous Influence," &c. This number also contains a detailed and authentic account of the famous case of Mrs. Cumming—a case which should be carefully studied by every one engaged in lunacy practice.

As a specimen of the literary workmanship of this journal, we will quote a passage from the first article, in which the writer enforces the difficulty of defining "irrationality," and therein alludes to the case already mentioned.

"It is for this reason that the facts which are commonly presented to medical witnesses, as a criterion to test the sanity of a party are often absurdly equivocal. In the recent inquiry into Mrs. Cumming's case, the attention bestowed on half a dozen cats was gravely tendered as a proof of irrationality, as if every old woman in the country had not half a dozen pets of one kind or other at her elbow. In other cases slovenliness of dress, jealousy of female attendants, apprehension of domestic treachery, and even eternal scribbling, have been quoted as evidences of an aberrated reason, sufficient to satisfy a physician who is to guide a jury. If the question were whether these feelings were inconsistent with a well-regulated mind, that is, a mind governing its will by certain fixed utilitarian principles, such facts would be relevant to the issue; nor can it be denied that an accumulation of habits decidedly eccentric and motiveless, warrants a suspicion of derangement; though even in that case, it is only suspicion in aid of proof. No single fact, nor accumulation of facts, for each of which a possible, though inadequate reason may be assigned, is, *per se*, conclusive of irrationality; as for instance, had it been proved that Mrs. Cumming was in the habit of walking backwards in the park for half an hour daily, what stress would have been laid on that peculiarity! Yet no man can take a pedestrian tour through Wales, without occasionally witnessing a similar exhibition, in well-

dressed, sensible-looking young gentlemen; it being well known to all addicted to such amusements, that the intercostal muscles are greatly relieved, especially in ascending hills, by a change to backward walking. Apprehension of domestic treachery is always a favourite topic with lunacy counsel; yet one of the most eminent artists of the day, whose intellect is as brilliant as his colours, for many years pursued the habit, and perhaps pursues it still, dictated by similar distrust, of baking his own bread, grinding his own flour, and dressing his own dinner, with the same hands which gave animation to his canvases. A single act may be *ultra* the restraint of reason; even an habitual practice may be motiveless to absurdity, and to that extent irrational, and yet common sense forbids us to regard it as insanity. Nebuchadnezzar, on being restored to understanding, might have retained in his palace some of the freedoms of his seven years apprenticeship to brutality; he may still have found dress an incumbrance, ablution a painful nuisance, and all the restraints that decency imposes on social intercourse, for a time unnatural. \* \* He might have plausibly urged that a sudden change to the warmth of clothing would be prejudicial to his bodily health; that frequent washing was painful to the new cuticle; that the peristaltic action, would be impeded by needless control. Such reasoning would at least have been plausible; yet in modern times it would have been quoted by Sir Frederick Thesiger as indicative only of the cunning of confirmed insanity, and *malgré* the prophetic limit, a jury would have found him incapable of managing his own affairs, though the Creator had restored his kingdom as well as his understanding."—p. 168.

## DRAFT BILL.

"TO PRODUCE UNIFORMITY OF MEDICAL EDUCATION AND QUALIFICATION, AND FOR THE REGISTRATION OF THOSE LICENSED TO PRACTISE IN MEDICINE."

PREAMBLE.—Whereas it is for the good of all Her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge: And, whereas the laws now in force concerning the profession of physic and surgery require to be amended: Be it enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by authority of the same:

I. *Repeal of Statutes.*—[3 Hen. 8, c. 11.]—That an Act passed in the third year of the reign of King Henry

the Eighth, intituled, "An Act for the appointing Physicians and Surgeons;" and also

5 *Hen. 8, c. 6.* another Act passed in the fifth year of the same reign, intituled "An Act concerning Surgeons to be discharged of Quests and other Things;" and also two

32 *Hen. 8, c. 40.* Acts passed in the thirty-second year of the same reign, respectively

33 *Hen. 8, c. 42.* intituled, "For Physicians and their Privilege," and "For Barbers and Surgeons; and also another Act

33 & 34 *Hen. 8, c. 8.* passed in the Session of Parliament holden in the thirty-third and thirty-fourth years of the same reign, intituled, "A Bill that Persons, being no common Surgeons, may minister Medicines, notwithstanding the Statute; and another Act passed in the first

1 *Mary, Sess. 2, c. 9.* year of the reign of Queen Mary, intituled, "An Act touching the Corporation of Physicians in London;" and also an Act passed in

6 & 7 *Wm. 3, c. 4.* the Session of Parliament holden in the sixth and seventh years of the reign of King William the Third, intituled "An Act for exempting Apothecaries from serving the offices of Constable, Scavenger, and other Parish and Ward Offices, and from serving on Juries;" and so much of every other Act as continues the last recited Act; and also an Act passed in the tenth

10 *Geo. 1, c. 20.* year of the reign of King George the First, intituled, "An Act for the better viewing, searching, and examining of all Drugs, Medicines; Waters, Oils, Compositions, used or to be used for Medicines, in all places where the same shall be exposed of Sale, or kept for that purpose, within the City of London or Suburbs thereof, or within seven miles circuit of the said City" and so much of another Act passed in the

18 *Geo. 2, c. 15.* eighteenth year of the reign of King George the Second, intituled, "An Act for making the Surgeons of London and the Barbers of London two separate and distinct Corporations," as does not relate to the separation of the said corporations, or to the master, governors, and commonality of the mystery of barbers of London; and also so much of an Act passed in the

55 *Geo. 3, c. 194.* fifty-fifth year of the reign of King George the Third, intituled, "An Act for better regulating the Practice of Apothecaries throughout England and Wales," as relates to the examination of apothecaries, or to the qualifications of persons intended to be examined or to qualify themselves under that Act to practice as an apothecary, or to the fees to be paid by apothecaries for the certificate of the Court of Examiners, or to the penalties for practising as an apothecary without having obtained such certificate; and also so much

6, *Geo. 4, c. 50, s. 2.* of an Act passed in the sixth year of the reign of King George the Fourth as enacts, that all members and licentiates of the Royal College of Physicians in

London actually practising; all surgeons being members of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, and actually practising; all apothecaries certified by the Court of Examiners of the Apothecaries' Company, and actually practising, shall be freed and exempt from being returned, and from serving upon any juries or inquests whatsoever, and shall not be inserted in the lists to be prepared by virtue of that Act; and also so much of any Act or Charter granted before the passing of this Act as prohibits any person from practising physic or surgery in any place without such license as is mentioned in such Act or Charter respectively, or as imposes any restrictions on the practice of physic or surgery other than is contained in this Act, shall be repealed and annulled.

II. *Interpretation Clause.*—[To be inserted when the Bill is completed.]

III. *Appointment of the Medical Council for England.*—That a Council shall be established, which shall be styled—"The Medical Council for England;" and that the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, such one person as shall be from time to time designated by the Senate of the University of London, the President of the Royal College of Physicians of England, and the President of the Royal College of Surgeons of England, shall be members of the said Council in right of their several offices and appointments; and that the other members of the said Council shall be five Physicians, to be chosen by the Royal College of Physicians of England, five Surgeons, to be chosen by the Royal College of Surgeons of England, and six medical practitioners, to be appointed by one of Her Majesty's principal Secretaries of State; each of the said appointments to be made within one month after the passing of this Act; and the powers and duties vested in the said Council by this Act, may be exercised and executed by any six members thereof.

IV. *Tenure of Office by Members chosen by the Colleges.*—That every member of the said Council appointed by the said College of Physicians, the said College of Surgeons, and the said Secretary of State shall be entitled to be a member of the said Council for three years, and shall then go out of office, but may forthwith be rechosen; and that upon every vacancy among the members of the said Council, appointed by the said College of Physicians, the said College of Surgeons, and the said Secretary of State, and their successors, the said College of Physicians, or the said College of Surgeons, or the said Secretary of State, as the case may be, shall appoint another person to supply such vacancy.

V. *Appointment of the Medical Council for Scotland.*—[To be inserted hereafter.]

VI. *Tenure of Office by Members of the Medical Council of Scotland.*—[To be inserted hereafter.]

VII. *Appointment of the Medical Council for Ireland.*—[To be inserted hereafter.]

**VIII. Tenure of Office by Members of the Medical Council for Ireland.**—[To be inserted hereafter.]

**IX. Expenses of the Members to be paid.**—That there shall be paid to the members of the said several Councils, such reasonable expenses incurred by the said members in performance of their duties under this Act, not exceeding three guineas for each attendance, as shall from time to time be allowed by the said several Councils.

**X. Each of the said Councils to Elect a President and Vice-President.**—That the said Councils shall, as soon as may be after they shall have been appointed as hereinbefore provided, meet at the following places: that is to say, the Council for England at the building of the Royal College of Physicians in London, the Council for Scotland at the building of the Royal College of Physicians at Edinburgh, and the Council for Ireland at the building of the King's and Queen's College of Physicians in Ireland, and shall each of them elect one of their members to be their president, and another of their members to be their vice-president; and in all cases every question brought before any of the said Councils, shall be decided by a majority of votes, (the president, or, in his absence, the vice-president, having a vote), and in the event of an equality of votes, the president, or, in his absence, the vice-president, shall have an additional or casting vote.

**XI. Each of the Councils to appoint an Examining Board.**—That each of the said Medical Councils shall, within three months after their first meeting, appoint such fit and proper persons, not being members of the said Councils, as the said Councils may severally choose to form an Examining Board for the purpose of carrying into effect the provisions of this Act; and every member of such Examining Board shall be paid such yearly salary as the Council by whom he shall have been appointed shall think fit, and shall hold office for such period as the said Council shall determine.

**XII. Provisions as to the appointment of a Treasurer, Registrar, and Secretary, and of Clerks and Servants, and for the making of a Seal by each of the said Councils.**—That each of the said Councils shall, within a month after their first meeting, appoint a fit and proper person to be their treasurer, and also another fit and proper person to be their registrar and secretary; and there shall be paid to each of such treasurers and registrars such yearly salary as the Council by whom he shall be appointed shall think fit; and each of the said treasurers and registrars shall be removable at the pleasure of the Council by whom he shall have been appointed; and each of the said Councils shall also, from time to time, appoint such clerks and servants as they may deem necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Council by whom he shall have been appointed, and shall be paid such salary as the Council by whom he shall have been appointed shall think fit; and each of the said Councils shall cause to be made a seal for their use in the execution of this Act, and shall cause to be sealed or stamped therewith all licences

granted or issued by them in pursuance of this Act, and all such licences and other documents purporting to be sealed or stamped with any such seal shall be received as *prima facie* evidence in all courts and places whatsoever.

**XIII. As to Registration of Medical Practitioners in practice before the passing of this Act.**—That the registrar of each of the said Councils shall, within thirty days after his appointment, and shall from time to time, till the first day of February, one thousand eight hundred and fifty-three, proceed to register, in books to be kept for that purpose, on payment of a fee of five shillings, the name and place of abode, together with a description of the testimonials of every physician, surgeon, and apothecary who shall apply to be registered, and who, prior to the first day of November, one thousand eight hundred and fifty-two, shall have taken a degree in medicine in any English, Irish, or Scotch University, or who shall state his place of abode and apply to be registered, and shall produce his diploma, certificate, or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory to the said registrars, of his having obtained a diploma, certificate, or licence to practise as a physician, surgeon, or apothecary, dated prior to the said first day of November, one thousand eight hundred and fifty-two, and granted by any English, Irish, or Scotch College or Hall, or any Corporation, sole or aggregate, in England, Ireland, or Scotland, legally entitled to grant the same at the time of the passing of this Act, and also to every person who shall apply for the same, and who was actually practising medicine in England and Wales prior to the first day of August, one thousand eight hundred and fifteen, and who shall sign a declaration according to the form in Schedule A, to this Act annexed, and also to every surgeon and assistant-surgeon of the Army and Navy who shall apply for the same, and whose warrant of appointment bears date prior to the said first day of August, one thousand eight hundred and fifteen, and to every person who shall have been registered as aforesaid, the said registrars shall give a certificate according to the form in schedule C, to this Act annexed, and which certificate shall be in force till the first day of February, one thousand eight hundred and fifty-three, and no longer.

**XIV. Every Person not Registered as aforesaid to present himself before the Council of his country for Examination. Licences to be granted to those duly qualified on payment of a Fee of £.**—That each of the said Councils shall meet at least once in every three months, for the dispatch of business; and every person not being registered under the provisions of the next preceding section of this Act, who intends to practise medicine after the first day of February, one thousand eight hundred and fifty-three, shall present himself before the Medical Council for the country in which he intends to practise; and if such Council shall consider the person so presenting himself to be properly qualified as hereinafter is mentioned, they shall direct their registrar to grant to such person a licence according to the form in schedule B, to this Act annexed, on payment of a

fee of ———; and every person to whom such licence shall have been granted as aforesaid, shall be entitled to assume the name and title of a Licentiate in Medicine.

XV. *Candidates for Licences to produce Testimonials to the Medical Council.*—That every person who may present himself before any of the said Medical Councils for the purpose of obtaining a licence to practise medicine, shall produce proofs to the said Council that he has attained the age of twenty-one years, and shall also produce such testimonials as shall be satisfactory to the said Council, that he has applied himself to the study of medical and surgical science during a period of four years, and that during the aforesaid period he has passed at least three years in some University or Medical School approved of by the said Council; and that he has attended such courses of dissection, such clinical and other lectures, and such hospital practice, and has passed such several examinations before the Examining Board appointed by the said Council, as the said Council shall from time to time appoint.

XVI. *Triennial Medical Congress to be held.*—That once in every three years each of the said Medical Councils shall depute three of their members to form a Medical Congress, for the purpose of fixing an uniform curriculum of study, in accordance with the next preceding section of this Act, to be gone through by all candidates for licences to be granted by the said Councils respectively; and such Medical Congress shall meet in London at such place and time as the Medical Council for England shall determine; the first Medical Congress to be held as soon as may be after the election of the said several Medical Councils.

XVII. *As to Registration of Medical Practitioners who shall not have been Registered under the Thirteenth Section of this Act.*—That the Registrar of each of the said Councils shall, on and after the first day of November, one thousand eight hundred and fifty-two, proceed to register, in books to be kept for that purpose, and without any payment whatever, the name and place of abode, together with a description of the testimonials of every physician and surgeon who shall apply to be registered, and who shall produce the diploma or licence of the Royal College of Physicians, or the Royal College of Surgeons, of the country in which he applies to be registered, together with the licence of the Medical Council for the same country; and to every person who shall have been registered as aforesaid the said registrars shall give a certificate, according to the form in schedule C, to this Act annexed, and which certificate shall be in force until the first day of February then next ensuing, and no longer.

XVIII. *Registrars to Issue Annual Certificates to Registered Practitioners, on payment of a fee of —s.*—That the Registrars of each of the said Councils shall from time to time issue a certificate, according to the form in schedule C, to this act annexed, to every person who shall be registered as aforesaid, and who shall apply for such certificate; and the said registrars shall issue such certificates for the countries only for which they shall be severally appointed to act; and every person shall, upon his application for such certificate,

pay to the registrar a fee of ———; and such certificate shall bear date on the first day of February then next ensuing, and shall continue in force during one year, and no longer.

XIX. *All Monies received by the Registrars to be applied for the purposes of the Act.*—That all monies received by the registrars of the said several Councils shall be paid over to the Treasurers of the said several Councils, and shall be applied to defray the expenses of carrying this Act into execution, in such manner as the said Council shall direct; provided always that one half of the monies received on account of the certificates hereinbefore mentioned shall be applied to the formation of a Medical Provident Fund for England, Scotland, and Ireland respectively, under the direction of the said several Councils; and every person who shall have been registered under this Act, and shall have obtained a certificate during ten years, or, in case of his death, his widow or children, shall be entitled to claim relief from the Council of that part of the United Kingdom in which he shall have been registered, out of the monies of their Medical Provident Fund.

XX. *Application of Surplus Income.*—That if, after paying the expenses of carrying this Act into execution, any surplus income, other than the monies hereinbefore directed to be applied to the formation of a Medical Provident Fund, shall remain in the hands of the Treasurer of any of the said Medical Councils, such surplus shall be applied for the founding or establishing of medical scholarships or prizes, or in promoting the advance of medical science and literature, in such manner as such Medical Council shall determine.

XXI. *Each Registrar to keep a Record of Certificates.*—That the registrar of each of the said Councils shall duly record an account of every certificate which he shall issue as aforesaid; and in the month of February in every year shall cause to be printed a correct register, in two lists, according to the form in schedule D, to this Act annexed, of the names and places of residence, arranged alphabetically, in each list, of all persons to whom he shall have so issued certificates during the year then last past, according to the provisions of this Act, together with a description of the legal qualification or qualifications, with the date or dates thereof, of all persons registered under the thirteenth section of this Act, and specifying the date of the licence granted by the Council, and the degrees and diplomas with the date or dates thereof, possessed by all persons registered under the seventeenth section of this act; and such registers shall be respectively called, "The Medical Register for England," "The Medical Register for Scotland," and the Medical Register for Ireland;" and a printed copy of the Register for the time being, so published as aforesaid, shall be evidence in all courts, and before all Justices of the Peace and others, that the persons therein specified have obtained certificates according to the provisions of this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person has not obtained a certificate according to this Act.

**XXII. *Registered Persons Entitled to practise where Certificates are Issued: and to Transfer their Names to the Register of other parts of the United Kingdom.***—That every person who shall be registered, and shall possess a certificate in force, according to the provisions of this Act, shall be entitled to practise medicine throughout that part of the United Kingdom for which his certificate was issued; and every person who shall be registered in one part of the United Kingdom may transfer his name to the register of any other part of the United Kingdom in which he may be about to practise, on production to the register of the last-named part of the United Kingdom of his licence and certificate for the current year; and the registrar shall thereupon grant to such person transferring his name a certificate, which shall remain in force till the first day of February then next ensuing.

**XXIII. *Registered Persons entitled to Charge for Advice and Visits.***—That all persons, not being physicians, who shall be registered and possess certificates according to the provisions of this Act, shall be entitled to demand and recover in any Court of Law, with full costs of suit, reasonable charges for medical or surgical advice, visits, and medicine, rendered or supplied by them to their patients, without any other licence than such registry and certificates.

**XXIV. *None but Registered Persons to Recover Charges.***—That, after the first day of February, one thousand eight hundred and fifty-three, no person shall be entitled to recover any charge in any Court of Law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine prescribed, administered, or supplied by him, unless he shall prove upon the trial either that he is in possession of a certificate in force, according to the provisions of this Act, or that he was legally practising in the capacity in which he claims such charge at the time when the debt was incurred.

**XXV. *Persons not Possessing Certificates Incapable of Acting as Medical Officers in Public and Other Situations.***—That, after the first day of February, one thousand eight hundred and fifty-three, no person who does not possess a certificate in force, according to the provisions of this Act, shall be capable of holding any appointment in any part of the United Kingdom, in the capacity of a physician, surgeon, apothecary, or other medical officer, in any hospital, infirmary, dispensary, lunatic or other asylum, lying-in hospital, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse, or poorhouse, parish, union, or other public establishment, body or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age.

**XXVI. *Summary Penalty against Unregistered Practitioners.***—That, if any person shall, after the first day of February one thousand eight hundred and fifty-three, act or practise as a physician, surgeon, apothecary, or licentiate in medicine, in any part of the United Kingdom, without being duly registered according to the provisions of this Act, and without having a certificate as aforesaid in force at the time of his so

practising or acting as a physician, surgeon, apothecary, or licentiate in medicine, he shall, on conviction before any magistrate having jurisdiction in the county, city, or place where the offence was committed, forfeit and pay a sum not exceeding five pounds, nor less than forty shillings, for every such offence, to be recoverable within three months next after the commission of the said offence.

**XXVII. *Expulsion of Registered Practitioners for Disgraceful Conduct, or Irregular Practice.***—That, if three registered practitioners shall at any time complain to the Council of any College or other governing body, that a person who had obtained his licence, diploma, or qualification from such College, or body, had been conducting himself in a manner calculated to bring scandal and odium on the profession, by publishing indecent advertisements or pamphlets, or immoral or obscene prints or books, or had been guilty of any other disgraceful and unprofessional behaviour, or of any irregular practice, the said Council, or other governing body aforesaid, are hereby empowered to cite the person accused before them, first giving him due notice, and a full statement of the charges against him; whereupon the said Council, or other body, having heard the defendant, and on being satisfied that the charges have been proved, or in default of his appearance, having decided that the charges have been proved, they are hereby required to erase the name of such person from the books or rolls of the said College, or other institution as the case may be, and shall transmit forthwith to the registrar of that part of the kingdom to which such College, or other institution belongs, an official report of their decision, authenticated by the seal of such College; and the said registrar shall thereupon strike out the name of the offending party from the register in his custody, and it shall ever afterwards be excluded from every register to be kept under the provisions of this Act, unless the Council, or other governing body by whom the name was first erased shall readmit it into the books or rolls of such College, or other institution. Provided always that the name of no person who may be possessed of a licence granted by a Medical Council according to the provisions of this Act, shall be erased from the register, unless the registrar receive from such Medical Council an official decision to that effect, authenticated by their seal.

**XXVIII. *Penalty for the Wilful Falsification of the Record of Certificates by any Registrar.***—That if any registrar under this Act shall wilfully make or cause to be made any falsification in any matters relating to any register, certificate, or record aforesaid, every such offender shall be deemed guilty of a misdemeanor in England and Ireland, and in Scotland of a crime and offence; and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding six months.

**XXIX. *Penalty for Obtaining Certificate by False Representations.***—That if any person shall wilfully procure or attempt to procure a certificate from any Registrar, by making or producing, or causing to be made or produced, any false or fraudulent representa-

tion or declaration, either verbally or in writing, or shall, by any false or fraudulent means whatsoever, possess, obtain, use, or attempt to possess, obtain, or use, any certificate as aforesaid, every such person so offending, and every person aiding and assisting him therein, shall, upon being convicted thereof, be adjudged guilty of a misdemeanor in England and Ireland, and in Scotland of a crime and offence; and thereupon it shall be lawful for the Court before whom such offender shall be tried and convicted to sentence such offender to be imprisoned, with or without hard labour, for any period of time not exceeding six calendar months.

**XXX. Penalty for Falsely Pretending to be a Medical Practitioner.**—That every unregistered person who shall wilfully and falsely pretend to be, or take or use the name or title of a physician, doctor, bachelor of medicine, surgeon, or apothecary, or any name, title, addition, or description, implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or apothecary, or a practitioner in medicine, shall, on being convicted of every such offence, before any Magistrate having jurisdiction therein, pay a sum not exceeding ten pounds, nor less than forty shillings, to be recoverable as hereinafter described.

**XXXI. How Penalties are to be recovered; if not paid, the Offender may be Committed.**—That any Justice of the Peace acting in and for the county, city, or place in which the offence has been committed, or any Magistrate appointed by virtue of an Act passed in the second and third years of the reign of Her Majesty Queen Victoria, intituled "An Act for Regulating the Police Courts of the Metropolis," or one of the Justices of Peace Courts in Scotland, may hear and determine any complaint charging any person with practising medicine, without a certificate, as aforesaid, on the oath of one or more witnesses, or by the confession of the accused party, and shall award the penalty or punishment herein provided for such offence; and in every case of the adjudication of a pecuniary penalty under this Act, and of non-payment thereof, it shall be lawful for the said Justice or Magistrate to commit the offender to any gaol or house of correction within his jurisdiction, for a term not exceeding one calendar month, when the sum does not exceed forty shillings, and for a term not exceeding three calendar months when the sum does not exceed ten pounds, the imprisonment to cease on payment of the sum due.

**XXXII. Application of Penalties.**—That any sum or sums of money arising from conviction and recovery of penalties for offences committed against the authority and provisions of this Act, shall be paid to the Medical Council for that part of the United Kingdom in which such conviction shall take place.

**XXXIII. Examiners may take Candidates to Hospitals, &c.**—That each of the said Examining Boards, or any members or member thereof, shall be empowered to attend with the candidates for licences in the public hospitals, or other public institutions containing sick and diseased persons, and also in any workhouse, with the view of ascertaining the practical knowledge of such candidate in the science of medicine.

**XXXIV. Provision for existing Students.**—That it shall be lawful for the said several Medical Councils to make regulations for dispensing with such provisions of this Act as to them shall seem fit, in favour of Medical Students who shall have commenced their professional studies before the passing of this Act.

**XXXV. Act not to affect the Trade or Business of Chemists and Druggists.**—That not anything in this Act contained shall extend, or be construed to extend, to prejudice or in any way affect the trade or business of a chemist and druggist in the buying, preparing, compounding, dispensing and vending, drugs, medicines, and medicinal compounds, wholesale or retail, without the giving of medical or surgical advice.

**XXXVI. Registered Medical Practitioners exempted from serving on Juries, Inquests, &c.**—That every person who shall be registered and possess a certificate in force, under the provisions of this Act, shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and in the Militia, and that the name of such person shall not be returned in any list of persons liable to serve in the Militia, or in any such office as aforesaid; and no person shall be entitled to such exemption as aforesaid, on the ground of being a physician, surgeon, or apothecary, who does not possess such certificate then in force, as aforesaid.

**XXXVII. For certain Offences, names of Medical Practitioners to be erased from the Register.**—That if any registered medical practitioner shall be convicted in England or Ireland of any felony, or in Scotland of any crime or offence inferring infamy, or the punishment of death or transportation, or if it shall be found, by the judgment of any competent Court, that any such medical practitioner shall have procured a certificate under this Act by any fraud or false pretence, or that any such medical practitioner has wilfully and knowingly given any false statement, evidence or certificate, in any case in which by law the evidence or certificate of a physician, surgeon, or apothecary is required, the registrar of each of the Medical Councils, on the production before him of an office copy or extract of the conviction or judgment of the Court, duly certified under the hand of the proper officer of the Court, or other proof thereof, shall cause the name of such medical practitioner to be erased from the register; and every person whose name shall have been so erased after such conviction or judgment as aforesaid, shall thereby forfeit and lose all the privileges of a registered medical practitioner provided by this Act.

#### SCHEDULE A.

Declaration required of a person who claims to be registered as a medical practitioner upon the ground that he was in practice as a medical practitioner before the first day of August, 1815:—

To the Registrar of the Medical Council for England.

I, [Samuel Baker,] residing at [6, Duke Street, Exeter,] in the county of [Devon,] hereby declare that I was practising as a medical practitioner, at [16,

George Street, Hastings,] in the county of [Sussex,]  
before the 1st day of August, 1815.

(Signed) [SAMUEL BAKER.]

Dated this [6th] day of [November,] 1852.

#### SCHEDULE B.

##### *Licence to Practise Medicine.*

This is to certify that [Herbert Jones] has been carefully and deliberately examined as to his skill and abilities in the science and practice of medicine, and as to his fitness and qualification to practise the same, by the Examining Board appointed in pursuance of an Act of Parliament passed in the [ ] year of the reign of Her Majesty Queen Victoria, intituled "An Act to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licenced to Practise in Medicine;" and the Medical Council for [England] have, by virtue of the powers vested in them by the said Act, directed this Licence to be granted to the said [Herbert Jones,] certifying that he is duly qualified to practise medicine.

(Signed) [JOHN FAIRBROTHER,]  
President of the Medical Council for [England.]

(Signed) [HENRY BROWN,]  
Registrar of the Medical Council for [England.]

Dated this [3rd] day of [March], 185 .

#### SCHEDULE C.

##### *The Medical Register for [England.]—Medical Registration Certificate for 185 .*

In accordance with the provisions of an Act of Parliament, passed in the [ ] year of the reign of Her Majesty Queen Victoria, intituled, "An Act to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licenced to Practise in Medicine," I hereby certify that [James Howard], residing at [No. 15, Ormond Street, Manchester,] in the county of [Lancaster,] having been in practice prior to November, 1852, and having produced before me some one of the Diplomas or Licences specified in Clause 13th of the said Act, or having signed before me a Declaration according to the form in Schedule A to the said Act annexed;—or not being in practice prior to November 1852; having produced before me the Diploma of [the Royal College of Physicians of England] granted to him [April 18th, 185 ], as a Fellow of that College, or the Diploma of the Royal College of Surgeons of England, granted to him [March 6th, 185 ,] as a Member of that College, together with the Licence of the Medical Council for [England,] granted to him the [4th] day of [February,] 185 ,) he has been duly registered, according to the provisions of the said Act, as a person who is qualified to practise Medicine in any part of [England and Wales,] and that he is entitled to exercise all the powers and privileges conferred by the said Act.

This Certificate to remain in force until the 1st day of February, 185 ; and no longer.

(Signed) [HENRY BROWN,]  
Registrar of the Medical Council for [England.]

Dated this [1st] day of [February,] 185 .

#### SCHEDULE D.

The Medical Register for [England], consisting of the names and places of residence with a description of the qualifications and the dates thereof, of all persons legally qualified to practise medicine in [England,] in the year 185 .

##### *The Names of Registered Medical Practitioners, arranged in two lists as Physicians and Surgeons.*

#### PHYSICIANS.

##### *(Arranged Alphabetically.)*

NAMES.	Qualifications and their Dates.	Places of Residence.
ADDISON, JAMES	Diploma as a Fellow of the Royal College of Physicians of England, dated 9th August, 1836	No. 16, Tudor Street, Manchester.
ADLARD, HUGH	Diploma as a Graduate of the University of Edinburgh, dated 2nd April, 1843	No. 7, Milton Street, London.
ADNEY, RALPH	Diploma as a Member of the Royal College of Physicians of England, dated 2nd May, 1854; Licence from the Medical Council for England, dated 5th July, 1853	The Grove, Camberwell.

#### SURGEONS.

##### *(Arranged Alphabetically.)*

NAMES.	Qualifications and their Dates.	Places of Residence.
ADPART, EDMUND.	Diploma as a Fellow of the Royal College of Surgeons of England, dated 4th September, 1835	No. 40, Toxtile Street, Leeds.
ADWIN, GILBERT	Declaration as required by Law, of having practised as a Medical Practitioner before the 1st day of August, 1815	No. 10, Milcom Street, Manchester.
ANDREWS, JOHN	Licence of the Society of Apothecaries, London, dated 11th June, 1834	No. 5, Hilton Street, Liverpool.
APPLETON, WM.	Diploma as a Member of the Royal College of Surgeons of England, dated 2nd July, 1854; Licence from the Medical Council for England, dated 5th May, 1853.	No. 90, George Street, Exeter.

## Proceedings of Societies.

### CREWKERNE AND YEOVIL MEDICAL ASSOCIATION.

To the Editor of the *Provincial Medical and Surgical Journal.*

SIR,—I enclose the report of the proceedings of the Crewkerne and Yeovil District Medical Association, at the third general meeting of the members, held at South Petherton, April 8th, 1852, and shall feel obliged if you will give insertion to that part of it which is likely to be of more than local interest.

Your obedient servant,  
G. F. WILLS, Hon. Sec.

After the general business of the Association had been transacted, the Draught of the new Medical Bill was read, and much discussion took place respecting its principles and the various clauses. It was agreed, therefore, to discuss each clause separately, and accord-



ingly special consideration was given to every point of the measure, which in general was approved of.

*Clause 14.*—The meeting considered that the fee for examination and licence to practise should not be less than £25, instead of £10, as proposed; as it is advisable not to lessen the general expenses of a professional education.

*Clause 17* was unanimously disapproved of. It was considered that the medical profession was already suffering under too many burdens in the shape of taxes on their industry; and that the payment of twenty shillings annually was unnecessary and unjust. It was thought that five shillings was a sufficient annual registration fee, but that for the first year the amount may be higher. The members consider that, although the proposed provident fund may be useful, it should not be compulsory for medical men to subscribe to it, and therefore that the reason given by the Editor of the *Provincial Journal*, (page 74) for the annual fee of 20s., is not satisfactory.

*Clause 26.*—The members, cordially approving a clause which shall afford an easy method of recovering a "summary penalty against unregistered practitioners," consider the above clause inefficacious in preventing the evils arising from the administration of medicine by ignorant unlicensed persons, who take upon themselves to prescribe and give medicines for any and every complaint, thereby frequently aggravating disease, and not seldom causing illness, mild and tractable at first, to run an unchecked course and terminate fatally, or even directly producing death by maltreatment. The meeting considers that a fuller interpretation as to what constitutes the practice of a "physician, surgeon, apothecary, or licentiate in medicine, surgery, or midwifery," should be given.

*Clause 36.*—Was considered insufficiently stringent, as it does not prohibit a druggist from preparing and dispensing drugs ordered by himself and administered to a person labouring under sickness.

The meeting consider that there should be a clause introduced requiring the governing body to prosecute unregistered practitioners in certain cases, or they fear lest the example set by the Apothecaries' Company, of not maintaining the rights and privileges of their members, may be followed. The members also believe that it is desirable to make medical education as complete as possible, and the majority are of opinion that the system of pupillage is good, although they would prefer the term of three or four years to five years. It was also suggested that it would be advisable for medical students to pass a session at a recognised hospital at an early period of their pupillage, and not allow the three years attendance at a hospital to remain until the end of their term, as more can be learnt from attending private practice, after a time passed in learning the theory of medicine and surgery at a large hospital where lectures are delivered.

Considerable discussion took place on the subject of friendly societies, and the loss caused by some of them to medical men. It was stated that at Crewkerne the medical gentlemen had unanimously resolved to discon-

tinue contract attendance on tontine and tradesmen's clubs.

The answers received from the Colleges of Physicians and Surgeons, and from the Apothecaries Company, in reply to the communications addressed to them by a committee appointed to request them to take measures against illegal and empirical practitioners, were read and considered to be most unsatisfactory.

## Foreign Department.

### GERMANY.

The following extracts are taken from the *Verhandlungen der Physikalisch-Medicinischen Gesellschaft in Würzburg*:—

*On the Nerves of Bone.*—M. Koelliker states that in the human subject the nerves accompany the blood-vessels not only in the medulla of the long bones, but also in the spongy tissue of the epiphyses. The short bones, such as the vertebrae are richly supplied with nervous filaments, as are also the blade-bones and ilia. They are also readily demonstrated in the bones of the cranium. The function of these nerves he considers to be chiefly that of nutrition; but that they contain sensitive fibres is plainly shown by the pain which attends disease of osseous structure.

*Vibratile Cells in the Bronchial Membrane of Man.*—One of the most curious revelations of the microscope is the existence of epithelial cells, the free surface of which is covered by extremely fine ciliae, presenting, during life and immediately after death, a vibratile motion. M. Biermer has seen this curious phenomenon in the bronchial membrane of a man dead of phthisis; and by sprinkling the surface with charcoal, was enabled to see that the molecules were uniformly moved from below upwards, proving that the epithelial ciliae moved in that direction.

*Histological Elements of False Membranes.*—M. Virchow enumerates these as follows:—1. *Connecting tissue.* This is formed out of an amorphous fibrinous coagulum, which is susceptible of various forms, but chiefly affecting that of fibre. After a certain period this fibrinous coagulum is found to be entirely converted into connecting tissue, composed of slender corpuscles, which are easily resolved into minute fibrils, containing an elongated nucleus, with distinct nucleoli. In many portions of false membrane the structure remains entirely amorphous.—2. *Elastic fibres* are found in some membranes, but not in all. The author has generally seen them in those of the pleura, and seldom in those of the uterus. In old adhesions these fibres are toothed, and in some cases are so numerous as to be visible to the naked eye, as white lines.—3. *Vessels.* The author has repeatedly injected false membranes, both from arteries and veins. The degree of vascularity depends very much on the nature of the organ to which the false membranes are attached, as does also the preponderance of arterial or

venous capillaries. Thus the adhesions between the liver and diaphragm are more freely injected from the vena porta than from the hepatic artery. The author remarks upon this fact as of importance in reference to the circulation, inasmuch as a certain quantity of blood may thus reach the heart, without having undergone depuration by the liver.—4. *Nerves*. The author has only succeeded in tracing nervous filaments into false membranes in a very few instances.

*Ununited Fracture*.—Professor Blasius treats ununited fracture by the local application of iodine. He has recently detailed two successful cases, one of a soldier, in whom the ends of the fractured tibia and fibula had remained moveable for six months; the other a case of fractured femur. He pencilled the locality of the fracture with the following solution:—Iodini, scr. j.; Potassii Iodidi, dr. ss.; Sp. Rect., oz. j. Consolidation took place in three weeks in the first case, and in thirteen weeks in the second.

*Absence of the Fœtus in early Abortion*.—Dr. Meyer (*Henle's Zeitschrift*) mentions the frequent occurrence of discharged ova in which no fœtus can be found. In external appearance the mass resembles a coagulum of blood, which, when cut into, contains a cavity lined by a smooth membrane, which is evidently the amnion. A funis is also found, with a free extremity, which looks as if it had been torn across. No fœtus, however, is to be discovered. Dr. Meyer, not satisfied as may be imagined, with the surmise that the fœtus was never present, has searched in these instances, and always found a rent on one or other aspect of the ovum, generally directly opposite the insertion of the funis. It is clear, therefore, that the fœtus has escaped through this orifice, and, being small, easily escaped observation.

[A specimen of this kind was recently exhibited at the Norwich Pathological Society, by Mr. Eade, of Blofield, exactly corresponding with the description above given. In this case, though the fœtus could not be found, there were symptoms which pointed out that something had been expelled some days prior to the abortion of the remainder of the ovum.]

## General Retrospect.

### PRACTICAL MEDICINE.

*Treatment of Paraplegia by Ergot of Rye*.—By Mr. WHITE.

Mr. White speaks of a case of paraplegia occurring in a farmer, who had lost the use of his lower extremities, in consequence of exposure to cold and damp. The paralysis commenced, as it frequently does, by pricking pains in the legs. The treatment was commenced by blisters to the spine, and mercury to salivation, under which a certain amount of amendment took place, but he was still unable to walk, though he could stand. Here the improvement ceased, and the author then gave him strychnine, with still further benefit; but this time the improvement was not maintained, he lost strength, the bowels became obstinately costive, and he

lapsed into a condition apparently hopeless. At this juncture the author was induced to give him ergot of rye, having seen its powers in paralysis highly eulogised by M. Gerard. The dose was half a drachm three times a day in an electuary. When an ounce had been taken it was observed that the bowels had begun to act spontaneously, then he commenced to have increased power over his paralyzed limbs, and in one month from the commencement of the medicine he was able to walk a mile without assistance.—*Dublin Medical Press*, April 14, 1852.

*On the Mode of Distinguishing between Calculi of Uric Acid and Urate of Ammonia*.—By Mr. L. LAWRENCE.

Mr. Lawrence states that he has found, experimentally, that the rules for making the above diagnosis, which are generally laid down in books, are not absolutely sufficient for the purpose. The ordinary tests are—

"1. Urate of ammonia is distinguished from uric acid by evolving ammoniacal fumes in treating the fragment of the calculus with caustic potash." This test, according to Mr. Lawrence, is not often available in determining the character of the necessarily small quantities the analyst of calculi has to deal with; and moreover, uric acid itself, in common with other nitrogenised animal substances, might of itself evolve ammoniacal fumes, on being treated with a concentrated solution of potash.

"2. An aqueous solution of uric acid does not give the murexide test; an aqueous solution of urate of ammonia does." This statement, in his opinion, requires qualifying, in so far that, while this is true of cold solutions, it is not true of boiling solutions, which give the test with both the substances under consideration.

"3. A cold aqueous solution of uric acid yields no precipitate on the addition of hydrochloric acid; a similar solution of urate of ammonia does." This he considers perhaps the best of all the tests yet mentioned, though it is omitted in many books.

To these the author adds a test which, long applied as it has been to the recognition of urinary deposits, has not, as far he is aware, been made use of in the analysis of urinary calculi. "A small fragment of the calculus is reduced to a fine powder and boiled for a minute or so in distilled water, and a single drop of the solution, placed on a plate of glass, examined microscopically. If it be uric acid, a multitude of well-defined crystals make their appearance as the drop cools; the various forms of these crystals are well figured in Bowman's 'Medical Chemistry.' Should, on the contrary, the substance be urate of ammonia, no crystals are seen, but those amorphous aggregations of globules, generally of a brownish tint, so familiar to the examiner of urinary sediments, will be perceived. Even the naked eye will readily distinguish the glistening crystalline precipitate of uric acid from the dull amorphous one of urate of ammonia. It is only in solutions of urate of ammonia which have stood for some time that I have been able to detect crystals, which were then of an entirely different character from those of uric acid." In conclusion, the author remarks that while this last test does not yield to any of the others in delicacy and precision, it will solve a problem which

none of the others can do, namely, that of detecting mixtures of the two substances in question.—*Medical Times and Gazette*. March 27.

*Tetanus cured by the Inhalation of Chloroform.*—By Dr. BANKS.

The patient had received a severe kick in the face, nine days prior to the commencement of the tetanic symptoms (August 9th), he was also exposed to wet and cold. On admission he was in a fully developed tetanic state. The sterno mastoid muscles were rigid and the head drawn back. He had complete opisthotonos and the abdominal muscles were tense and hard. Croton oil was given and a quarter of a grain of belladonna was ordered every two hours. On August 15th the jaws were permanently locked, respiration extremely difficult, and the body bedewed with perspiration. A grain of Indian hemp was given every hour, without any relief, when, on the 16th and 17th it was determined to let him inhale chloroform, 'which he did to perfect insensibility. On recovering his consciousness, the patient was able to open his mouth to the extent of an inch, and swallowed with ease, and expressed himself much relieved. The inhalation was resumed on the 18th, with still further amelioration, and after a few days longer treatment by the same means, the spasm entirely subsided.—*Dublin Quarterly Journ. of Medical Science*, February, 1852.

SURGERY.

*Peculiar Diagnostic Symptom in Rheumatic Ophthalmia.*

Mr. Canton mentions a symptom which he has so constantly seen associated with this complaint, that he considers it will materially diminish the difficulty of diagnosis in doubtful cases. The symptom alluded to is a white deposit which collects at the internal canthus of the lids. It is most abundant where the urine contains a copious deposit of lithates. Sometimes he has observed it to be associated with pains in the limbs and larger joints.—*Lancet*, March 27, 1852.

*Death from Chloroform.*

[Another has been added to the number of cases, which show that this powerful agent is not to be used without the greatest caution, and that there are no certain indications by which the probability of its unsuitableness in a given case can be predicated. Dr. Snow has informed us that the only certain way of obviating similar accidents to the present, is by diluting chloroform with alcohol; and as the effects of the mixture, though not so speedy, are equally certain, it would seem imperative on surgeons not to persevere in the use of the concentrated article. The case is as follows:—]

Thomas Hayward, a rather spare and weakly man, aged 23, was admitted on Thursday, the 29th of January, 1852, under the charge of Mr. Lloyd.

The patient applied to the hospital for an aneurism by anastomosis occupying the whole of the right ear, and also to a considerable extent the soft parts in front and behind that organ. On and behind the ear the vascular growth was elevated so as to form a large

tumour. The integuments of the ear, as well as the diseased mass, were of a deep purple colour. In every part there was strong pulsation, as well as a loud aneurismal murmur; the temperature, however, was much the same as that of the surrounding parts. Projecting from the meatus there was a polypus or large fungus, whence issued a copious purulent discharge, which was often tinged with blood. Pain in the head was complained of, but no unpleasant sensations had been felt in the tumour itself.

The disease had existed since the patient was four years of age. Various remedial means had been employed at different times, but without benefit. The patient had been treated at some of the London hospitals, where setons were introduced into different parts of the tumour, and portions of it enclosed with silver wires, which were now and then twisted so as to tighten them, but these measures were of no avail, and at length the patient was discharged as incurable.

Mr. Lloyd, not deeming the cure hopeless, and having consulted with his colleagues, determined to attempt the obliteration of the tumour—first, by deligation of the principal arterial branches in direct communication with the diseased mass, and afterwards by pressure applied to different parts in succession. With this view, on the 14th of February, 1852, the patient was placed under the influence of chloroform, and with the assistance of Messrs. Wormald and Paget, Mr. Lloyd placed a ligature around the temporal artery, just as it passes over the zygoma; other ligatures were applied in such situations as it was considered would tend most to cut off the supply of blood from the part affected, and pressure afterwards used before and behind the ear. The operation lasted, as was expected, for a long time, and the patient was kept under the influence of chloroform for *half an hour, or more*. From the effect of the anæsthetic agent he recovered quickly, and when visited half an hour afterwards he was found lying comfortably in his bed, and on being asked how he was, he answered, "Very well," and smilingly added, "that he was very thankful the operation had been performed, and hoped it could soon be repeated."

After this everything went on favourably; the tumour became much diminished in size, and the pulsation much lessened, but on further examination a large artery was found, beating very strongly, between the mastoid process and the ramus of the jaw, pressure on which part completely arrested the pulsation throughout the diseased growth. On this vessel, therefore, Mr. Lloyd determined to place a ligature, and appointed the 17th of March for the purpose.

The patient was taken into the theatre of the hospital, placed on the operating table, and chloroform administered as on the former occasion. The anæsthetic fluid now used was from the same bottle as had been employed before, and the apparatus was also the same as usual. The chloroform was administered by one of Mr. Lloyd's dressers, who well understood, and had long had experience in its use. A gentleman of great experience, who has been a long time at the hospital, and two years house-surgeon, was watching the patient, and marking the state of the pulse. Other gentlemen were also assisting.

In from five to ten minutes the usual effect was produced, the patient having previously struggled much. The operation was then commenced, but no sooner had Mr. Lloyd cut through the skin than it was stated that the pulse had suddenly stopped.

The chloroform was at once removed, but in a few seconds the patient had ceased to breathe, and no pulsation could be felt in any of the arteries, or at the heart. Artificial respiration, as well as percussion and compression of the different parts of the body, were immediately employed, with energy, and after continuing the means for a short time, the circulation was observed to be returning, and the act of respiration was several times performed; the state of inanition, however, speedily returned, but by the employment of the same means as before, with the use also of galvanism, the circulation and respiration were again restored. but the patient fell quickly into the same state as at first, and was again brought round by the same means. In a few moments the patient relapsed for the third time, when one of Mr. Lloyd's colleagues, coming into the theatre, recommended that the external jugular vein, which on the right side was turgid, should be opened, that tracheotomy should be performed, and the lungs inflated. These means were accordingly had recourse to. The patient was, besides, placed in a warm bath, at the temperature of  $104^{\circ}$ , artificial respiration being kept up all the time, and friction employed. All, however, was of no avail, and it soon became evident that life was irrecoverably gone.

The resuscitating measures had been continued for more than an hour. Ammonia had been applied to the nostrils, but no attempt was made to introduce any stimuli into the stomach, as Mr. Lloyd feared any liquid placed in the mouth might pass into the larynx, and occasion instant suffocation.—*Lancet*.

*Remarks on the Exhibition of Chloroform.*—By W. BIRD HERAPATH, M.D.

Alluding to the above melancholy case, Dr. Herapath informs us that he has been particularly free from the accidents which some have experienced in the use of chloroform, and he attributes his immunity to the following precautions:—1st. Never to administer it to any patient with a full stomach. 2ndly. To take particular care that the vapour is diluted with plenty of atmospheric air, invariably employing a cupped sponge, with large holes, applying but a small quantity of the liquid at one time. 3rdly. Never to proceed to stertorous respiration, if it can be avoided. As soon as the patient becomes insensible to sound, or the pupils dilate, to intermit the application of the chloroform, and operate at once, if necessary applying the sponge again and again, for short periods, in order to keep up the anæsthetic effect. It is never necessary, he observes, to make the patient lie like a breathing log, as is known to occur in the practice of other parties. Death from chloroform takes place in consequence of the density of the air mixed with the heavy vapour of the chloroform being nearly equal to or greater than that of the carbonic acid to be expelled from the blood: thus, the density of carbonic acid gas at  $60^{\circ}$  is one and a half that of atmospheric air; consequently, oxygen and nitrogen endosmose through the membranes of the pulmonary air-cells and capillaries, whilst carbonic acid exosmose

through the same membranes, according to the known laws regulating endosmosis of gases—namely, “in inverse proportions to the square roots of their densities.” Now, increase the density of the inspired air by adding the vapour of chloroform to it, and of course carbonic acid accumulates in the circulating fluids; it does not exosmose through the membranes at the same rate. The nearer the two densities correspond, the less carbonic acid escapes from the blood, and the function of respiration no longer goes on. There is another circumstance worthy of attention. Atmospheric air at  $60^{\circ}$  saturated with the vapour of chloroform, has a specific gravity of 1.355, and is therefore perfectly respirable; but increase the temperature of the air to  $70^{\circ}$ , and it will take up a much larger quantity of the vapour, by which means the specific gravity will be increased to 1.533. It is, therefore, necessary to pay attention to this point also, or danger will ensue. This is more especially requisite where inhalers are employed; a good cupped sponge, moistened with cold water, has, in Mr. Herapath's opinion, numerous advantages over every variety of inhaler, the chief being, that the rapid evaporation of the chloroform diminishes the temperature of the air, as it passes through the interstices of the sponge, thus decreasing the specific gravity of the mixed gases for respiration, and consequently adding to the safety of the patient.

There are, he continues, other causes why chloroform impedes and destroys the powers of life. The local anæsthetic effect of the vapour upon the ramusculi of the pneumogastric nerves, distributed on the air-cells, destroys their excitability; they no longer carry that excito-motory power to the medulla oblongata, so necessary to produce the mechanical movements of the respiratory phenomena; consequently the motor nerves no longer stimulate the respiratory muscles to action. Again, the blood, highly charged with chloroform and carbonic acid, and deficient in oxygen, may act centrifally on the medulla oblongata, destroying its nervous energy and paralyzing its functions.

In resuscitating from an over-dose of chloroform, Mr. Herapath considers galvanism to be the only chance. His advice is to keep up a current of electricity through the fifth nerve, medulla oblongata, phrenic nerves, and diaphragm, as long as respiratory movements can be produced, and to let the patient have plenty of fresh air or oxygen gas; the case, then, must do well, for the blood will remain fluid for a long time, and circulation will go on as long as respiration continues to be carried on artificially. The blood and the air cells throw off their load, and in proportion as the pneumogastric, medulla oblongata, and motor nerves, slowly resume their functions, so respiration begins to assume a less artificial character; at length the cerebrum aids us, and respiratory movements, both voluntary and involuntary, keep up the functions of life unaided.—*Lancet*, March 27.

## MIDWIFERY.

*Ovarian Dropsy: Partial Removal of the Cyst.*—By MR. BROWN.

The occasional recovery, after spontaneous rupture of the ovarian cyst, and extravasation of its contents into the peritoneal cavity, has led Mr. Brown to devise an

operation intended to imitate the results of these accidents, which operation consists in the removal of a portion of the cyst after evacuation of its contents, returning the remainder into the abdomen. The progress of the case is as yet unknown.

The patient is a woman, about 40 years of age, following the occupation of servant, and who has been suffering from ovarian dropsy for several years past. She had spent some time in another hospital, whence she was discharged as incurable, being told that tapping would be of no benefit to her; she, therefore, now objected to this ordinary means of removing the fluid.

Chloroform was administered by Dr. Snow, first with his inhaler, and afterwards with the simple sponge, the insensibility remaining complete all through the operation. The patient's abdomen is very prominent and pendulous, the skin being of a rather dark tinge, and permeated with large veins. Mr. Brown made his incision in the mesial line, commencing a little below the umbilicus, and descending in a straight direction for about four inches. All the layers, down to the peritoneum, were carefully divided, and the latter slit open with the assistance of the director. The cyst, of a light grey colour, now came into view, bulged out by the fluid, and Mr. Brown passed his finger easily between the cyst and parietes of the abdomen. It was now plain that no adhesions existed between these parts, for the whole hand of the operator was easily glided all round the cyst between the latter and the walls of the abdomen. It struck some of the spectators that this great freedom from adhesions might perhaps be favourable to the complete removal of the cyst. Mr. Brown now introduced the trocar and canula in the centre of the exposed portion of the cyst, and evacuated about a gallon of very clear limpid fluid, the cyst being all this while held by an assistant with a vulsellum, so as to prevent its collapse. After the removal of the fluid, Mr. Brown raised, with the vulsellum, a portion of the cyst, about the size of the palm of the hand, and removed it by a horizontal section with the scalpel.

A little fluid which had collected during this process was now allowed to escape, and the cyst pushed back into the abdomen. The margins of the cutaneous section were brought together, and secured by six sutures, a compress applied, and a wide roller placed around the abdomen. Very little blood was lost during the operation, and none at all on the section of the cyst.—*Lancet*, March 13.

#### TOXICOLOGY.

*Case of Poisoning by Atropin.*—By Dr. ANDREWS.

The subject of this case was using a solution of atropin for iritis, and by mistake took a mouthful of it instead of a bitter mixture. She immediately became sensible of heat in the throat, and in a few minutes her eyesight began to fail, her voice was too feeble to be heard, and soon after she became unconscious. The nurse immediately gave her large quantities of milk, which induced vomiting. She was seen by the clinical clerk fifteen minutes after taking the poison. The

pupils were widely dilated; face flushed; and the muscles twitched; pulse 130. She was restless, turning constantly in bed, and, except when spoken to, was silent. On attempting to walk she staggered. Vomiting was maintained by sulphate of zinc. In spite of this, drowsiness came on, and, increasing in intensity, she was ordered ammonia, and galvanism was to be resorted to if necessary. Next day she had some shivering, and lapsed into a state closely resembling delirium tremens. Towards evening the violence became so great that restraint was required. She talked incessantly and frequently spit about the bed. The pulse was quick, the eyes bloodshot, and the pupils still dilated. On the following morning she was quieter, but one eyelid was observed to be slightly paralyzed. Her state remained precarious for several days, during which various symptoms affecting vision were complained of. She, however, gradually recovered. It was calculated that she had swallowed about two-thirds of a grain of atropin.—*Edinburgh Monthly Journal*, January, 1852.

## Medical Intelligence.

#### TESTIMONIAL OF RESPECT.

Mr. E. H. Ambler, M.R.C.S. and L.A.C., on leaving his situation, as assistant to Robert Fookes, Esq., of Stalbridge, Dorset, has been presented by the inhabitants with a handsome silver coffee-pot and tea service as a testimonial of esteem for his private character and professional services during a residence of upwards of seven years. The coffee-pot bears the following inscription:—

“To Edward H. Ambler, Esq., M.R.C.S., with a silver tea service. A parting token of esteem for his professional and personal character from Stalbridge and adjacent parishes.—1852.”

#### APPOINTMENTS.

Mr. George Alfred Sheppard has been elected House-Surgeon to the Worcester Infirmary, by a majority of 119 votes. The election took place on Monday, the 3rd instant.

#### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 23rd ultimo:—George Barnard, Bath; Samuel Elwin Brand, Aldersgate Street; Robert Newcombe Day, Chudleigh, Devon; William Henry Dodwell, Hammersmith; Henry James Gane, Bath; Frederick Abner Gange, Dover; Joseph John Hill Gramshaw, Bristol; Robert Hulis, Limehouse; Francis Legerson Hoare, Cahersiveen, Kerry; William Edward Masfen, Stafford; Thomas Hopkins Mercer, Alderley, Gloucestershire; Robert Bryant Pearse, Bath; Nicholas Warburton White, Macroom, county Cork; John Wills, Donhead, St. Andrew, Wilts.

The following gentlemen were admitted members on the 30th ultimo:—Richard Banbury, Launceston, Cornwall; Richard Barnett, Belfast; William Charles Rockett, Walworth; Horatio Costerton, Weymouth, Dorsetshire; Warren Jane, Chepstow, Monmouthshire; Robert Toulmin Leeming, Lancaster; William Webb, Barton-under-Needwood, Staffordshire; Robt. Whitley, Bedford Square.

## SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 22nd ultimo :—Edward Burman Adams, Bungay, Suffolk; Henry Baker Armstrong, Brecon, South Wales; George Atfield; Robert Butterfield Cumming; Wm. Duncan, Amble, Northumberland; Benjamin Godfrey, Grosvenor Place, Camberwell; Louis Lawrence Smith; John Hender Tickell.

Gentlemen admitted members on the 29th ultimo :—George Butler, Brighton; John Edward Davies, Stones End, Southwark; Horace E. Johnson, Warwickshire.

**NAMES OF GENTLEMEN WHO PASSED THE PRELIMINARY EXAMINATION IN CLASSICS AND MATHEMATICS AT APOTHECARIES' HALL, APRIL 27 AND 28.**—George William Fleetwood Bury, Whetstone; Rinso Robert Sicama, London; Richard Unthank Wallace, Hackney; Henry Townsend Whitting, London; R. H. Haynes, London; George J. Wood, London; Theodore Davis, Birmingham; Frederick Lawrance, Twickenham; Edmund Valentine, Somerton; Alfred B. Daffin, London; William Allis Smith, Birmingham; Edward Arthur Page, London; Edward Livesey Dixon, London; Newton Heelas, Woking; Samuel Giles, London; Lewis Horne, London; John Rogers, London; John Moses Bateson, London; William L. Wyman, London; Herbert Barnes, London; Jesse Henry Hall, Louth; Edward Hooper May, Tottenham; Joseph James Muskett, Norfolk; Robert John Sprakeling, Canterbury; Paul Henry Stokoe, Peckham; William R. Hooper, Bath; Montague J. Sturges, London; Frederick Simms, London; Arthur Chester, London; Sergeant John Cooper Norman, Mersca; William Oliver Bird; Geoffrey Veel Cooper, Clifton; William Graham Dow, London; Walter Chippendale, London; Frederic Turton, Wolverhampton; C. J. Devonshire, Hampton; F. Howlett, London; Frank Jackson, Manchester; G. Mackenzie Bacon, Lewes; Christopher Heath, London; Charles W. Hatfield, Cambridge; Cecil Webster, London; George Grey, London; Sydney C. Courtney, Leatherhead; Richard T. J. Catton, Holt; John Wilson, London; E. G. E. Jeaffreson, Framlingham; J. W. Dryland, Newbury; P. W. Goodall, London; T. C. Wishaw, London; Alexander R. Kilroy, Dalston; John H. Love, London; Edward Thomas Tylecote, Staffordshire; Richard Turner, Lewes; Charles Terry, Northampton; Alfred R. Waylen, Hampstead; Charles John Fluder, Lymington; Robert Furse, South Molton; D. W. Trimmell, Guernsey; William Garlick, Leeds; William Newman, Sheffield; Joseph Giles, Frome; Alfred Marshall, Cheltenham; F. W. Granger, Bristol; Richard Shore, Bangor; James Greatorex, London; Edward Reading, Bucknill, Bedford; Charles Hayes Marriott, Kibworth; Edward Long Jacob, Sheffield; David Tudor James, Liverpool; Frederick Thomas Hulse, Deal; John Edward Gross, Woodbridge; Francis Thomas Bond, Birmingham; Newton Thomas Brigstock, London; William Carrick Crofts, London.

## UNIVERSITY OF LONDON.

The following are the names of the candidates who have obtained honours, scholarships, exhibitions, medals, and prizes, in 1851 :—

## DOCTOR OF MEDICINE.

R. Growse, Guy's Hospital—Gold medal for a Commentary on a case in medicine.

## BACHELOR OF MEDICINE.

*Honours in Physiology and Comparative Anatomy.*—J. R. Reynolds, University College, University medical scholar and medalist; D. H. Monckton, King's College, medalist; W. Odling, Guy's Hospital; E. A. H. Head, King's College.

*Honours in Surgery.*—E. A. H. Head, King's College, University medical scholar and medalist; H. Thompson, University College, medalist; J. R. Reynolds, University College; G. May, King's College; J. S. Stocker, Guy's Hospital.

*Honours in Medicine.*—J. R. Reynolds, University College, University medical scholar and medalist; H. Thompson, University College, medalist; E. A. H. Head, King's College; J. S. Stocker, Guy's Hospital;

*Honours in Midwifery.*—H. Thompson, University College.

*Honours in Chemistry.*—W. Roberts, University College, prizeman; H. S. Lambert, Queen's College, Birmingham.

*Honours in Animal Physiology.*—W. Roberts, University College, prizeman; G. Buchanan, University College; E. Fry, University College; J. Beddoe, University College; H. C. Oats, University College; J. Rae, University College.

*Honours in Vegetable Physiology and Structural Botany.*—G. Buchanan, University College, W. Roberts, University College, (Equal).

## FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

*Honours in Anatomy and Physiology.*—T. Hillier, University College, exhibitor and medalist; J. W. de Tunzelman, University College, medalist; W. Roberts, University College; J. Ekin, University College; W. E. Robbs, King's College; J. Ramakill, Guy's Hospital; H. V. Carter, St. George's Hospital; J. N. Winter, Guy's Hospital.

*Honours in Chemistry.*—W. Roberts, University College, exhibitor and medalist; J. Ramakill, Guy's Hospital, medalist; T. Hillier, University College; J. W. de Tunzelman, University College; H. V. Carter, St. George's Hospital.

*Honours in Materia Medica and Pharmaceutical Chemistry.*—J. Ramakill, Guy's Hospital, exhibitor and medalist; J. W. de Tunzelman, University College, medalist; T. Hillier, University College; W. B. Mushet, University College; J. N. Winter, Guy's Hospital; J. Ekin, University College; H. Briggs, University College; W. Roberts, University College.

*Honours in Botany.*—J. W. de Tunzelman, University College, medalist; T. Hillier, University College; J. Ramakill, Guy's Hospital; H. Briggs, University College; J. N. Winter, Guy's Hospital.

*Honours in Chemistry.*—W. P. Jones, University College, prizeman; F. T. Bond, Queen's College, Birmingham; T. E. B. Brown, Guy's Hospital; S. H. Blackmore, University College; W. Cartell, King's College; J. C. Thorogood, University College, equal; E. Clapton, St. Thomas's Hospital; P. J. Worsley, University College; C. Wolston, Queen's College, Birmingham.

*Honours in Botany.*—T. E. B. Brown, Guy's Hospital, prizeman; A. W. Bennett, University College; E. Clapton, St. Thomas's Hospital.

*Honours in Zoology.*—F. T. Bond, Queen's College, Birmingham; C. Wolston, Queen's College, Birmingham; J. H. Thornton, King's College.

## TO CORRESPONDENTS.

In consequence of the length of the "Draft Bill" we are obliged to postpone several communications.

Communications have been received from Dr. Mercet, Mr. Solomon, Dr. Stanhope Speers, Oculus Apertus, Birmingham Pathological Society, Epidemiological Society, Dr. Oke, Mr. Allsop, Medicus, Dr. Black.

LECTURE  
ON THE  
DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.*

LECTURE X.

*Special and specific remedies. Hydrochlorate of ammonia, kermes, ammonio-sulphate of copper, cod-liver oil, mercury, iodine, anthelmintics. External remedies.*

GENTLEMEN, — *Hydrochlorate of Ammonia* (*Sal ammoniac*) is a remedy used throughout all Germany, Italy, and Hungary, as the most effective in *bronchitis*. An extensive trial and observation has satisfied me as to its good effects, and I recommend it to you with full confidence. I mean in simple cases of *bronchitis*, without acute inflammatory symptoms, (acute pain in the chest along with strong fever, excluding its good effects), without great nervous irritability or spasmodic cough. At any rate, the dose must be smaller in proportion to the greater inflammatory or nervous irritability of the case, the former requiring an addition of nitrate of potash, the latter of tincture of opium, to the solution of the remedy in question. *Pneumonia* is not benefited by it. It acts by promoting resolution by increased action of the mucous membrane, and thus hastens the process of recovery. I prescribe it in the following way:—*R. Aquæ Destil.*, oz. ij.; *Hydrochlor. Ammon.*, gr. viij.—xij.; *Tinct. Opii. Simpl.*, gtt. ij.—ijj.; *Extr. Glycir. Liquid*, dr. iss. For children from one to two years old, a teaspoonful every two or three hours. For a child six years old I would prescribe one scruple of the salt to eight ounces of water, and two teaspoonfuls as a single dose.

I beg to remark, that, according to what I expressed in *Lecture VII.*, I do not like to prescribe this mixture to a tender suckling infant, or where gastric disorder is present.

*Kermes mineralis*, viz., sub-bisulphuretum antimonii, or *Plummer's powder*, in former times was very much used in *bronchitis* or *pneumonia*. It appears by the inquiries of *Professor Skoda* of *Vienna*, confirmed by myself, that it is unworthy of our confidence as a curative power, whilst it easily deranges the stomach of tender infants, and as I have observed a hundred times, it goes out with the feces unaltered.

*Ammonio-sulphate of copper* I regard as the sovereign remedy of *chorea*. In the records of the *Children's Hospital* at *Pesth*, there are 177 cases treated with this substance, 170 of which have been restored to perfect health in the average time of twenty-two days, (the shortest, I think about a fortnight, the longest forty-five days.) The others were cases of the worst kind.

I have seen in many instances, the complication with *chlorosis anemia*. In this latter case we may properly add to the mixture of *ammonio-sulphate of copper*, (as I will soon bring it before you,) a proportion of the *æthereal tincture of iron* previously mentioned.—*R. Aquæ Menth. Pip.*, oz. iv.; *Ammonio-Sulph. Cupri*, gr. viii.; *Tinct. Opii Simpl.*, gtt. viii.—xii.; *Syr. Simpl.*, oz., ss. M.

In this way it will be possible to administer large doses of the remedy, which otherwise easily cause nausea, vomiting, gastric, or intestinal pains, and diarrhoea. The tolerance of it, however, being very different, I almost always commence with one teaspoonful as a single dose, four or six times a day, and increase the quantity gradually, as far as the idiosyncrasy allows it. Many children, from about nine to fourteen years old, could take of this mixture one tablespoonful four or five times a day, or about four to six grains of it, and continue this during some weeks, whilst in powder we scarcely succeed with more than half a grain per dose. When sickness is produced, we cease with it for one day, and then lessen a little the doses.

*Cod-liver oil*, is the real specific of atrophy without organic destruction, or a high degree of exhaustion: increasing the vegetation, and by it the autocratic power, we easily conceive how, in many ailments, it can become useful in an indirect way; but directly, it acts only by improving the vegetation which frequently becomes weakened or retarded between the sixth and eighteenth month. If such an individual be affected with any other malady—for instance, with chronic *bronchitis*, or atonic diarrhoea, scrofulous ophthalmia, caries, etc., the basis and commencement of the cure I always effect by cod-liver oil, and in many cases accomplish it without any other assistance.

At *Pesth* I have prescribed the brown quality of the oil, (got from *Norway*), to more than a thousand children in the hospital, and to a greater number besides, in the quantity from two teaspoonfuls to two large tablespoonfuls every day. Sometimes it caused diarrhoea, or increased it if present. This circumstance seldom deterred us from its use, and we succeeded in counteracting it by an occasional dose of *Dover's powder*, or some aromatic drops, mixed with tincture of opium, but still it is always a disagreeable collateral effect.

The *English cod-liver oil*, which is white, or nearly so, has the advantage over those yellow and red-brown kinds, of being much less disagreeable to the taste, and, as it seems to me, more easily digestible, and not so irritating to the intestines. Concerning the difference between them, it seems the brown colour depends partly upon the process of fermentation—first, under the action of heat and atmosphere; and, secondly, upon the boiling to which the livers in *Norway* are afterwards exposed; whilst the *English* is obtained in the most simple way. As far as I can judge, I do not think the *English* has less curative power, whilst in all other respects it is decidedly superior to that used in *Germany*.

*Mercury*.—Since I regard it as a matter of fact, ascertained by a great number of observations, that frequently repeated moderate or small doses of calomel, are likely

to derange in an insidious way, the state and functions of the mucous membrane of the stomach, to cause in infants or young children even superficial erosions of it, that frequently a more or less conspicuous dyscrasy or cachexy ensues from its use, and finally, that in some cases it has become evident that the vegetation of the child, in particular the process of ossification has been impaired, I must regard it as a mischievous abuse or superficiality, to make use of mercury in children's practice, without necessity and its clear indication. It is not a remedy to be used as a simple and common purgative, and its antiphlogistic and alterative power, the latter in particular, are rather obscure. Nor is it more evident in its action upon the lymphatic or absorbent vessels.

Besides the necessity and efficacy of mercury in all primary, and many secondary, forms of syphilis, I could make clear only the following effects:—Moderate and full doses of calomel produce motions considerably charged with bile, and after its anti-syphilitic quality, in this we find its clearest indications, *i.e.*, to increase the secretion of bile. But as a simple purgative, or as a derivative, intended to exert in this way a beneficial influence upon the inflamed brain or lungs, its action appears to be too slow, and not evidently endowed with a special advantage above liquid purgatives. Its purgative effect is the most retarded in the case of feverish heat, with dryness of the mucous membranes.

As to its direct *antiphlogistic* property, which we attempt to realize by small or moderate doses, in the way of absorption, continued until the mercurial symptoms do appear, this effect, I sincerely confess, is not very clear. We have considered strictly, and subjected to comparative examination, a great number of cases of acute inflammations, partly treated with mercury, (internally and by inunction,) and partly with other remedies, and the conclusion was, that it does not avail against the most acute parenchymatous inflammations of the brain, throat, or lungs, the least of all in infants or young children, in whom these inflammations run with so extreme a rapidity towards their issue, that a treatment by mercury, which acts slowly in proportion to their course, is but a dangerous loss of time. Twelve hours are already a long time in these affections, and it will scarcely be possible in that time to produce mercurial dyscrasy and fever, from which a powerful antiphlogistic effect, so necessary in those affections, might be expected. On the contrary, it seemed to me in a great many cases, that in a slow or a moderate course of serous inflammation—fixed in the pleura, pericardium, abdominal and intestinal peritoneum, or in the articulations—there is some reason for recommending calomel. If, then, transudation has already taken place, (in order to promote absorption,) I advise you, besides the internal use of calomel, to practise at once one generous inunction, (from half a drachm to two drachms,) with the *strong* mercurial ointment, in order to induce *mercurial fever*. Some striking effects of the kind which I have witnessed, have been produced in this way, by reaction and crisis, with profuse perspiration consecutive to it. I have, however, *never observed the*

*absorption of the hydrocephalic liquid*, (when manifested by the unequivocal symptoms of pressure,) under the use of mercury. In chronic hydrocephalus I found it to be rather mischievous.

My experience speaks decidedly against the use of mercury in infants or children who are weak, cachectic, or much subjected to derangement of the mucous membranes; these are the very *counterindications of mercury*, to which I feel compelled to add a developed scrofulous constitution. It is a deception if one states he has resolved a scrofulous infiltration of the abdominal glands by the use of mercury. These glands are not easily diagnosticated, and the external glands, of a decidedly scrofulous character, have not yielded, as far as I could see, to mercurial treatment.

I content myself with these few remarks upon mercury, to which I could add many others. Children are much less liable to salivation than adult patients, perhaps because their skin is more active, but still I have seen many distressing cases of mercurial cachexy in the early periods of life.

The mercurial disease is, I may say, chemically removeable by a well-managed treatment with iodide of potassium, dissolved, and administered with a large quantity of water.

*Iodine*, a remedy which, I believe, we may justly call *anti-dyscrasic*, *viz.*, which has the effect of promoting directly the depuration of the organic liquids from some dyscrasic elements. I am far from saying it is a general anti-dyscrasic, nor can I approve of the name of anti-scrofulous, as applied to it, scrofulous "being still a very vague," not to say superficial expression. But I can state the fact, that I have seen *improve*, under its use, in a *proportionally short time*, some hundreds of cases with different complaints, which we usually call scrofulous, and above all, those characterized by impetiginous or eczematous-impetiginous eruptions over the skin, the improvement or cure having been effected in the wards of the children's hospital, *without the influence of change of air or baths*, the usual assistants of antimonial and other remedies, regarded as anti-scrofulous, but which, in the hospital of Pesth, without those assistants, did clearly appear inefficacious. I beg to state, that if remedies would be subjected to similar trials in large hospitals, as we perform them in Pesth, with iodine and some other substances, by and by the number of pharmacological fallacies would become reduced. If any one should ask me; in what manner iodine acts as anti-dyscrasic, I am not perfectly sure how to answer. It acts, evidently, in a stimulant way upon the mucous membranes, the kidneys, and upon the liver. The latter action has not been *duly* noticed, though I can assure you that almost all bilious, or what they call hepatic constitutions, are most disagreeably affected even by small doses of iodine, so that these temperaments are seldom allowed to pass even through a mild course of iodide of potassium. Dyspepy, for bilious vomiting, is a frequent effect, but I never observed bilious diarrhoea. The most obvious effect of it, however, is to produce irritation in the mucous of the eyes and the



nose connected; in higher degrees, with fever and headache, it acts decidedly upon the urinary apparatus, commonly increasing the secretion of urine, by which more or less of it is again carried out of the body. Its action upon the skin is the latest, and appears as consecutive to its stimulant action upon the mucous membranes. Iodine fever resembles catarrhal fever, and is frequently followed by perspiration. Salivation, and some other effects of it, are less constant and important.

In some individuals, but very seldom in young children, we have observed a slight diminution of the testes; in some ladies the glandula mammaria has been diminished. These effects will sooner happen under long continued small doses than under large ones, when they will excite febrile reaction.

I have observed that the more there was of iodine fever, with consequent crisis, the more evident was the anti-dyscrasic effect of this remedy.

In the clinical case-book of the children's hospital of Pesth there is a considerable number of different affections of bones, of one or more years' standing, in scrofulo-impetiginous children, which, under the phenomena of iodine-reaction, have been cured in the short time of one to three months.

After all that I have seen, it seems to me that the *anti-dyscrasic action of iodine is not a directly chemical one, like that of iron in chlorosis, but appears to depend upon producing a sort of disturbance, the reaction upon which is followed by the curative effect.* From this it seems to follow that whilst in chlorosis we must give iron in frequently-repeated small doses, iodine must be administered in the opposite way. Many cases, however, may be improved or cured without fever. Fever has also its minimum in the body, which is scarcely perceptible.

From the above statements it results that iodine, in order to become a strong curative power, requires a constitution fit for its reception and reaction upon it. Now, full, phlegmatic, or lymphatic constitutions bear it the best, the nervous less, the bilious the least of all. Atrophy and anæmia must be removed before we commence with iodine. And when we consider that atrophy is the most direct indication for cod-liver oil, and the most direct counterindication for iodine, it becomes clear that these remedies act in an opposite way, and that cod-liver oil owes not its effects to its infinitesimal part of iodine.

Now, I should feel very glad were I able to point out to you and describe more exactly the cases in which you may expect advantages from iodine. But, without having before us the patients, it is scarcely possible to give you exact directions.

Comparatively full phlegmatic constitutions, affected with eczema-impetiginosum, or even with caries, supported, in general, the strongest iodine treatment, and had the best results of it. This is one of the best results we had in the Children's Hospital with that remedy. On the contrary, prurigo, impetigo, achor, lupus, scrofulous, or tuberculous infiltration of the glands, do not yield to the iodine treatment. Catarrho-scrofulous conjunctivitis also excludes the use of iodine,

because under its action the inflammatory character of this affection almost constantly increases long before an anti-dyscrasic effect could be obtained. On the contrary, I frequently succeeded with it in torpid forms of swelling of the meibomian glands.

If a dyscrasic local affection, which we think proper to be successfully treated with iodine, does occur in an emaciated child, we must, before its use, improve the constitution with cod-liver oil; if the subject is anæmic a course of iron must precede. In children of a nervous temperament, or where we encounter a great disposition to catarrhal irritation of the intestines, we assist the iodine treatment with opium or Dover's powders.

#### CASE OF

### LARGE SINGLE OVARIAN CYST,

TREATED SUCCESSFULLY BY OPERATION.

By D. HOADLEY GABB, Esq., M.R.C.S.E.,  
HASTINGS.

THE following case presents many points of interest. At the time the operation was performed, it was considered impossible the woman could long have survived, if the plan of repeated tapplings had been adopted. The operation performed was a modification of that proposed by Mr. Bainbrigg and Mr. J. B. Brown, but the external opening was made lower down than has hitherto been attempted, to facilitate the exit of the discharge, and to prevent the bagging of the cyst below the external aperture.

Mrs. L., aged 32 years, tall and slight, has been married seven years, has had three children and aborted twice; has never been strong, though enjoying tolerable health; she suffered occasionally, about ten years ago, much pain in the left side, over the region of the descending colon but does not remember if it was worse during the catamenia; menstruation natural up to her marriage. Had a lingering labour with her first child five years ago, and since then has been more weakly, but had nothing particular to complain of. Was confined again in 1849, and had a good time; she remarked, however, that she did not regain her natural size; health much as usual. Her last child was born in January, 1851; labour natural; after which she so rapidly increased in size that it was necessary to tap her in March, and twelve quarts of clear and highly albuminous fluid were removed; recovered quickly. She again consulted me in October, being much distressed by the reaccumulation of the fluid.

Dr. Tyler Smith saw her on the 27th of that month, and it was agreed if, on a careful examination, all the other internal organs were found to be normal, to perform the operation recorded.

*Present State.*—Extreme emaciation, the nipple was apparently the only portion of the mammae remaining; thoracic viscera healthy; urine slightly albuminous, probably from the pressure the kidneys were subject to;

externally and per vaginam, the tumour, (in which fluctuation was peculiarly distinct,) occupied the left side. The catamenial discharge (which had just occurred) has been regular since February, when she weaned her infant; she has always remarked that after each period she has got more rapidly larger.

On November 3rd, at eleven A.M., the following operation was performed under the influence of chloroform, and with the assistance of Dr. Tyler Smith, Dr. Stevenson, and Mr. Ranking:—A vertical incision, about three inches long, was made over the lowest portion of the tumour on the left side, a little external to midway between the anterior superior spinous process of the ileum and pubes and extending nearly as low as Poupert's ligament. The integuments and fascia were cut through and the muscle carefully divided, until the cavity of the peritoneum was opened. The sac, (the walls of which were very thin) then came into view, six ligatures were passed through it and the rectus, attaching it closely to that muscle, the fluid was then removed by puncturing the sac with a large trocar, and the operation was concluded by passing a piece of oiled lint into the sac to prevent union and to allow any secretion to escape, and then bringing the edges of the external wound together with sutures, excepting the part left for the plug just mentioned. She bore the operation well.—Nine, P.M. Very comfortable and cheerful; pulse quiet. Gave an anodyne draught.

4th.—Passed a good night; very comfortable; no febrile excitement.

5th.—Going on well.

6th.—So comfortable that I did not think it necessary to remove the dressing.

7th.—Wound healing by first intention; no discharge.

8th.—Passed a bad night; pulse 120; skin hot; troubled much by flatulence and sickness, which she generally suffers from after her confinements; no tenderness of the abdomen on pressure, but a little distended; bowels open; no discharge from the wound.

9th.—Removed the plug out of the sac, and about a pint of clear but offensive serum ran out; wound, excepting the part kept open by the plug, nearly well. The only thing she complains of is the distress from the flatulence, which was removed by compound galbanum pill.

10th.—Slight tenderness on pressure from peritonitis; sickness; pulse 120. Ordered mercury and opium frictions. No discharge from the wound.

11.—Much the same; abdomen tympanitic; sickness still troublesome; no discharge; from the flaccidity of the abdominal parietes the wound is valvular; on removing the dressing an immense quantity of highly-offensive gas escaped, and about a pint of serum with flakes of pus; the silver probe was turned black by the secretion; felt much relieved.

12th.—Comfortable.

14th.—Feels much better; wound discharging freely; fluid of the same character, though less offensive.

16th.—Going on well; tenderness gone; about a teaspoonful and a half of healthy pus comes away in the twenty-four hours.

From this date she has progressed satisfactorily, the secretion varying from half to a teaspoonful in the twenty-four hours. She has lost flesh considerably since the operation.

December 31st.—Down stairs; is gaining flesh; weighed eighty-five pounds and a half; discharge about two tablespoonfuls daily.

February 5th.—Has been out for a walk in the garden; weighed eighty-nine pounds and a quarter; about a teaspoonful of discharge.

March 11th.—Sutures not come away; discharge the same; the probe will only pass downwards, backwards, and inwards; the sore is contracted seemingly to a very small size. The catamenia had not appeared since the operation. On examination per vaginam nothing abnormal can be detected. The urine shows no traces of albumen.

22nd.—Weighed ninety-one pounds and three-quarters. Since this date she has steadily continued to improve, and can now take a good walk.

At the request of Dr. Tyler Smith a microscopical examination of the blood, of the fluid which came away when the sac was first opened, and of the fluid which came away at the close of the examination, was made by Dr. Handfield Jones. The following is the microscopical report made by Dr. Handfield Jones:—

1. "The serum was deeply red tinged, contained fewer blood globules than healthy blood, and they were also apparently feebly formed and less coloured than natural; there were many white or lymph globules, and some granular films of fibrin.

2. "The first-drawn fluid contained multitudes of small vesicles, bearing on their walls opaque refracting granules, in number from six to one. I think these were altered blood globules, they were about that size and had much the appearance that blood globules, when roughly treated, sometimes put on; their membrane was often distinct, enclosing a pale fluid. Along with these there were a very few imperfect granule cells and many tablets of cholesterine; the fluid itself was decidedly coagulated by nitric acid, but did not form a very bulky coagulum.

3. "The last-drawn fluid contained a few small flakes of whitish aspect; it was similar to the above, containing altered blood globules. I suppose them to be in abundance, and also cholesterine. The flakes consisted of largish granules apposed together like the bricks in a mosaic pavement; they were perhaps the remains of an altered epithelium. Fat vesicles and cholesterine, were mingled with them.

"All this seems to indicate a low condition of vital power."

April 16th, 1852.—Upwards of five months have now elapsed since the operation described above was performed, and the subject of it has steadily improved during that time. She was not weighed until she began to improve, but though a tall woman, her weight was only, when it was first taken, eighty-five pounds and a half. She had in three months increased five pounds

and a quarter. The comparison between the operation described and tapping, appears favourable to the former. Between the first tapping in March, 1851, and the time when she would have required tapping a second time, viz., in November of the same year, eight months elapsed. Upwards of five months have elapsed since the operation, and her disease has received a most decided check. The probability is, that had she been tapped in November, the sac would ere this have refilled. The loss from suppuration through the opening into the ovarium is evidently less than the loss from the flowing of albumen and other elements of the blood into the sac. Under the one the patient steadily proceeded in emaciation; under the other, she has gained flesh and strength. But the future progress of the case will require to be recorded.

### REMARKS

ON

### SOME POINTS CONNECTED WITH LITHOTOMY.

By ABRAHAM WOOD, Esq., ROCHDALE.

THOUGH without practical value or application, the following fact may, as a curiosity, deserve to be recorded:—

In operating for stone on a boy, ten years of age, who had suffered from the complaint four or five years, I removed with the forceps, first a calculus of the mulberry kind, about the size of a small hazel nut, and then, with the scoop and my fore finger, another of the same character, of an oblong shape, about the thickness of a tobacco pipe, an inch and a half long, and at one end bulging out to a size, nearly equal to the other stone.

It was broken in the extraction close to this bulb, and in examining the broken part, was found to have a common-sized brass pin for its nucleus, the point of the pin lying in the bulbous end of the stone.

The only question of any interest connected with the case, is—How the pin got into the bladder? The boy denies all knowledge whatever of it, and it seems to me most probable that it was swallowed, passed through the stomach and intestinal canal safely, till it arrived in the rectum, where, getting its point entangled in the coats of the bowel, it at length penetrated them, and ultimately, by puncture and progressive absorption, found its way into the bladder. It is not unlikely, from the much greater amount of deposit around the point of the pin, that it entered the bladder a considerable time before the remainder, and this deposit continually accumulating, may possibly have assisted it in making its way, as well as acted as a valve in preventing the escape of urine into the loose textures of the neighbourhood. Another supposition is, that the boy might have passed it as far as he could down the urethra, and that it may in this manner have found its way into the bladder. I presume, however, that were this explanation admitted, it could not possibly have

made the turn under the arch of the pubes, but must have penetrated the side of the urethra, and found its way into the bladder in the manner I have supposed it did from the rectum.

In this case, as well as in one a few weeks before, in a child about three years old, chloroform was administered, and with most satisfactory results. The effect in both instances was complete, and the state of the patients during the operation—in its perfect quiet and stillness—contrasted most favourably with what it would have been without it. In children, especially, whom it is next to impossible to keep from struggling and wriggling about, it is to the operator invaluable, and let us not forget the sufferings it saves our little patients. It may be truly said of it as Portia does of mercy—

"It is twice blessed;

It blesseth him that gives, and him that takes."

The only drawback is in its occasionally fatal effects. As far as my recollection serves me in all those cases in which chloroform has proved fatal, it has done so immediately, and never after long-continued inhalation. It seems to be from the sudden shock given to the nervous system, and this is perfectly consistent with the operation of other poisons of a sedative character. Let them be given in small doses at first, and gradually increased, and the patient will be brought to bear with impunity an amount of effect which would, if produced suddenly, be highly dangerous. In Mr. Clement's case at Shrewsbury, in that of a gentleman from the country, under the hands of a dentist in London, and the one at St. Bartholomew's a few weeks since, death was all but instantaneous. In these cases, as well as in many others followed by a like result, there can be no doubt but that every precaution was taken previously, and every cautious means used when symptoms of danger showed themselves. Might it not, therefore, be advisable to administer a mixture of equal parts of pure chloroform and spirits of wine, say for a minute. If this produce the desired amount of insensibility, well and good; if not, as is most probable, another portion of three parts chloroform and one of spirit, for another minute; and if this fail, chloroform in its full strength. By marking the first mixture No. 1, the others Nos. 2 and 3, it would be a very simple proceeding, and with frequently-occurring fatal cases before us, is surely worth a trial. There may be something also in the mode of its administration. I have seen a variety of ingenious contrivances for this purpose, some of which have answered very well, but I have often given it and seen it given by others, poured on a pocket handkerchief, and brought *by degrees* to the patient's mouth and nostrils, and this simple plan has never failed. I like it, inasmuch as it would be next to impossible by it to produce a too sudden effect.

Notwithstanding the great advantages which it affords to an operator, I regret to have to state that in the case I have related the rectum was wounded. I had no idea of it at the time, nor were any of the gentlemen present aware of it, a proof that due care had been taken to empty the bowel; and it was not till three or

four days after that the escape of flatus and feces through the wound showed unmistakably the mischief which had been done. On referring to the authorities for the best mode of proceeding in such a dilemma, I found them somewhat contradictory. Desault's advice is immediately to divide the rest of the gut down to the anus; and Liston says:—"The earlier the sphincter of the anus is divided, as for the cure of the complete fistula in ano, the better will be the patient's chance of being freed from the annoyance."\* On the other hand, Mr. S. Cooper was of opinion that Desault's advice "is entirely erroneous, as numerous instances have proved that the wound may heal up very well without anything of this kind being done. I know of a recent example in which the rectum was wounded with a lithotomy knife; but the cut in the bowel healed up of itself, and never gave any trouble."† Still later writers, Fergusson and Coulson, are wholly silent on the subject. I felt the more anxious, from having been present at an operation on a child of about the same age as my patient, thirty years ago, when the same accident occurred, and the boy for many years suffered much inconvenience from the involuntary escape of fecal matter from the urethra, and pain and tenesmus from the presence of urine in the rectum.

Finding on the twelfth day that the feces passed wholly by the wound and by the urethra, and that the wound was assuming an irritable and unhealthy look, I divided the sphincter by passing a bistoury from the nearest point of the wound in the perineum on to my finger in the bowel. The part divided was very slight, the wound into the rectum being near the anus. After this I had no further trouble, the parts healing, and resuming their natural functions very satisfactorily.

Rochdale, April 21, 1852.

# THE LIFE OF THE BLOOD, AS VIEWED IN THE LIGHT OF POPULAR BELIEF.

FROM

NOTES OF AN INTRODUCTORY LECTURE DELIVERED  
BY THE PROFESSOR OF GENERAL PATHOLOGY IN THE  
FACULTY OF MEDICINE OF MONTPELLIER.

By STANHOPE TEMPLEMAN SPEER, M.D.,  
CHELTENHAM.

In considering this subject, viz., the blood and the life which animates it, I omit for the present all allusion to any organic demonstration of the fact, dwelling simply upon a proof, always misunderstood, though self-evident and never investigated, albeit peremptory. This proof I shall deduce from popular belief. In medicine it unfortunately happens that this species of evidence is too much neglected; and yet there is no science upon which it is capable of throwing so much

light. On the blood itself volumes have been written; its vitality has been sharply contested; some have gone so far as to deny it *in toto*. Borden was the first to raise his voice against those who harboured the doubt. He alone it was who viewed the question in its true light and in its varied aspects. In treating of it he has left the inimitable impress by which we recognize the master thinker; for no writer upon the blood has exhibited so much genius and so little pretension; and his "*Analyse Médicinale du Sang*" may be considered as a storehouse of ideas, profound, ingenious, and original. But among the proofs adduced by Borden in favour of the "*Life of the Blood*," that which I purpose to consider has been passed over unnoticed. In the investigation, however, of any given subject the science of medicine should accept evidence everywhere and from everything. Is it not the history of human existence? In truth, of all sciences, that of medicine is the most extensive, embracing, as it does, man, in the fullest acceptance of the word; his organization, as well as his capabilities; his development and his necessities; the powers of his mind, and the changes wrought upon him through the influence of external agents; the works he undertakes, the habits he acquires, the passions he exhibits, the manners he adopts, and the belief he entertains.

Now, we know that popular belief has always testified that the blood was at once the receptacle and propagator of the life. I purpose, then, to investigate this belief—to exact an accurate reason for its existence; for if it really exists there must be some grounds for such existence; and the promotion of an instinctive fact to the rank of one supported by mature reasoning, may be truly regarded as the highest mission of the medical philosopher. What, then, is the foundation upon which popular belief usually stands? Under this head we are forced to combine facts bearing no apparent relationship, prejudices and trustworthy opinions, revolting practices and rites (whether civil or religious) eminently useful and worthy of preservation. A people, like one individual, leaves its imprint upon all it touches; its seal is found upon its acts; but as such acts derive their origin from a previous belief, to consult such belief is at once to address ourselves to its very existence. Much difficulty here presents itself in the choice of a plan by which the mass of diversified and incoherent facts bearing upon this subject may be made to assume an uniform but comprehensive whole; the first object being to seize upon that centre or centres around which popular opinions naturally group themselves.

The ties of blood have at all epochs appeared to form the most inevitable and indissoluble of bonds. The idea which they express regulates all the relationships, both of the family circle and of society at large. It is probable, indeed, that in it we may see that secret chain which mysteriously connects together the whole human race. A chain, powerful as it is invisible; attaching without violence, binding without restraining, inculcating union without authority, of which the precepts are impulsions, the laws invincible instincts, and which, while

\* *Practical Surgery*, page 517.

† *First Lines*, Vol. ii, page 205.

existing within and reacting upon us, guides and directs man, independent of voluntary participation.

To imitate these ties of blood, or to draw them more closely together, much pains have ever and anon been taken, and artificial consanguinity, in default of that of nature, has appeared an indissoluble link. A sufficient proof of this assertion is to be found in the history of the passions, those beacons of vitality and self-consciousness.

To the instinct of the passions, then, has the blood at various periods been rendered subservient; and the most horrible denunciations of vengeance on the one hand, and the most tender vows of friendship or love on the other, have often assumed the blood to be the type of the object sworn to.

By a refinement of ferocity Cataline presented to the conspirators a cup filled with blood;—they drank of it, and bound themselves by a fearful oath. But this is no solitary instance; Herodotus, Plato, Tacitus, and Valerius Maximus, in describing the manners of the ancients, attest the frequency of this procedure. Equally terrible is the description given by Æschylus relative to the oath of the seven chiefs before Thebes, when standing around a dying bull they plunge simultaneously their hands in its flowing blood, (emblematical of ebbing life,) and swear by Mars and Bellona to be revenged.

Again, we have an antithesis to the above in the part which the blood is made to perform in the oath of mutual affection taken by the Scythians. The following is their own version, as related by Lucian:—"When (say they) we wish to swear a mutual friendship, we each prick the point of the finger, and receive the blood in the same cup; we then dip the point of our swords into the mixed blood, and carrying to the mouth, suck the precious fluid. This is amongst us the strongest possible mark of inviolable attachment, and the most infallible proof of an intention on either party to shed his last drop of blood for the other."

I might here adduce examples of a similar nature to show that friends, lovers, conspirators, and avengers, have been not unfrequently in the habit of instituting among themselves an indissoluble connection, whether from design or from affection, through the medium of the blood. It constitutes in such cases the link that binds, the sign that recalls, and the symbol that personifies; for the blood is looked upon by many as the life, and as an object of invocation second only to the Deity. They call it to interest them, at one time, as in the case of the ancient Scythians, by mingling together and drinking the blood of friends;—by drinking the blood of an animal, as in Tarquin;—by drinking their own individual blood, as in Poland, when swearing fidelity to a new King;—by sacrificing a victim, in imitation of the sons of Brutus in their oath relative to Tarquin;—by plunging their hands into flowing blood; or by writing in the blood of the individual himself an engagement to remember a promise, or to preserve through life an unalterable affection.

Drink the blood of another!—swear by the blood!—  
testify by the blood! What does this signify? Recorded

in the light of a symbol, it is to identify one individual with another;—to unite the separate existence of two in one;—to live together the same life. Viewed in a moral light, it indicates a determination to undergo the same misfortunes;—to run the same risks and dangers;—to pursue the same enterprises;—to be united by the same ties of affection. In these mutual and reciprocal engagements the blood serves as a type of the moral tie that is contracted; and just as two individuals, if animated by the same blood, would be liable to the same diseases, so the ancient practice above alluded to produced a species of moral unity, whether of action or sentiment. And in the instinctive performance of the rite a man may have tacitly agreed to more than he would have given utterance to had he known the full import of the symbol.

The sympathy between blood and blood—an idea in its nature both medical and moral—the foundation of the dearest ties, the tenderest affections, was doomed to degenerate, and quackery stepped in to assist, acquitting itself of the task, as usual, marvellously well. Has it not been of old asserted, that individuals might be acted upon at a great distance, provided some of their blood could be procured? Upon this idea was founded the sympathetic powder; (that of Digby, in particular, attaining an astonishing celebrity,) a fragment of cloth, dipped in the blood of a sick man, and sprinkled with this powder, caused him to experience an extreme sensation of cold when the cloth was placed in an ice-house, and a feeling of burning heat when brought near a raging fire. In England this powder turned the heads of multitudes; persons of the highest rank took part in experiments upon it, and the sympathy of the blood appeared to do away with the necessity for scientific research. If sick, the invalid forthwith sent to such and such a one a compress, soaked in his own blood; the physician, on receiving the same, sprinkled over it the necessary remedy, and sympathy achieved the remainder.

The sympathetic lamps mentioned by a Polish naturalist of the 17th century, likewise derived their imaginary prophetic virtues from the same source of vitality. Made with human blood, they constituted a species of vital thermometer, indicating the sadness, the joy, the health, or the disease, even the life or death of the individual, by the feebleness, the brilliancy, or the extinction of their light. Barbarous nations are careless of life, and still more so of the blood which represents it; civilized nations, on the other hand, look upon life and its symbol in a far more sacred light.

The parallel to be drawn from this fact is, in more ways than one, pregnant with contrast; to follow it out may not be amiss. The Scythians drank the blood of their conquered enemies; an inhuman custom, little in accordance with the reputation for virtue and justice, attributed to them by writers posterior to Homer.

Juvenal, in his 15th Satire, relates the narrative of a combat between the inhabitants of two Egyptian towns, and assures us that they took a pleasure in drinking human blood: "for (says he) the last comer.

seeing the bodies of the conquered already devoured, and nothing left for him, in despair gathered up with his fingers the blood that had fallen on the ground, and swallowed it."

Marco Polo, whose credulity upon some points cannot weaken his veracity upon others, says, in speaking of the Chinese, of the province of Kounga, "that in war, after slaying their enemies, they hasten to drink their blood, and then to drown their carcasses."

What a contrast here exists between customs of so atrocious a character, and the humanity of modern nations, each, when at war, tending the wounded of the other. But, well may we regard with horror the fact of drinking the blood of an enemy, when its use, as a simple aliment, inspires us with profound disgust, and can be conceived as existing only in legendary fables, or in the history of a madman. Polyphemeus could feed upon the blood of the companions of Ulysses; and Tarran, the more hideous of Polyphagi, upon the blood drawn from diseased individuals, and upon that of dead bodies.

But is the blood noxious; is it a poison, as some assert; or is it harmless? The question assumes now a different aspect. I do not, for instance, believe that the death of Lucan can reasonably be attributed to the blood which his wife caused him to swallow. True, it is said, that the blood of a bull was considered by the ancients as being poisonous. I cannot, however, believe, that it was by this that Themistocles destroyed himself. What would become of the Samindis, who drink that of their reindeers, and attribute to it an immunity from scurvy. Again, the Huns, in the time of Ovid, are reported to have drank the blood of their horses. Voltaire, in order to test the truth of this ancient idea relative to the noxious character of the blood, confesses that on one occasion he ordered a young bull to be bled, and drank a cupful of the blood with impunity. He asserts, moreover, that the peasants of the canton were in the daily habit of using it. What a contrast. While certain animal secretions, milk for example, are considered as nourishment, and taken without preparation, and without repugnance, the blood, similarly taken, inspires disgust; it is, because the blood is the life. Instinct, on the other hand, warns us, that a fluid secretion is a product, but not the life from which it emanates. What a holy horror its mere aspect will often inspire. Did not the bloody robe of Cæsar do more to rouse the spectators than all the eloquence of Antony?

Again, is there to be found a passage of horror in the ancient writers and poets, in which the blood does not figure, or a public disaster of which its real or imaginary appearance has not been a sign? We have but to read the *Æneid* of Virgil, and the history of Titus Livius, to be convinced of the truth which I advance.

Among the prodigies which preceded the second Punic war, Livy reports, that in one locality bloody waters were seen to flow.—Lib. xxij., Chap. 1.

During the same war, rivulets of blood were seen to flow for a whole day in the public forum.—Livy, Book xxvj., Chap. 23.

In the capital, in the forum, drops of blood were seen.—Livy, Book xxxiv., Chap. 45.

Near Mantua, the river Mincio having overflowed its banks, formed a lake, the waters of which were of the colour of blood.—Lib. xxiv., Chap. 10.

Among the prodigies which followed the death of Cæsar, Virgil relates, that springs of blood were seen to flow.—Georgic j., 483.

Quintus Curtius, again, in his description of the prodigies which accompanied the siege of Tyre, lays much stress on the different circumstances under which a supernatural appearance of blood was reported to have taken place. On the side of the Tyrians streams of blood were seen to flow through the flames in which they were forging the necessary weapons of defence; while in the Macedonian army, the soldiers were terrified at the sight of blood flowing from the bread they cut.

If we now turn our attention to the religious rites of Paganism, and compare them with our own, we shall derive a similar confirmation of the popular belief in the vitality of the blood. "It is better," says Bacon, "to ignore the Deity, than to have a low and unworthy opinion of him: the one is indeed an error, but the other is an outrage." "I would rather," says Plutarch, hear it asserted that no Plutarch ever lived than to hear it said that there was a Plutarch who devoured his children at their birth, as the poets say of Saturn."

These words of Bacon and Plutarch show at once the atrocious rites of Pagan religion. The effusion of blood was connected with all their practices and ceremonies. Was it necessary to implore the Gods to appease them, to make a promise, undertake an enterprise, engage in battle, or celebrate a victory? To satisfy the manes of the dead under either of these circumstances, the blood of a victim must needs begin and end the ceremony. So intimately, indeed, was the material idea of the blood, (through their belief in its vitality,) mingled with their religious ceremonies, that during the oblation denominated the *Tauropolus*, and to imbue the act of expiation with all the virtue of this fluid, it was necessary for the priest to expose his forehead, cheeks, lips, nostrils, and hands to the horrible shower of blood, which fell from the flanks of the sacred bull; his clothes were to be soaked, and his body saturated as it were with it. Then, stepping out of the pit in the most hideous condition, and adored as a God, he regained the temple, where his bloody garments were religiously preserved, a certain token of the pardon of the Gods. The walls of Narbonne still retain reminiscences of one of their famous sacrifices made to Cybele, for the cure of an obstinate gout, which tormented Severus during his whole existence. But the priests of Paganism, not content with the blood of animals, inundated their altars with that of man. At one time it was the blood of the dearest relatives, as when the Carthaginians sacrificed their children to Saturn; at another time it was the blood of the purest and fairest of her species; and Iphigenia was led to the sacrificial altar. At another, again, it was the blood of the hated and abhorred enemy, as when the Druids slew the hundredth part of their

prisoners, and Achilles offered twelve Trojans to the manes of Patroclus. But under all circumstances it was blood that was shed—it was life that was sacrificed! Once it had begun to flow on the altars it was no longer possible to arrest it. From the first and most innocent of expiations, the offerings of which consisted simply of bread, milk, wine, and honey, Paganism proceeded to the immolation of animals, then of children, and then of man, until this barbarous custom was arrested by the glorious advent of Christianity.

The religion of the ancients sanctioned mortal combats between gladiators: Christianity appears, and its first veto is upon these sanguinary conflicts. At a later period, tournaments are forbidden upon the same principle. Later still she forbids priests the innocent pleasures of the chase, and alike prevents physicians, who were then priests, from exercising surgery, all with a view to avoid the sight of blood; for, says the councils, the Church holds it in abhorrence.

This horror of blood, this respect for human life, is alone sufficient to separate Christianity from other forms of worship; and this single idea places the widest interval between the world of Paganism and that of Christianity.

We now come to a species of testimony still more decisive. I deduce this from the fact, that, wherever science, on the one hand, or ignorant prejudice on the other, has endeavoured to purify life, to prolong it, to take it as a witness, to remove it from bodies which enjoy it, or to diminish its energy, it has been through the blood that the attempt has been made.

In a religious light, spiritual purification has always gone hand in hand with corporeal cleansing, and in this last point of view, the blood, as the receptacle of the life, has attracted the attention of the chief of all creeds. I shall not much insist upon proofs of this nature, generally, indeed, well known, I content myself with saying that a vague but instinctive presentiment appears to have taught the ancients, that the life is in the blood.

Moses says in *Levit.* 17, v. 11. "Anima omnis carnis in sanguine est;" and if the Almighty forbids his people the blood of certain animals, it is because, as the sacred text says,—"*Eorum anima, in sanguine est.*" Their life is in their blood. The soul is not here confounded with the life, it is expressly said:—"The soul of the flesh, the soul of the body—*alias* the life—the existence, and not the soul of the intelligence. The ancients admitted three species of existence:—the intellectual, the animal, the vegetative. Of these three, the "*anima carnis*" of the scriptures, could be no other than that denominated by Hoffman, ("*l'ami medicale*,") or what we should now designate as the vital force, a power unconsciously regulating the functions of the body, and superintending all those acts which do not emanate from the intelligence or the will. In this sense alone can we interpret the text above mentioned; and moreover, such is the only interpretation which can legitimately be placed upon similar expressions occurring in the ancient writers, whose metaphorical language often bears a considerable analogy with that of the Hebrew legis-

lator. In no other way, again, can we interpret Virgil, when speaking of those who perish from loss of blood. He says:—"Purpuream vomit ipse animam."

[To be continued]

## Hospital Reports.

### MANCHESTER ROYAL INFIRMARY.

#### CASES

*Reported under the terms proposed by the Association.*

BY MEDICUS.

#### *Calculus Vesicæ: Lithotrixy.*

DANIEL PLUMMER, aged 50, engraver to calico printers, was admitted into the Manchester Royal Infirmary, October 7th, 1851. He states that his family are healthy, not suffering from urinary affections. His habits have been rather intemperate, until about seven years ago; during the latter period he has been tolerably sober. His habits are active; has enjoyed good health, and always had plenty of food. About five years ago, symptoms of calculus began to make their appearance. Pain in the loins and abdomen; pain on going to stool; micturition frequent, painful, and at times the flow was stopped suddenly; urine loaded with mucus and tinged with blood, at times small bits of gravel passed. When admitted the symptoms were still more marked. Micturition painful and frequent, often every five or ten minutes, which disturbs his rest at night; urine scanty, light coloured, and acid; pain in passing his motions; bowels constipated; skin dry; pulse regular; tongue rather coated. His health is suffering, and he complains of debility and want of appetite. On passing the sound a stone was at once discovered, which was supposed to be small and soft. He was ordered:—Extra diet. R. Decoct. Persear. Bravæ, oz. viij.; Liq. Potassæ, dr. iss.; Tinct. Hyoscy., dr. iij. M. Cap., oz. j., quartis horis. Ol. Ricini, pro re natâ, Tinct. Opii, m. xl., omni nocte herâ somni sumend.

Lithotrixy having been determined on, the lithotrite was ordered to be passed twice a week. At first it caused some pain, but this speedily subsided as he became accustomed to the operation. Under the above treatment he improved very much; was able to keep his water for two hours at a time, and he was sometimes not disturbed in the night at all. At the latter part of October his health seemed to be suffering from the air of the hospital, and he was sent out for a fortnight.

November 14th.—Readmitted.

15th.—It was determined to crush the calculus. He was brought into the operating theatre, laid on a low couch, knees bent and kept separate, hips raised, and body well clothed. About ten fluid ounces of water, lukewarm, were slowly injected, causing little or no pain,

and the catheter being withdrawn, the lithotrite was passed, a stone speedily caught, and as easily crushed three times, without the aid of the screw, pressure being made on the anterior blade with the thumb. When the instrument was withdrawn, a quantity of triple phosphate calculus was found between the blades. The patient was put to bed, and ordered two ounces of Port wine in hot water immediately. *Infus. Lini ad libitum.*

Eight, P.M.—No shivering; slight pain on pressure on abdomen; has passed a quantity of urine, containing much mucus and some fragments of calculus.—*R. Pulv. Doveri., gr. x., horâ somni sumend.*

16th.—Slept well; has passed a large quantity of mucus and more fragments, which weighed, when dry, half a drachm; bowels not moved; pulse rather quick; no pain.—*R. Ol. Ricini., oz. j., statim sumend.*

18th.—Going on well; slight pain in making water. No more fragments have passed,

20th.—Has no pain; tongue clean; pulse 68; bowels regular. No more fragments come away.

22nd.—He was again operated upon. The stone was crushed four times. He complained of more pain than at the former operation. Ordered wine and *Infus. Lini* as before.

Eight, P.M.—Has passed a quantity of urine, mucus, and large fragments, one particularly so. Pulse quick, restless, and has had some rigors.—*R. Spt. Ætheris Nitr., dr. ss.; Tinct. Opil., m. xl.; Aq. Camphor., oz. iss. M. Fiat haust. statim sumendus.*

23rd.—Slept well; has had no more shivering; has passed more fragments; feels comfortable; pulse quiet.

24th.—Complains of pain in passing water; more fragments have come away; pulse quick; tongue furred; slight tenderness of abdomen.—*Rept. haust. horâ somni, and in the morning begin the following mixture:—R. Decoct. Pereiræ Bravæ., oz. viij.; Acid. Hydrochloric Dil., m. lxxx.; Tinct. Hyoscy., dr. ij. M. Oz. j. ter die sumend.*

26th.—Much relieved by remedies; urine passed with much less pain; sleeps well; appetite only poor; pulse quiet and regular; no tenderness; more fragments have come away.

28th.—Last night a large fragment got impacted in the urethra, when some warm water having been injected, it was removed by a bent probe. A No. 6 sound then passed easily into the bladder.

From this time he rapidly improved; a few small portions of stone passed, and in two or three weeks he was discharged, free from all symptoms of stone.

This case presents features of interest, inasmuch as it was successful on a stone of considerable size, which had existed a great length of time, where it was, therefore, probable that the bladder might be diseased, and at an age when the prostate gland is often enlarged.

#### *Compound Fracture of Both Arms; Double Amputation.*

SQUIRE SANDFORD, aged 15, factory operative, of Ratcliffe, was admitted into the Manchester Royal

Infirmary March 3rd, 1852. When examined it was found that he had a compound fracture of both arms, with extensive laceration, so that the integument and muscles were stripped off from the bones, even to the last phalanx of the fingers. He had been brought from Ratcliffe, a distance of some miles, where the accident had been caused by his being carried round a shaft by a strap several times. When he arrived at Manchester, he had rallied considerably, and complained of pain in the injured part. His pulse was tolerable. He was taken into the operating theatre, and both arms removed below the elbow whilst he was under the influence of chloroform. The stumps were dressed with wet lint, and he was removed to bed. An hour after the operation he was very comfortable, and his pulse better than before it.

March 4th.—He had some sleep during the night; tongue moist; complains of no pain; has passed urine freely, and bowels been opened once.

6th.—He has continued tolerably well; had a good night's sleep last night; tongue moist; bowels open; free from pain.

8th.—The stumps feel hard and uncomfortable, and in order that the dressings might be removed easily, water-dressing was ordered to be put over them.

9th.—The dressings were removed, and the stumps are uniting beautifully. Ordered to be dressed with water-dressing every day.

From this time he improved rapidly, and was made an out-patient April 10th, 1852, with the stumps very nearly healed.

I am induced to report this case, from its being one illustrating the question of primary and also double amputation. It was recommended formerly that when a double amputation is necessary, they should be done at the same moment, two surgeons operating, that the system might only receive one shock. The introduction of chloroform has obviated the necessity for such a proceeding, and it is remarkable how little the boy suffered from shock. I would just notice that there was here the best warrant for operating, according to Guthrie and other eminent surgeons, viz., "pain in the injured part."

#### *Simple Fracture of the Thigh, and Compound Fracture of the Leg.*

JAMES GREAVES, aged 14, of Manchester, was admitted into the Manchester Royal Infirmary, February 10th, 1852, having been run over by an omnibus. On examination there was found a simple fracture of the right thigh in its upper-third, and a compound fracture in the tibia and fibula of the left leg. The wound communicating with the fracture was about two inches long, and after the removal of a sharp splinter of bone, could be easily brought together. It was situated on the front aspect of the leg. The thigh was put up on the long straight splint, the leg on two side-leg splints, the wound being brought into close apposition, and closed by a pad of dry lint dipped in blood, and an



aperture left in the bandaging over the situation of the injury.

February 11th.—He is feverish; tongue dry; pulse quick; has some pain in the leg, and has had a bad night; bowels confined. A purgative draught was ordered immediately, and then to take an ounce of the following mixture every four hours:—R. Mist. Ammon. Acet., oz. viij.; Morph. Acet., gr. j.; Spt. Æth. Nitr., dr. ij. M. Fiat mist.

13th.—He is better, but the bowels were not very freely opened; the tongue is furred; pulse quick; little pain in leg; urine passes freely. R. Hydrag. cum Creta, gr. iij.; Pulv. Rhei, gr. v. M. Fiat pulv. statim sumend.

15th.—He is much better; tongue cleaner; pulse quiet; bowels regular; very little pain in the leg; has had a good night, and the limbs are both quite straight.

17th.—He continues to progress favourably.

19th.—His bowels being again confined, he was ordered to have the powder repeated; he was free from fever; tongue clean; no pain; the wound is still closed by the pad, and there is no suppuration going on at all.

From this time there was nothing worthy of daily note, suffice it to say that he improved rapidly, that the pad was never removed from the wound, that it separated after some time, and the wound was quite healed. He was discharged cured March 14th, 1852.

I have thought this case worthy of report, as showing the success of the above treatment, even in cases where it could not be expected. Little constitutional irritation was remarkable, and the cure speedy and complete.

#### *Dislocation of the Humerus, with Fracture.*

JEREMIAH LINDLEY, ostler, aged 58, Harpurhey, was admitted into the Manchester Royal Infirmary, March 30, 1852, having fallen from a considerable height, and pitched on the shoulder.

On examination there was found to be excessive tumefaction of the soft parts about the shoulder; a flattening in the situation of the deltoid muscle; the head of the bone was thought to be felt dislocated forwards, and crepitus could be distinctly perceived. After a trial at reduction, which was unsuccessful, it was thought better to wait until the swelling had in some measure subsided. Ordered Cataplasma Lini. et Haust. Pergans, oz. ij., statim sumend.

March 31st.—The bowels were opened by the draught; the shoulder is very much swollen; he has great pain in it; pulse rapid.

Eight, P.M.—Traumatic delirium came on, and he was very violent. Capt. Tinct. Opil., m. lx. Mist. Camph., oz. ij.; statim. et Tinct. Opil., m. xx., quartâ quaque horâ si opus sit.

April 1st.—The delirium is better; he had some sleep in the night; the pain and swelling in the shoulder quite as great as ever; perhaps from his having knocked about so when delirious.

2nd.—The swelling in the shoulder is not so great, but he is feverish, and the bowels confined. Ordered Haust. pergans, oz. ij., statim sumendus.

Eight, P.M.—During the evening the delirium has returned. Rept. Haust. Anodynus.—R. Tinct. Opil., dr. iij.; Spt. Ætheris. Nitr., dr. iv.; Aq. Cinnam., oz., viij., Capt. oz. j. quartâ quaque horâ.

3rd.—He is much quieter, but the way in which he has knocked about has made the shoulder worse. To take mixture as before.

4th.—He has passed a tolerable night, and feels better this morning, and the shoulder is better. In the afternoon he suddenly vomited a quantity of blood of a bright colour. Ordered Ruspini's styptic, and ice to swallow. The vomiting of blood continued, and he died early on the morning of the 5th. The quantity of blood vomited was very great.

*Post-mortem.*—The stomach was found in a state of follicular ulceration, one ulcer having opened a vessel, the aperture in which was distinctly perceptible. The rest of the viscera healthy. On examining the shoulder there was found dislocation of the head of the humerus into the substance of the pectoral muscle, fracture through the anatomical neck of the humerus, and a second fracture just below the surgical neck.

#### *Fracture of the Sternum.*

GEORGE HIRST, labourer, Mosley, was admitted into the Manchester Royal Infirmary, April 7th, 1852, having fallen from a building five stories in height.

On examination he was found to have received a compound comminuted fracture of the right leg, dislocation of the left ankle, with Pott's fracture of the fibula, and fracture of the sternum rather high up. He was in a state of great collapse, from which, notwithstanding all the treatment adopted, he never rallied, but died in about four hours.

*Post-mortem.*—The sternum was found fractured obliquely just below the cartilage of the second rib, and the internal mammary artery torn across. There was a slight effusion of blood from this source. The fracture of the right leg was found to be very much comminuted, and the fibula in the left leg very much split and irregularly fractured. The viscera were healthy.

I am induced to report these two cases from their great rarity. Fracture through the anatomical neck of the humerus is a very rare accident, and is not often verified by a *post-mortem* examination. The follicular ulceration one would think, had existed before, and his death from this cause rather a coincidence than having anything to do with the fracture.

## QUEEN'S HOSPITAL, BIRMINGHAM.

## CASES

*Reported under the terms proposed by the Association.*

BY SCRIBTATOR.

*Ovarian Disease; Paracentesis performed twice; Death; Post-mortem examination.*

MARY TATE, aged 46, married several years. No children. This patient was admitted into the Queen's Hospital under the care of Dr. B. Davies, who afterwards transferred her to Mr. Sands Cox, for the benefit of surgical treatment. Upon admission, the following account of the case was elicited.

The patient has been ailing five months, first symptoms consisting of pain, at times acute, in the right iliac region; soon after which a swelling, the size of an egg, was discovered in that part. This swelling increased gradually, and has continued to do so until the present time, notwithstanding medical treatment has been resorted to.

On admission there was some cedema pedum, which had been present about three weeks, and with the swelling of the abdomen formed the chief subject of complaint. She measured forty inches round the abdomen, which was without tenderness, but in the middle and right side the fingers seemed to impinge on a solid body, after affording a sensation of displacement of fluid material. The hypochondria and lumbar regions sounded dull on percussion, and afforded no other evidence. The general health was tolerably good, the bowels inclined to costiveness, and the heart's action, although vehement, without abnormal sound. Urine scanty and containing lithates. Menstruation regular and natural, and uterus high up. Breathing slightly oppressed. Countenance somewhat pale.

She was under medical treatment for some months, sometimes measuring a few inches less, and sometimes a few inches more, until November 12th, on which date the abdomen measured forty-six inches and a half, and fluctuation was apparent to the touch, the tumour before mentioned still being felt on attentive manipulation. Mr. Cox, on the above date, performed paracentesis abdominis in the usual manner, and forty pounds of fluid were drawn off by the cannula. The major part was of a yellowish serous character, of specific gravity 1014. The latter portion drawn off was of a much thicker consistence, and its exit was interfered with by the tumour pressing on the cannula, and therefore requiring to be pushed back with a female catheter. The tumour was found of the size anticipated—as large as a man's head, and smooth and uniform to the touch. The probe in the cannula, however, experienced a very firm resistance, as from a solid body, and its point seemed to grate over a roughness as of firm fibrin or scirrhus. During the operation she complained much of pain at the epigastrium, “as if it was being crushed,” and at one time there was some diaphragmatic spasm, with difficulty of breathing. After the operation and

bandaging were completed, she felt tolerably comfortable, and the pulse was calm, although somewhat weak. She had no medicine.

Nov. 15th.—Has felt low at times, but abdomen is tolerably free from tenderness. Nil.

19th.—Reports herself much better.

22nd.—Bowels disposed to be confined; feels tolerably well. Discharged relieved. To take castor oil occasionally.

Five weeks afterwards she was again admitted, the fluid having again accumulated to as great an extent as before. It was, therefore, again determined to relieve her by tapping; and about the same quantity of fluid material was again taken away, having the same characteristics as that first withdrawn. She went on well until the sixth day after the operation, when she was suddenly seized with symptoms of collapse, attended by feeling of great depression at the præcordium. Stimulants were vigorously administered, but in spite of such agents the extremities became cold, and she died in a few hours without any attempt at reaction having been set up.

*Post-mortem.*—When the cavity of the abdomen was opened, a large tumour almost twice the size of a man's head was found, connected with the right ovary. This was contained in one or two still larger cysts, which had contained the fluid matter withdrawn by the cannula; and the external surfaces had contracted extensive adhesions, both with the different intestinal coils and also with the internal surface of the peritoneum. Upon making a section of the tumour, that also was found to be composed of a multitude of cysts, one within the other, and containing fluid of varied thickness, from the consistence of pus to that of clear water. The colour also of these contents was as varied as the consistence; and the coats of the different cysts were scarcely two of the same degree of thickness, some being thin as tissue paper, others as hard and firm as chamois leather; all, however, contained a large quantity of albumen. The diaphragm seemed pushed up, so that the thoracic space was encroached upon; but its contents were healthy, as also were the viscera of the abdomen and pelvis. The intestines, however, were pale, and of small calibre. The brain was healthy, but its ventricles contained much fluid.

The diagnosis, treatment, and pathology of ovarian tumours, are undoubtedly matters of the greatest interest, and deserving the strictest investigation at the hands of the medical profession. At the present time the diagnosis is tolerably certain, and the pathology is comparatively well understood, but concerning the treatment there yet remains much difference of opinion, notwithstanding the labours of Phillips, Lee, Southam, Bird, Simpson, Hughes, and others, have of late thrown much light on the subject. The progress of the disease is comparatively free from pain, occasional attacks of inflammation taking place, giving rise to adhesions, and rendering operative interference more dangerous and uncertain. This was the case as regards the history of the patient reported, the occasional attacks of acute

pain in the right iliac region being due to such cause. It is now known that frequently ovarian disease assumes a malignant character, which of course only adds to the fatality of the affection, but whether malignant or not in its nature, it is allowed on all hands for the most part to lead steadily to an untoward result; and medicine having little or no control over its progress, it hence becomes a question if the surgeon, by his skill, may be able to cure, or avert for a time, the fatal termination.

For these purposes several operations have been devised, which may, with propriety, be divided into the palliative and radical methods of treatment; by the latter term it being understood that a permanent cure is the intention of the operator. The operations devised vary much in magnitude, and the palliative, or paracentesis abdominis, is generally considered a trivial matter, but it is not without danger; and some cautions are required both after and during its performance. The application of appropriate pressure, as first advocated by Dr. Mead, not being forgotten; as syncope, with hæmorrhage, and peritoneal inflammation, are complications which may occur, thus showing that the operation is not without at least some points of danger. That it may, however, be performed with impunity, is evident, from the recorded cases where it has been resorted to many times in the same individual, one patient having been tapped eighty, another 240,\* and another 128 times.†

It is, however, but a palliative treatment, although it occasionally prolongs life for an indefinite period. The writer is aware of one case of ovarian disease, where tapping was performed some five years back, and has since been once again resorted to, the patient remaining since the last operation, till the present time, in a very comfortable state, although a slow accumulation is evidently again taking place. The majority, however, do not survive tapping more than three or four years.

"Upon the whole, (says Dr. Watson,) it may be stated of this operation, as applied to ovarian dropsy,—1st, that when essential to the comfort and continued existence of the patient, it brings sensible relief to her distress, and often materially prolongs her life; 2nd, that when it is performed under less pressing circumstances, it tends to shorten the patient's days." And to prove that the operation should not be resorted to simply in consequence of slight inconvenience, caused by bulk or weight, the same author brings forward a case where the patient lived, with such a tumour, between twenty and thirty years, and not "without enjoying life."

Regarding the radical or major operations, some cases have been reported which have terminated successfully, and the success is said to bear a proportion as of one to three and a half. The first operation of this kind was performed by an American, named McDougall, and successful cases have been recorded by Dr. Bird, Mr. Phillips, and Mr. Clay, &c. Mr. Clay having operated as many as fifty times. Mr. Cornish of the Taunton and Somerset

Hospital, and Mr. J. Beales, of Halesworth,\* have each recorded latterly successful cases in the pages of the *Provincial Medical and Surgical Journal*. Still, notwithstanding these instances, the operation is one which requires the greatest consideration, care, foresight and skill; and when we remember that not only has the peritoneum been opened, and the operation remained incomplete, from the extensive adhesions present, but also that "patients have been operated upon in whom no tumour existed," and this, by competent and experienced men, it perhaps may be pardoned if the bias remain in favour of the palliative and certainly less dangerous operation of paracentesis abdominis. At the Bath and Bristol meeting of the Provincial Medical and Surgical Association, December 19th, 1850, Mr. Grant Wilson read some cases of ovarian dropsy, and detailed "a mode of operating which differs in some important respects from any hitherto described." The first case reported by Mr. Wilson had been tapped twice before the radical treatment was employed, which consisted in the application of potassa fusa below the umbilicus, and the injection of iodine into the sac; and although the case terminated favourably, Mr. Wilson, with magnanimity, adds, "though I am justified in calling it a cure, I should scarcely be disposed, except under peculiar circumstances, to recommend a repetition of the treatment, as it was not entirely free from risk, and the progress of the case was very slow." The second and third cases were, however, perfectly successful, and the principles laid down by the author for the proper performance of his operation, are:—

"1st. To make as small an incision as possible.

"2nd. To draw out only as much of the cyst as could be extracted readily, and without displacement of the other contents of the abdomen.

"3rd. To endeavour to keep the wound always filled with the cyst, so that neither air nor fluid should be admitted into the cavity of the abdomen.

"4th. To cut off the cyst not close to the wound, but from one and a half to two inches behind it, so that when the portion of cyst has been removed, the cut margins could be carefully examined, and the vessels secured.

"5th. To secure each vessel on the cut margin of the cyst separately by a fine silk, and to cut off both ends close, so as to have no ligature hanging from the wound.

"6th. To close the external wound as quickly as possible."

This procedure, as may be seen, differs in several essential points; and in the writer's opinion is preferable to the operation called *minor*, proposed by Dr. W. Hunter and performed by Dr. Jeafferson, and since adopted by other surgeons.

Thus the chief operations for the cure or relief of ovarian disease are uncertain in their results, and somewhat dangerous in the performance; and it seems proper that while they are not wholly condemned they should only be regarded as a *dernier resort*, and that only in

\* Watson's Practice of Physic, p. 331.

† Dublin Hospital Gazette, p. 187, 1846.

\* *Provincial Medical and Surgical Journal*, October 30, 1850, p. 596; July 23, 1861, p. 597.

cases of a favourable nature; but when it is considered that no one would probably submit to the operation in the very early stage of the disease, and that in the latter stages adhesions, &c., prevent the proceeding, the number of cases where it is advisable becomes very small indeed.

Acupuncture has been recommended, and in some cases performed, for the relief of ovarian dropsy, in the hope that the fluid might be absorbed on its escape into the abdominal cellular tissue; but from the number of punctures necessary to effect this result, and from the frequency of erysipelatous action following such punctures, the operation is no longer entertained, and has now fallen into deserved disuse. Puncture also of the tumour through the uterus or vagina has also been recommended, but the cases have terminated fatally; and, so far as the writer is aware, the same may be said of evacuation of the contents through the fallopian tubes, lately mentioned by Dr. Hughes Bennet in the *Edinburgh Monthly Journal*; although there is no doubt that ovarian tumours have disappeared spontaneously, probably finding the passage through the ducts before mentioned.

In the case reported in this paper no other treatment than that of paracentesis could have been adopted. From the examination during life, adhesions were evidently extensive; and the tapping was only had recourse to after varieties of medicines had been tried, and when the distress caused by the bulk of the tumour was more than could conveniently be borne. The *post-mortem* examination fully bore out the propriety of this line of conduct, as the extensive adhesions which were then seen to exist would have rendered any other operative interference next to impossible.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, MAY 26, 1852.

It has for some time been in contemplation to introduce regulations, in virtue of which all *bona fide* physicians, from whatever University they may derive their diploma, at present actually in practice as such, may be collected beneath the wings of the London Royal College of Physicians. The draught of a Charter to effect this purpose has at length been put forth, and we think it incumbent upon us to lose no time in laying it before the large body of provincial physicians, as parties who are especially interested in it. Of the several clauses we have little to say; but we must think that, considering the large number of individuals who will, ere it can become law, be compelled to join the College, a lower fee than £15. 15s. might have sufficed, as this, together with the Government stamp, will amount to

something considerable. We are also disposed to ask what precautions the authorities will take to ensure the honesty and respectability of those who seek to join the College. Will every one who can shew a piece of parchment be allowed to parade himself as a member of the Royal College, whatever may be his line of practice? Will the globulists, *et hoc genus omne*, be allowed to enrol themselves? Respectable physicians have a right to know this ere they commit themselves by the sanctioning of a plan which otherwise seems calculated to work great good.

The following abstract, which we borrow from a contemporary, gives a succinct view of the intentions of the Charter:—

The preamble repeals former Acts and Charters, except such portions of the 32nd of Henry VIII. as may be consistent with the proposed Charter.

Clause I. Alters the title from Royal College of Physicians of London, to Royal College of Physicians of England.

II. Provides for constitution of College, viz., fellows and members, including President and Council, four Vice-presidents, four censors, a treasurer, and a registrar.

III. All present licentiates to be members.

IV. All present extra-licentiates to be members, on presenting satisfactory testimonials of character, and on paying a fee of £15. 15s., exclusive of stamp-duty.

V. All persons, graduates of recognised Universities, practising as physicians, (and who have practised for three months previous to granting of Charter,) and who do not practise pharmacy, to be members, without examination, on presenting testimonials and paying fees, any time within twelve months after granting of Charter.

VI. Graduates of recognised Universities, aged 26, to be subsequently admitted as members by examination.

VII. The present Fellows to continue Fellows.

VIII.—Any member, of four years' standing, to be admitted a Fellow by examination.

IX. During twelve months after granting of Charter the Council may nominate, at discretion, any number of present members, without regard to the date of membership, to be Fellows.

X. After the twelve months aforesaid, the Council may yearly nominate, at discretion, members of four years' standing to be Fellows.

XI. Fellows to be elected by ballot annually, on June 25.

XII. Provides for the expulsion of Fellows or members guilty of fraud, or imposition, or of violating by-laws, etc.

XIII. The Presidentship to be annual; the present President to continue to be President till the day next after Palm Sunday, and then to be capable of re-election.

XIV. On said day, the Council propose a Fellow from among the first fifty as President, to be elected by ballot, by a majority of the Fellows; if not received by the Fellows, a second nominee to be proposed by the Council from among the first fifty, and so on.

XV. On death of President, a new President to be at once elected, a Vice-President officiating *pro tempore*.

XVI. The President to appoint four Fellows from among the first fifty as Vice-Presidents.

XVII. On death of President, the Vice-Presidents cease to be Vice-Presidents.

XVIII. The Council to be composed of sixteen Fellows.

XIX. Four of the Council to retire annually, and to be incapable of re-election for one year.

XX. The Council to be elected by the Fellows, in a method provided by the by-laws.

XXI. The President, Censors, and Treasurer, to be *ex officio* members of Council.

XXII. The Censors to be annually elected.

XXIII. The Council to nominate Censors, to be proposed to the Fellows, to be elected by ballot. If any proposed Censor be not elected, another Fellow to be proposed by the Council, etc.

XXIV. On death of Censor, a new Censor to be at once elected.

XXV. Treasurer to be annually elected, and to be eligible for re-election.

XXVI. In case of death of Treasurer, a new one to be at once elected.

XXVII. The Registrar to be annually elected, and to be proposed by the President to the Fellows. The retiring Registrar in be capable of re-election.

XXVIII. A new Registrar to be at once appointed in case of death.

XXIX. All the officers retain office during the day on which their successors are elected.

XXX. The days of election may be changed by by-law.

XXXI. No proxies allowed.

## Reviews.

*Sketches of Brazil; including New Views on Tropical and European Fever; with Remarks on a Premature Decay of the System incident to Europeans on their Return from Hot Climates.* By ROBERT DUNDAS, M.D., Physician to the Northern Hospital, Liverpool; formerly Acting Surgeon to H. M. 60th Regiment; and for twenty-three years Medical Superintendent of the British Hospital, Bahia. London: Churchill, 1852. pp. 449.

THIS interesting work consists of an introductory chapter, wherein the various authors on the subject of fever are noticed and commented on; of two "Lectures on the Premature Decay of the System in Europeans returning from the Tropics;" of five "Lectures on the Pathology, Causes, and Treatment of Fever;" of a "Lecture on the Hygienic Conditions of, and the Diseases Prevalent in, Brazil;" of one "On the State of the Medical Profession in Brazil;" and of an appendix, consisting of two papers, on the

"Treatment of Fever by Large Doses of Quinine," (to which system the author gives the name of *cinchonism*), published respectively in the *Medical Times* and *London Journal of Medicine*. The lectures were delivered in the Liverpool Northern Hospital, in the early part of 1851.

In Lectures I. and II. Dr. Dundas makes some valuable observations on the premature "break-up" of the system in Europeans who have returned from the tropics; but we must content ourselves with advising our readers to peruse them for themselves.

The most novel part of the work is that which relates to fever, and here Dr. Dundas boldly declares himself an opponent of those doctrines which have been handed down to us with the sanction of great names.

The doctrine that marsh poison is the sole generative cause of certain forms of fever, has been commonly attributed to Lancisi. Dr. Dundas, however, points out that Lancisi has been *quoted*, not *read*. He has never met with any individual who has perused the works of the Italian physician; and, after some trouble in discovering where they existed, has, from a perusal of a copy in the Royal College of Surgeons of England, arrived at the conclusion that the "recorded doctrines of Lancisi are widely at variance with those so universally and erroneously attributed to him, especially by the moderns." This subject is discussed in Lecture III.

Lecture IV. is devoted to a consideration of the prevailing doctrines on malarious fevers. Dr. Dundas here combats the doctrine that periodicity is a distinctive character of fevers which originate in marsh poison; and also furnishes us with an *olla podrida* of the opinions of those authors who have written on the nature and properties of marsh poison. A most heterogeneous mass it certainly is.

In Lecture V. Dr. Dundas submits to us the grounds on which he was led to reject the doctrine of marsh miasm. The city of Bahia, where he was Medical Superintendent of the British Hospital for twenty-three years, contains,—

"In almost unexampled abundance, all those physical conditions which are deemed, by the unanimous consent of physicians, to constitute the elements essential for the generation of the most deadly scourges of humanity—epidemic and endemic diseases. I may further add, that I have myself, within the last twenty years, witnessed the city exposed, on three several occasions, to the combined horrors of siege and famine, with all their revolting contingencies; yet, notwith-

standing this appalling combination of physical, moral, and social evils, Bahia continued healthy."—pp. 203—4.

The salubrity of Bahia is mainly attributed by the author to the equality in the temperature between the day and night, the extreme daily range being about six degrees; the highest range of the thermometer in the upper city generally does not exceeds  $82\frac{1}{2}^{\circ}$  Fahrenheit in the summer, and the lowest in winter is  $72^{\circ}$ .

From various cases which came under his notice, Dr. Dundas was led to conclude that intermittent fever—

"Did not arise from marsh poison, but sprang directly from imprudent or too early exposure to a strong current of cool sea-air, loaded with moisture, while the system was under the debilitating influences of previous exhaustion or disease."—p. 232.

In Lecture VI. the hygienic condition of some of the districts in the neighbourhood of Bahia is treated of, and the doctrine of malaria is again vigorously attacked, but we must pass on to make a few extracts from the next lecture, in which a subject of great practical importance is treated of.

In Lecture VII. Dr. Dundas expounds his views on the treatment of intermittent, remittent, and continued fever, by large and frequently-repeated doses of quinine. His treatment of typhus fever is that which has attracted most attention. He says:—

"Acting on my conviction of the essential identity of the remittent and intermittent fever of the tropics with the typhus fever of Europe, and aware of the specific action of quinine in every stage of the former diseases, I have resorted to its administration in the ordinary typhus of this country, in all its stages, and commonly with the happiest results. \* \* \* In typhus, as in the remittent of hot climates, the treatment by quinine will be successful in proportion to its early administration. The doses also, as in the tropical fevers, should be large, ten or twelve grains, and repeated at intervals not exceeding two hours. Three or four doses will, in most cases, be sufficient to produce its specific influence on the nervous system, which is commonly displayed by dizziness of the head, tinnitus aurium, or deafness, or in the rapid subsidence of all the urgent symptoms. In the latter event, three or four grains of the quinine should be administered three times a-day, and the patient supported with good beef-tea, or other light nutriment, and wine, if necessary. Should the urgent symptoms return, the large and repeated doses of quinine must again be resorted to. Stops should be avoided, and purgatives also, unless obviously indicated, but an emetic of tartarised antimony will often prove useful at the commencement, and apparently renders the system more obedient to the specific influence of the remedy.

"Should the urgent symptoms persist, notwith-

standing the administration of five or six doses of quinine, or should dizziness or tinnitus aurium supervene, the medicine must be discontinued,\* and after an interval of six or seven hours, small and repeated doses of tartar emetic should be resorted to, until full vomiting is induced; then allow your patient to rest for twenty-four hours, and recommence the quinine as before. When there is much restlessness and want of sleep, a full dose of liquor opii sedativus, with some drops of nitric acid, will often prove highly advantageous, and enable you to resume your treatment with more prospect of success.

"Should the symptoms still resist, you may repeat the remedies successively, as above, for four or five days, and unless the beneficial effects are broadly marked within that period, we can no longer reasonably hope for success from this treatment; and it may be abandoned, or the quinine continued in smaller doses."

This method, to which Dr. Dundas has subsequently given the name of "cinchonism," has according to his statements in his work, and in his essays on the subject published in the *Medical Times* and *London Journal of Medicine*, been tried, with marked success, in the Liverpool Northern and Fever Hospitals, and in other institutions. In the May number of the last-named periodical, however, we find Dr. Dundas complaining that cinchonism has not met with that support which it merits, and that even one physician of note had stated—rather unphilosophically we must say—that "he dared not try it," and that "he did not like fever-curers." Now we think, that such an important question as the effect of Dr. Dundas's treatment of typhus fever, ought not to be summarily disposed of. Let the method be tried impartially, under every variety of circumstance; let evidence for and against it be collected; and let it be judged by the results which it produces. To this, we are sure, Dr. Dundas can have no objection.

The remainder of this lecture is occupied with some remarks on the exciting cause of fever. This is believed by Dr. Dundas to consist essentially in exhaustion of the nervous and vascular systems, followed by exposure to great change in temperature. The doctrine of marsh effluvia again comes under animadversion; and some prophylactic rules for visitors to tropical climates are laid down.

Lecture VIII. contains some interesting remarks on the causes of salubrity in Bahia, on certain questions connected with its hygienic

\* In the appendix to his work, Dr. Dundas states that "the supervision of deafness or tinnitus aurium does not always indicate a necessity for suspending the remedy".

condition, and on certain diseases prevalent among the Brazilians.

Lecture IX. contains a sketch of the state of the medical profession in Brazil. There are two natural faculties of medicine, one at Rio de Janeiro, the other at Bahia; both are alike, and modelled very nearly after the constitution of the *École de Médecine* of Paris. Gratuitous services, on the part of medical men, are unknown.

"In cases of accident or sudden emergency, an officer of the hospital not being at hand, another practitioner is immediately summoned, and paid his regular fee. In fact, seeing that the barrister, the attorney, the priest, and every other class of the community, exacts remuneration—and large remuneration too—for time and services, the Brazilian cannot be made to comprehend the grounds on which the *doctor alone*, after long years of study and expense, can be expected to devote his time, his health, and talents, gratuitously to the people. The liberal and enlightened British public will, no doubt, open wide their eyes at such unanswerable evidence of barbarism and defective reasoning powers, in a nation making pretences to civilization; and the proof will, I fear, be deemed too conclusive against my friends on the other side of the line, to admit of my advancing a single word in their defence. I may be permitted, however, to urge in mitigation, that people often view matters differently to the south of the Equator. Be this, however, as it may, one thing is quite certain, that the Brazilian, is a much more independent agent than the British, physician.—pp. 387—8.

We must now bring our notice of Dr. Dundas's work to a close. Many interesting passages we have been reluctantly compelled to pass over; but we hope that this will be fully compensated for by the extensive circulation of the books. It is evidently the production of an original thinker—one who observes *facts*, and reasons from them. An endeavour to bring his views prominently before the profession may give to Dr. Dundas the appearance of being unduly prejudiced in their favour, yet we find him allowing that quinine will not always cure fever. We recommend the book to the careful perusal of every practitioner, who, though he may not feel himself justified in embracing at once all the views propounded by the author, will find in it abundant material for reflection, and valuable hints for practice.

*The Stomach and its Difficulties.*—By Sir JAMES EYRE, M.D., Edin., Licentiate of the Royal College of Physicians in London, Consulting Physician to St. George's and St. James's Dispensary, &c. London: Churchill, 1852. pp. 152.

ARMED with his trusty weapon of oxide of silver, Sir James Eyre, again proclaims him-

self the champion of the dyspeptic, and the redressor of all the injuries inflicted by that "mischievous and dangerous, because powerful despot," the stomach. And surely we owe a debt of gratitude to the memory of William the Fourth, for having so sagaciously discerned the merits of the modest country practitioner, the Mayor of Hereford, and for having, by conferring on him the honour of knighthood, caused him to shine as one of the benefactors of the human race.

The worthy knight, after a graceful flourish of trumpets in the form of a preface, most lucidly describes the anatomy and functions of the stomach and its attendant satellites. Who among us can fail to receive instruction from such descriptions as the following:—

"The two next portions of the small intestines, (called jejunum and ileum) furnished as has been said, with an inner delicate secreting membrane, and, like the stomach, with another of a muscular texture, pass on the prepared fluid through their long tubulated structure, which is supplied by another description of vessels which permeate the canal; and these, marvellously,—where all is marvellous!—by a selective property, absorb from the stream as it flows, its nutrient and valuable portion. They then convey this to a receptacle by the side of the spine, and finally, this new purified product is distilled drop by drop into a vein, which is passing to the heart and lungs, that it may be perfected by the action of the oxygen of the atmosphere into the blood—the grand vital fluid of the body, from which all the various secretions are formed."—pp. 8—9.

Having described the enemy, Sir James presents us with an equally instructive view of some of the modes of annoyance which he follows, and of the means whereby we may keep the rebel in proper subjection. And we learn that the wealthy among us have erred greatly in departing from the good old mediæval custom of "keeping a jester for after dinner use; he would be well worth his keep and his salary, too, if he were a clever fool." Many an unfortunate wight would then, while aiding the digestion of his employer, by his jokes, be enabled to remedy the great difficulty of his own stomach—that of getting it filled.

But we must pass on to notice the good knight's panegyric on his trusty weapon—

"The oxide of silver is the best and safest, because the most sure, medicine that we have in most, I do not say in all, cases of dyspepsia. Having prescribed it more frequently than any other living physician, once daily, generally much oftener, in various ailments, during the last ten years, (since July, 1841,) and

watched its effect with entire fidelity, aided by many enthusiastic friends, any objection to its use, from any quarter whatever, passes by me as wind and vapour, against the deep conviction of positive indubitable experience. *Time will settle the question and I desire no other arbitrator.* Every observing medical man must have valuable information to communicate, which, neglecting to record, is lost to his brethren for ever; for myself, not writing for self, though loving employment, it is my intention, so long as I may live, to treasure up and publish from time to time, any practical points that I may have the good fortune to discern. Not to overload this work, which has a general, and not a particular object, I purpose recording the written reports of my professional friends upon the oxide of silver in dyspepsia, in an appendix, but shall, at the risk of being considered an empiric by those who know me not, allow a few of my grateful patients—and I promise that they shall not be so numerous as to tire—to speak for themselves as to the good which they have derived from the medicine in their respective cases. \*

\* \* \* The oxide of silver is tonic and a sedative of the first class, in dyspepsia and diarrhoea.

\* \* \* I have never said or written a word to my medical brethren respecting the pre-eminent qualities of this admirable medicine, that I could not entirely justify; and whether they take it up generally or not, is of no consequence to me individually, so long as I feel that I have presented to them, with the purest intention, a faithful report of a very large experience."—pp. 112—114.

And, now, what sufficient acknowledgements can be given to Sir James, of the inestimable services he has rendered. Payment in gold coin is to him distasteful; an offer of silver coin is repelled with noble disdain. A "respectable tradesman in Piccadilly," once presented him with a testimonial in silver, bearing on it "a grateful inscription to me—his successful physician." But how shall the multitude acknowledge the benefits received from him? Shall not there be a shield of silver presented to the good knight, whereon shall be emblazoned his achievements? Dyspepsia, hepatic disease, constipation, and their companions, might be represented as flying terrified on his approach, while health, cheerfulness, and mental activity re-occupy, with gladdened and grateful countenances, the seats to which they had been long strangers. And the restored dyspeptic may point out to his suffering brother, how he also may regain his lost health!

We have written thus far, perhaps, too much in the tone of Sir James's own jester; but in sober sadness we are obliged to maintain that he has not convinced us, by his own experience, of the value of the oxide of silver. In other hands it has certainly failed, though, like most of the

much-vaunted remedies for such a Protean disease as dyspepsia, it may be useful in some cases; but this is certainly not saying much for a remedy which Sir James Eyre regards as almost a perfect panacea.

## Proceedings of Societies.

### BIRMINGHAM PATHOLOGICAL SOCIETY.

MARCH 4TH, 1852.

W. H. PARTRIDGE, ESQ., IN THE CHAIR.

#### *Menstrual Fluid Confined in the Uterus by an Imperforate Hymen.*—By Dr. FLETCHER.

A GIRL, aged 17, in the Birmingham General Hospital. She had some inflammation connected with the vagina three or four years ago, not having then menstruated. At seventeen years of age no menstrual discharge appeared, and a tumour showed itself in the lower part of the abdomen. By a catheter being introduced into the bladder, that viscus was found pushed into the right iliac region. When the bladder was emptied, the tumour was found in the median line, and pressing upon the rectum. A dense fluctuation was found by the finger in the rectum, and it was evident that there was a considerable interspace between the finger in the rectum and the catheter in the bladder. The hymen was imperforate, and was strengthened by bands of false membrane, which, being broken down during examination, distinct fluctuation was felt against the hymen. Mr. Baker divided the membrane, and from four to six ounces of thick treacle-like fluid issued at the time, and more afterwards. The operation has been followed by symptoms of peritoneal inflammation, for which she is still under care.

The fluid was of chocolate colour, of tenacious semigelatinous consistence. By the microscope it was found to contain cells, and to be chiefly made up of shrivelled blood-corpuscles.

#### *Caries at the Junction of the Upper and Middle Bones of the Sternum.*—By Dr. FLETCHER.

The patient, aged between 60 and 70, had been in the Birmingham General Hospital for disease of his heart. Some separation was then remarked between the first and second bones of the sternum. There was evidently pus between the bones; and the extremities of the bones crepitated when moved against each other. He left the hospital. One night he went to sleep under a brick-kiln, and next morning was found dead.

The heart was found much hypertrophied; the first and second bones of the sternum were carious in the part where they were connected with each other, and were completely separated from each other; they lay in a circumscribed abscess, which did not communicate with the mediastinum. The amount of bone destroyed



was not very great. The cartilage of the second rib on either side was carious; it presented a curious worm-eaten appearance, being burrowed into by little holes, extending into the heart of the tissue. The cartilages contained considerable deposit of calcareous matter, and it seemed not improbable that the carious process had consisted in the absorption of this calcareous matter in places. There was no apparent cause for the disease.

*Three Cases of Extensive Disease of the Heart.*—By  
DR. FLETCHER.

*Case 1.*—An old soldier, who had served in India, aged 46, a patient in the Birmingham Hospital. Very intemperate. He was labouring under great dyspnoea; had a quick labouring pulse; there were the physical signs of effusion into the left chest, with much crepitation in the lungs; the thoracic effusion rendered it impossible to ascertain the extent of cardiac dulness; the heart's beat and sounds were natural. Treatment had little influence in checking the disease, and he died in three weeks.

There was considerable effusion in both sides of the chest; the left lung was much collapsed. On cutting through the pericardium it was found to contain bloody serum, of so dark a colour that at first it was supposed that the ventricle had been opened, but it was explained by finding a large amount of old pericardial adhesions, and that the bloody fluid was contained in a sac hollowed in these adhesions. The heart was dilated, with only a proportionate amount of hypertrophy; the valves healthy; the tissue of the heart flabby; the liver was cirrhotic, and only two-thirds its normal size; kidneys congested. Other organs healthy.

Here there was no friction-sound to indicate the pericarditis, and the pleural effusion prevented the pericardial dulness from being made out.

*Case 2.*—Case 2 was an old Irishman. Dr. Fletcher first saw him three years ago. There was then a tremendous rasping-sound under the sternum, connected with the aorta, with dilatation and hypertrophy of the heart. Dr. Fletcher then told him that he had heart-disease, and that he must take care of himself; he forthwith went home, and got drunk. Since that time the Doctor had often seen him walking up the stiff hill of the Ball Ring as fast as he could himself, and the patient applied to him on several occasions. The last time Dr. Fletcher saw him he was going to a sale; he walked with him, and talked of the markets, &c., but Dr. Fletcher noticed that his breath was very sensitive to any acceleration of pace, or increase of hill. He got worse, and Dr. Fletcher then saw him with Dr. Elkington. There was much spasm of the breath, with orthopnoea. The physical signs were unchanged. He died suddenly as he was sitting in his chair, not having been in bed for a year and a half.

There was considerable effusion into both sides of the chest, and into the pericardium; the heart was greatly hypertrophied, and dilated; the valves of the right side healthy; the tricuspid orifice much dilated, but the valve was very large; mitral valve healthy; but to

insert the finger through the aortic valves, was like putting it into a gravel pit, from the enormous amount of calcareous deposit on the sigmoid valves, the finger passed between two rigid stony masses, formed by the ossification of the valves into two concretions; the ascending aorta was much dilated; the lining membrane of the heart was clear, except a spot of thickening in the left ventricle; there was a very large clear cyst at the surface of the one kidney, the tissue of the kidney being healthy; the opposite kidney was somewhat granular.

It should have been stated that the dyspnoea, which occurred in violent fits, was relieved by his hanging by his arms from a high chimney-piece, and the patient used often to adopt this posture. His urine contains albumen.

*Case 3.*—This case derives considerable interest from comparison with the last. The patient had been labouring under symptoms of heart-disease for about three months before death, so far as it was known. He had had a great deal of mental anxiety two years before, and this continued to his death. This was the only apparent cause of illness, and his friends explained his illness by that cause. Dr. Fletcher was not aware of his having had rheumatism. The symptoms came on gradually and insidiously, and steadily advanced, with little variation. He had great dyspnoea, palpitation, and great engorgement, with pulsation of the veins in the front of the neck.

The heart was found much enlarged, especially the left side; the left ventricle was enormously dilated, and its wall much hypertrophied, though not in proportion to the amount of the dilatation; the columnæ carneæ were greatly developed; the auricle was dilated, but not to an extent proportionate to the ventricle; the right ventricle was somewhat dilated; there was no important disease of the valves, except some atheroma at the root of the aorta; the aortic valves were large, but it was conjectured had become unequal to their office, thus the dilatation of the heart.

*Lithic Acid Calculus.*—By Mr. MOORE.

This formation weighs about five drachms and a half; it is composed of lithic acid internally, and of urate of ammonia externally, the external layer being evidently of a very recent date. The crystals of lithic acid are plainly seen glistening, but their form becomes much more apparent when examined with a lens. The internal portion is entirely dissolved in boiling liquor potassæ, and when digested in nitric acid, it becomes a deep purple on the addition of ammonia. The external layer emits ammonia when treated with liquor potassæ.

*Scrofulous Disease of the Tarsus.*—By Mr. MOORE.

The patient from whom this specimen was obtained was a scrofulous lad, aged 14, who had the foot removed for disease of the tarsal bones. The disease was of some eighteen months' standing, and there were numerous openings about the ankle, leading to carious bone. All the tarsal bones are seen to be diseased, the astragalus and scaphoid so much so that their texture

is nearly all lost. The other small bones are not so diseased, but are of a feathery lightness, and very fragile; they contrast very strongly with some forms of diseased bone where the characteristics are hardness and density.

## EPIDEMIOLOGICAL SOCIETY.

COUNCIL REPORT OF THE EPIDEMIOLOGICAL SOCIETY,

*Read at the Annual Meeting, April 5, 1852.*

DR. BABINGTON IN THE CHAIR.

THE COUNCIL, in presenting their second Report to the members of the Society, have much satisfaction in being enabled to congratulate them on the favourable progress made by the Society during the last twelve months.

Since the last annual meeting the Society has continued steadily to increase the number of its members, twenty-two having been added to the list of contributing members, and twenty-three to that of the corresponding members.

The Council, duly impressed with the importance of extending the inquiries of the Society to Foreign and our own Colonial possessions, as well as to the different countries of Europe, resolved to complete the list of Foreign and Colonial Secretaries as early as circumstances would permit. A Committee was accordingly established for that purpose, and the Council have now the pleasure of announcing the following appointments, viz:—

*Belgium.*—A. Sayer, M.D., 28, Upper Seymour Street, Portman Square.

*East Indies.*—James Bird, M.D., 27, Hyde Park Square, and C. Finch, M.D., 58, Porchester Terrace, Bayswater.

*France.*—Waller Lewis, M.B., F.G.S., 18, Stratford Place, Cavendish Square.

*Germany and Russia.*—E. H. Sieveking, M.D., 3, Bentinck Street, Manchester Square, and W. E. Swaine, M.D., 6, Upper Seymour Street, Portman Square.

*Greece and Italy.*—C. R. Walsh, Esq., 42, Half Moon Street, Piccadilly.

*Portugal and the Brazils.*—J. O. McWilliam, M.D., F.R.S., R.N., 14, Trinity Square, Tower Hill.

*Sweden, Norway, Denmark, and Iceland.*—R. Gordon Latham, M.D., F.R.S., 27, Upper Southwick Street, Hyde Park.

*West Indies.*—Gavin Milroy, M.D., 30, Fitzroy Square.

The importance of these appointments is daily becoming more apparent. Letters have been received by the Foreign and Colonial Secretaries from various parts of the Continent, from India, and from the Brazils, expressive, on the part of our professional brethren and others in these countries, of their warm approbation of

the objects of the Society, and of their willingness to co-operate with its members, and already some valuable contributions on subjects connected with epidemic diseases, have been received from Sweden, from India, from the West Indies, and from the Brazils.

The Prussian Minister, and the American Minister, have each addressed a letter to the President of the Society, expressive of great interest in its objects, and offering in the most handsome manner to transmit letters and papers from the Society to the countries they respectively represent, and in other respects to aid the operations of the Society. There is also reason to believe that similar facilities for holding communication with other countries will, ere long, be granted by the other Foreign Embassies, and then the Society will be relieved from the heavy postage charges which must otherwise be defrayed from its funds.

The Council, having deemed it would be conducive to the interests of the Society that the first address to the Society by the President should be more extensively circulated amongst its members and the public, caused one thousand copies of this, as well as of the President's second address, to be printed and distributed accordingly.

The Reports from the Secretaries of the various Committees, indicate that their members are making steady and diligent progress in the investigation of the subjects with which they respectively have been intrusted.

The *Small-Pox and Vaccination Committee* have already issued queries bearing on the subject of their inquiry to not less than 1,800 medical men, of whom 527 have had the kindness to reply more or less minutely to the questions of the Committee, and these replies have been tabulated, analysed, and arranged.

The Committee have likewise put themselves in communication with the Poor-Law Commissioners, with the Board of Health, and with the Registrar-General. These authorities have, with the greatest kindness and liberality, put every document in their possession at the disposal of the Committee, and a vast fund of important information has thus been obtained.

With the view of rendering the investigation as comprehensive as possible, the Committee have been induced to draw up another and very short form of queries which they intend to address to all the Union Medical Officers, (more than three thousand in number,) throughout the kingdom. These queries the Poor-Law Board have most kindly undertaken to forward free of expense. The same form will also be sent to various other medical men. The Committee, moreover, have already put themselves in communication, or are about to put themselves in communication, with the authorities of the National Vaccine Establishment, of the Small-Pox Hospital, of the Royal Jennerian Institution, of the Army and Navy Medical Boards, and of various public institutions throughout the kingdom.

Besides their inquiries in this country, the Committee have sent through the Hon. the Board of Directors of the East India Company, a certain number of their queries to medical men stationed in various parts of India, in reply to some of which a package of letters,

containing much valuable information, reached the Society from Bombay by the last mail.

They have sought and obtained direct information relative to the laws affecting vaccination and the practice of it, as pursued in Austria, in Prussia, and in Sweden. Within the last few days a series of valuable papers have been received from Sweden, the statistics of which have been reduced to the form required for the Report of the Committee. The Royal Ordinance, and other papers in the Swedish language on the same subject, are also being translated into English, through the kind agency of the Chevalier Tottle, Consul-General for Sweden and Norway.

Different members of the Committee have been engaged in examining various published works, reports, and other documents on small-pox and vaccination.

From the great extent of the inquiry thus undertaken by them—an extent, indeed, which has appeared to get constantly larger, as the Committee have proceeded in their labours—it is impossible for them to say when they will be able to present a formal report. The probability is that that they will avail themselves of the permission already granted by the Council, and present a series of reports on the subject. But whatever determination they may eventually come to on this point, they are sure that they will best consult the wishes of the Council, and act most in conformity with the high character and purpose of the Epidemiological Society, by avoiding immature conclusions, and by steadily pursuing their investigations to the utmost extent to which they are capable of being carried with advantage.

As has been stated on a former occasion, the Committee appointed to inquire into the "Condition of Common Lodging-Houses," &c., obtained a sufficient number of replies to the queries issued by them to enable them to present a report, which is now in the hands of the Council. But the important measures which the Earl of Shaftesbury succeeded in carrying through both houses of Parliament, fortunately rendered the interposition of the Epidemiological Society, in a great degree, unnecessary. The working of Lord Shaftesbury's enactments will, however, continue to receive the attention of the Committee.

*The Epizootic Committee*, conducted by Professor Symonds, of the Royal Veterinary College, assisted by several distinguished members of the veterinary and medical professions, have held several meetings, but circumstances have hitherto prevented their making much progress in their operations. They nevertheless continue to receive assurance of valuable co-operation from various parts of the country; and the Honourable the Board of Customs have kindly directed their Inspector of cattle to give the Committee such information as he may be enabled to afford regarding the diseases affecting foreign cattle imported into this country.

*The Hospitals' Committee*.—This Committee, appointed to inquire into the epidemic diseases prevailing in public hospitals, have completed their comprehensive form of queries, which is now being printed, and will be immediately circulated extensively amongst

physicians and surgeons of the various hospitals throughout the kingdom, and others of the profession from whom information on the various subjects embraced by the Committee is likely to be obtained. Among other Committees contemplated by the Council, it is intended to institute Committees to investigate scarlet fever and other epidemics which affect the human race; likewise the potatoe disease, and other diseases affecting the vegetable kingdom. But the formation of these Committees, as well as the successful carrying out of the objects of the Committees already existing, depend greatly upon the assistance which the Society may receive from the profession and the public.

The Council are happy to announce that several handsome pecuniary donations have been lately made to the Society, which will be more particularly noticed in the Report of the Finance Committee. They also gratefully acknowledge that some valuable books have been presented to the Society since the last annual meeting. To the medical press the thanks of the Council are eminently due for the publicity they have uniformly given to the transactions at the Society's meetings; more especially for the warmth with which they urged upon the profession the necessity of their forwarding the objects of the small-pox and vaccination committees.

The Council, then, in looking back upon the events of the Society during the last twelve months, cannot but consider they have reason to be satisfied with its progress, and with the impression it has already made upon the general and professional public.

Judging from the additions that have been made to the numbers of the ordinary and corresponding members; from the papers that have been read at the ordinary meetings, as well as from the discussions that the reading of those papers have excited; from the extent to which the Society is gradually opening up communications with other countries; and from the manner in which its operations have all along been noticed and promoted by the public press, and more recently by some from Government Boards, and the various representatives of foreign powers in London, the Council feel themselves justified in anticipating that the Epidemiological Society is destined, at no distant period, to occupy an important position among scientific societies.

#### *Second issue of Questions on the results of Vaccination.*

1. If vaccinated, at what age?
2. " the number of cicatrices?
3. " the special character of ditto?
4. " have you been much exposed to Small-Pox?
5. " have you taken S.P., and when?
6. " and taken S.P., was it mild or severe?
7. If inoculated, at what age?
8. " have you taken S.P., and when?
9. " and taken S.P., was it mild or severe?
10. " have you taken Cow-Pox accidentally or experimentally?
11. If neither vaccinated nor inoculated, have you taken Small-Pox?
12. What is your opinion of the efficacy of vaccination as a protection against Small Pox?

## Foreign Department.

### *On a Stethoscopic Indication of the Separation of the Placenta.*

M. Caillant (*Thèse Inaugurale Paris*, 1852) informs us, that while engaged assiduously in the practice of obstetrical auscultation, it occurred to him to investigate the relations between the cessation of the placental bruit, and the disruption of the placenta from the uterine surface. While thus occupied, he accidentally made the discovery of a peculiar and characteristic sound, heard immediately after the expulsion of the child, and which he at once attributed to the peeling off of the placenta. In order to ascertain with certainty that this sound was so produced, he has been in the habit of auscultating the uterus during the whole process of labour, and thus made out that the sound in question was only audible immediately before the placenta was felt in the vagina. This sound consists in a repetition of cracklings, of considerable intensity, beginning and subsiding with each uterine contraction. It is said to be very different from the muscular bruit attending the contractions of the organ, as well as from the placental bruit itself, and more nearly resembles the dry crepitus of emphysema than any other known sound.

### *Dislocation of the Clavicle Backwards.*

Dislocation of the clavicle backwards is comparatively a rare accident, a case or two from time to time being placed on record. One such is published by M. Foucard, (*Revue Medico-Chirurgicale*, Feb., 1851,) which occurred in a woman who, while endeavouring to move a cart by pushing against the wheel, got jammed between the wheel and the wall. She was bled next day, but her symptoms becoming severe, she was subsequently minutely examined. It was then found that in the place of the natural projection of the head of the right clavicle, there was a distinct hollow, and it was evident that a luxation backwards had taken place. The author made many attempts to restore the bone to its place, but without avail, and therefore contented himself with subduing the inflammation by leeches. The patient recovered and now is only conscious of the accident when she is called upon to make unusually great exertion.

### *Cauterization of the Glottis in Whooping Cough.*

M. Joubert has published the results of his experience of this mode of treating whooping cough. He has treated in all 98 cases in this manner, but he excludes 30 of these as not being worthy of reliance. The remaining 68 cases he divided into three series, according to the period at which the treatment was commenced. Of these, the general results were, that in 40 the cure was rapidly effected, in 21 a marked relief was experienced, and in seven cases only the treatment failed altogether.

### *Lupus Cured by Enormous Quantities of Cod-liver Oil.*

*L'Union Médicale* mentions a case of lupus in which the ulcerations cicatrized under the influence, or during the administration, of cod-liver oil. The patient was a young man, aged 23, residing in the country, and was admitted into the hospital of Ghent on the 6th of December, 1850. The disease had manifested itself in various parts of the face and chest, and was of old standing. After purging and rest, half a pound of oil was given in the day, two equal halves being taken morning and evening; the daily dose was gradually carried to three pounds, with occasional interruptions when the appetite failed, or diarrhoea came on. The patient was in the mean time well fed, had wine and beer, and the ulcerated spots were successively touched with tincture of iodine, lemon-juice, and nitrate of silver. In the space of about seven months the cure was complete, all the lupoid ulcerations, to the number of three or four, were completely cicatrized, and the patient had purchased this result by swallowing during that period 265 pounds of cod-liver oil!

[We have long entertained the conviction that lupus is a disease of scrofulous nature, and like other manifestations of that cachexia, is more benefitted by cod-liver oil than by any other medicine. We have thus treated several cases successfully, but never found it requisite to administer more than a table-spoonful thrice in the day.—Ed. P. J.]

### *On the Habitual Presence of Sugar in the Urine of the Aged.*

The *Gazette Médicale* of last month contains an article on this subject, which is suggestive of important reflections on the pathology of diabetes. Our readers will remember the researches of MM. Bernard and Barreswill, which seem to prove that sugar exists normally in the urine, whatever diet be used, and that this saccharine elaboration by that organ is dependent upon the action of the pneumogastric nerve. A further question must, however, be appended to this discovery, viz., what becomes of this sugar after it has gained access to the general circulation? What is its use, and how is it eliminated? Although differing in their opinions on some points of this inquiry, most physiologists agree, that it is eliminated by combustion in the lungs, and one M. Reynoso has further sought to establish (*Provincial Journal*, January 7,) the fact, that when the respiratory process is impeded, sugar is excreted with the urine, and has by experiment ascertained that sugar may thus be made artificially to appear in the urine. Thus far our information on this interesting subject had reached, when a new element was infused into the inquiry by the researches of M. Dechambre.

It occurred to this pathologist, that if M. Reynoso's theory be correct, sugar ought to be found in the urine of aged persons, as in them the respiratory functions are notably diminished in activity; he accordingly undertook some investigations, the result of which has been to induce him to announce, *that sugar is an habitual ingredient in the urine of the aged.*

## General Retrospect.

### PRACTICAL MEDICINE.

*On the Nature and Treatment of Epilepsy.*—By Dr. RADCLIFFE.

In a paper read before the Medical Society of London, Dr. Radcliffe drew attention to the *temperament* of epileptics, and showed that this was distinguished by unequivocal marks of weakness and depression; signs of scrofula or some other cachectic disposition, of depressed and feeble circulation, of defective nervous activity, of muscular feebleness, might always be detected, but never the signs of true plethora or of hyper-activity in the nervous or any other system. After describing the phenomena of epilepsy, he proceeded to point out the continuance of the same signs of depression and exhaustion, and to show that the change which had taken place was always one of aggravated depression and exhaustion. This he did by a special examination of the condition of the vascular and nervous systems. Immediately before and after the fit the pulse was shown to be weak and collapsed, and often irregular and slow, and in the fit itself little or no blood was found to be propelled into the vessels. This condition of the circulating system entailed a corresponding failure in the activity of the several nervous centres. Dr. Radcliffe then insisted upon the absence of any local disorder as a cause of epilepsy, and said that the only way in which any such disorder had to do with the matter, was in aggravating the general debility and prostration of the system. Under this head he went on to notice the views of Dr. Marshall Hall. He contended that in epilepsy there was no proof whatever of any increased irritation in the spinal cord, any more than in the medulla oblongata and brain, but that there were abundance of proofs of a directly opposite condition. He doubted that trachelismus and laryngismus, with the consequent cranial and cervical engorgement, had any necessary connection with epilepsy. He did this because there were distinct contractions in the limbs and elsewhere, before the occurrence of the spasmodic tightening of the muscles of the neck and larynx, and because the fit ceases when the congestion was at its height—so that he conceived Dr. Hall's theory had two insuperable difficulties to contend with, the one that the fit had actually begun before it ought, (that is to say, before the congestion had showed itself,) the other that it ceased when it ought to have been most violent, (that is, when the congestion was at its height.) Dr. Radcliffe argued also against the hypothesis of trachelismus and laryngismus, from its non-applicability to very many cases of epilepsy, in which cases, and in many other convulsive disorders, no such phenomena could be detected. He said further that this hypothesis did not account for the insensibility of epilepsy, for, in his opinion, this insensibility (which was much more frequently of the nature of syncope than coma) was, as a general rule, due to a syncopal condition of the circulation rather than to any venous congestion in the vessels of the brain produced by the spasmodic tightening of the muscles of the neck. The mere violence of

the muscular contractions or convulsions in epilepsy, Dr. Radcliffe said, was no objection to the existence of the most positive prostration and depression; on the contrary, this very phenomenon was the best proof of the existence of that state. Muscular contraction, physiologically as well as pathologically, was always (he asserted) the sign of some withdrawal of the nervous and other stimuli which appertain to the muscles, and never the result of the communication or importation of these stimuli; and for the confirmation of this opinion he referred to his published views on muscular physiology and pathology, and to the facts which had just been stated in connexion with epilepsy. Upon the treatment, he argued at some length against low diet, and in favour of the most nutritious food, with stimulant and corroborative drinks, and against over-exercise in favour of rest. Citing many other arguments, he conceived that the non-existence of vascular or nervous excitement, and the existence of a directly opposite condition, was itself an insuperable objection to bleeding and purging in this malady, and an argument for the necessity of stimulants and tonics, and all means which could corroborate the system. Narcotics, counter-irritants, and emetics, were condemned. The convulsion-exciting properties of strychnia were stated to be an argument against rather than in favour of that drug. He objected also to tracheotomy in the cure of epilepsy, on the ground that there are many cases of that malady in which the larynx was not sensibly affected, and in which the impediment to the respiration was rather owing to irregular action or spasmodic fixation in the thoracic muscles and diaphragm, than to mere closure of the larynx.—*Lancet*, May 1, 1852.

*On the Curability of Aortic Aneurism.*—By Dr. O. B. BELLINGHAM.

Dr. O. B. Bellingham has recently read a paper on this subject before the Surgical Society of Ireland, in which he professes himself more sanguine in his expectations than physicians in general. We give the deductions which he draws from the details of his cases and observations. These are—

- 1st. That aneurism of the aorta is not necessarily an incurable disease.
- 2nd. That it appears to be more amenable to curative treatment than is ordinarily supposed.
- 3rd. That treatment ought always to be especially directed to this object.
- 4th. That when a spontaneous cure occurs, it is always by the gradual deposition of the fibrin of the blood in layers within the aneurismal sac until it is filled up.
- 5th. That if we hope to succeed in effecting a cure, it must be by imitating the mode in which Nature brings this about.
- 6th. That in order to favour the gradual deposition of fibrin, we should aim at diminishing the mass of blood, and lessening the strength and rapidity of the current through the aneurismal sac.
- 7th. That this can only be indirectly accomplished by acting upon the general circulation.
- 8th. That neither bleeding, purgatives, diuretics, digitalis, nor the various other remedies which have

been employed in this disease, can be depended upon for producing these effects.

9th. That an extremely restricted diet, particularly in fluids, continued for a certain time, appears to have the effect of rendering the pulse small, compressible, and slow, and at the same time of diminishing the mass of blood.

10th. That the cases related afford evidence that these results may be brought about by treatment conducted upon the foregoing plan.

11th. That this method of treatment, to prove effectual, must be steadily and perseveringly carried out, and must be continued until a decided impression is made upon the disease.

12th. That it is adapted not only to aneurism of the thoracic and abdominal aorta, but to aneurism in any of the immediate branches of these vessels. And that if employed as a preliminary to compression, pain will be diminished, and the duration of the treatment considerably abridged.—*Dublin Medical Press.*

#### SURGERY.

##### *Dislocation of the Clavicle Backwards.*—By Mr. SIBLEY.

Among our foreign notices in the present number is an instance of this accident, in which reduction was impossible. In the following it was stated to be easily effected, the chief difficulty being in retaining the bone in its place after its reposition:—

Mary C., an Irish girl, aged 10, was admitted into the Middlesex Hospital, March 10, under the care of Mr. de Morgan. It appears that, while playing in the street with some other girls, a carriage driving rapidly by at the time knocked her down; but it is stated by those who saw the accident that the wheels did not pass over her. At the time of admission was much collapsed; face pale; skin cool, with slight rigors; suffering from great dyspnoea; respiration anxious, 44; pulse 100, feeble. The head is drawn down on the chest, and there is extreme pain when it is raised. On exposing the chest there is seen considerable tumefaction over the right coracoid process and about the external half of the right clavicle, with some bruising of the integument. The inner end of the left clavicle may be seen distinctly projecting beneath the skin; but, in place of a similar projection on the right side, there is a depression, into which the finger may be thrust, and the clavicular articulation of the sternum felt; this, however, causing great pain and increased dyspnoea. Behind this notch in the sternum the clavicle may be felt, so that the inner end of the bone lies behind the sternum. There is a difference in measurement from the middle line to the acromion of a quarter of an inch in favour of the left side; there is also considerable bruising over the right side of the lower jaw, a slight cut over the right ear, with a more severe one over the left, and a severe laceration of the left little finger.

On placing the knee against her spine, and gently drawing the two shoulders backwards, the bone is easily restored to its proper place, causing obvious relief to the dyspnoea; but immediately on leaving hold of the shoulders, the bone falls back, and the dyspnoea returns. A splint was then placed across the shoulders, with a

pad between it and the spine, the shoulders being drawn to the splint by a bandage. By this means, the bone was kept firmly in its place; pillows were so arranged along the child's back that the splint should not feel uncomfortable. On the apparatus being fixed, she could lean her head backwards, and stated that her pain was much relieved.

She continued to wear a splint till a fortnight after the accident; the bone then feeling quite firm in its place, she was allowed to lie in bed without a bandage. Ultimately the articulation became as firm as on the other side.—*Medical Times and Gazette*, April 24.

##### *Traumatic Neuralgia.*—By Mr. SMITH.

The following is an instance of an affection which is not unfrequently submitted to the notice of the surgeon, and which sometimes proves to be altogether uninfluenced by treatment of every description:—

Jane Turner, aged 22, single, and usually very healthy, but somewhat liable to hysterics, and at all times acutely susceptible of moral and physical impressions, applied as a patient at the Westminster General Dispensary, December 17th, suffering most severely from neuralgia of the thumb. It appears that four months previously she had wounded the right thumb, just on the radial side of the last phalangeal joint, with the shell of a crab; this injury was followed by intense inflammation and swelling of the thumb and hand; suppuration took place. Matter was evacuated by a free incision being made in the thumb. After this the inflammation subsided; but, as cicatrization of the incised part took place, the joint became gradually contracted, very severe pain was felt in the part, and this daily increased, and resisted the remedies which were applied.

Mr. Smith found the thumb so much contracted, that the last phalanx was bent nearly at right angles with the first. The member was much wasted, but the joint itself was swollen, and just at the outer side of it was a cicatrix, about half an inch in extent. There was such intense pain when the part was touched, that the patient could hardly bear to have it examined. She stated that the pain commenced at the cicatrix, and that the sensation was continued up her arm to the elbow; it was constant day and night, and prevented her from sleeping, and nothing gave her relief. Her health appeared good, but there was an expression of anxiety on her face. After a careful examination, Mr. Smith considered that this was a case of traumatic neuralgia, and that there was no disease in the joint itself, although it was much swollen and painful; that in all probability some nervous filaments were implicated in the cicatrix, and thus caused the pain; and that the flexor longus pollicis tendon was contracted. He at first determined to try what local applications would effect, and employed ointments and liniments containing morphia and aconite; but there was no alleviation of the pain. After trying these measures for a fortnight, he advised a cold douche to the part, and a preparation of iron internally. This was also without effect, and eventually he had recourse to an operation, which consisted in dividing the contracted tendon, taking care to carry the incision through the cicatrix. This operation was completely successful.—*Medical Times and Gazette*, April 17, 1852.

*Traumatic Tetanus Successfully Treated by Indian Hemp.*—By CHARLES HODSON, Esq.

Mr. Hodson relates the case of a child, aged seven years, who was struck with a stone over the eye. About eight days after, when cicatrization had been perfected, symptoms occurred which caused the mother to seek medical advice. At this time the affected eye could not be closed; the pupils were dilated; there was partial trismus, and some paralysis of the right side of the face. Two days after, the report is that he is much worse; right eye fixedly open, and jaws firmly closed; great difficulty in swallowing; a few drops passed between the teeth, the attempt producing spasm of the muscles engaged in deglutition; occasional attacks of rigidity of the whole of the frame; some tendency to opisthotonos. His teeth are small (milk teeth) and do not overlap, consequently fluids can be got into the mouth with tolerably facility. Ordered the following:—Grain doses of the resinous extract of Indian hemp every three hours; an enema of compound decoction of aloes, tincture of assafoetida, and water; a paste composed of extract of belladonna, blister plaster, and antimony, to be rubbed in over the whole of the spinal column. Strong beef-tea and milk arrowroot. From this time up to November 7th he got daily worse; the attendants experience so much difficulty in giving medicine and food, from the spasms consequent upon every attempt to swallow, that they could not be induced to carry out the directions, and they were the less disposed to persevere, from a conviction that the boy must die, and an unwillingness to disturb him from the drowsy state induced by the little medicine they had forced down.

The next report is, that the jaws are firmly closed; right eye open and lower lid everted; conjunctiva inflamed; awakes with a cry of horror and rigidity of the whole frame; well-marked opisthotonos; pulse feeble; much emaciated. From this date, by repeated visits, arrangements were made for giving medicine and food regularly, and he took for several days consecutively from a grain to a grain and a half of the extract of Indian hemp every three or four hours, beef-tea, tea with egg, &c. The food was generally given immediately after a dose, as he was then able to swallow better. From the 10th day of the disease he began to improve, although very gradually—recovering by degrees, first the power of swallowing, then of separating the jaws, and, lastly, of closing the eye. The general spasms became less frequent. By the end of the month he was quite well, and continues so up to the present time.

The patient took in nine days sixty-four grains of the extract, in all 162 grains between the 3rd of November and the 3rd of December. The only unpleasant result occurred about November 22nd; when nearly convalescent, and still taking the extract five or six times a day, it appeared to produce considerable pyrexia and conjunctivitis; these symptoms quickly yielded, however, to a brisk purgative and greatly diminished doses of the hemp.—*Medical Times and Gazette*, May 1.

## Correspondence.

### MESMERISM IN THE "ZOIST."

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—The April number of the *Zoist* contains some amusing romances, and also some challenges to the common sense members of the medical profession; there is also a long letter from Professor Gregory, in which the celebrated bank-note development is mentioned, and its failure—very consistently with mesmerism, evaded. Now, to this gentleman I wrote some time back a very civil note, enclosing my card in an envelope, and requesting it might be read by some member of his Reichenbach Institute, but no notice has been taken of it, and no current of Odyle has flowed from the north to the south. I regret this, for I think it is high time to test this infirmity of the human brain, "mind" I cannot call it; and I reside in a part of the world where there are several magniloquent mesmerists, but I cannot put faith either in their doctrines or experiments. I have seen the same performed by professed conjurors, who tell you at once they mean to cheat you.

Yours obediently,  
E. B.

## Medical Intelligence.

### MEDICAL BENEVOLENT FUND.

The first public festival of this Institution, now in the eighteenth year of its formation, was held at the London Tavern, on Thursday, the 20th instant, the Right Hon. the Earl of Carlisle in the chair. Upwards of 140 guests sat down to an elegant and well-served dinner, amongst whom we observed:—Sir James Clark; Sir Charles Hastings, Worcester; Dr. Forbes; Dr. Sylvester, of Clapham; Dr. Browne, of Dumfries; Dr. Burrows; Mr. Probert; Mr. Erasmus Wilson; Dr. Radcliffe; Mr. C. R. Hall, of Torquay; Mr. Edwin Saunders; Dr. Conolly, of Hanwell; Dr. Bright; Dr. Cowan, of Reading; Dr. Walter Lewis; Mr. Solly; Mr. Sankey, of Dover; Mr. Bottomley, of Croydon; Mr. Toynebee; Mr. Curling; Dr. R. Bennet; Mr. George Sampson; Mr. Squibb; Mr. South; Mr. Day, of Isleworth; Dr. Bushnan; Mr. Lord, of Hampstead; Dr. Begley; Mr. Newnham, of Farnham; Dr. Daniell, of Newport Pagnell; Mr. John Churchill; Dr. Barclay; Dr. Sibson; Mr. G. N. Palmer; Dr. Seymour, of St. George's Hospital; Mr. Clement, of Shrewsbury; Mr. Lowdell, of Brighton; Dr. Jenks, of Brighton; Mr. Hunt; Mr. Bird; Mr. Norman, of Bath; Mr. Eyles, &c. &c. After the cloth was removed, and grace had been sung, the Noble Chairman gave "The Queen," as the first toast, which was drank with every symptom of loyalty and attachment. This was followed by "Prince Albert and the Royal Family," when the President introduced the toast of the evening, in a truly feeling and energetic speech,

vis., "Prosperity to the Medical Benevolent Fund, and the health of Mr. Newnham." The toast was drunk with enthusiastic applause, and responded to by Mr. Newnham, in a speech which addressed itself to the feelings of his audience, and concluded with a stirring appeal to their benevolent principles; after which followed "The Royal College of Physicians, and Dr. Seymour," "The Royal College of Surgeons and Mr. South," and "The Worshipful Company of Apothecaries." Sir James Clark, Bart., then rose, and in an eloquent address, proposed "The President of the evening, the Right Hon. the Earl of Carlisle." Lord Carlisle acknowledged the toast in the kindest manner. The toast next given was "The President of the Provincial Medical and Surgical Association," with which institution the Benevolent Fund had originated. Sir Charles Hastings responded to the compliment with his accustomed fervor; after which Mr. Newnham gave "The Bishop and Clergy of the Diocese, and the Rev. Harcourt Skrine." Mr. Skrine briefly returned thanks. "The Society for the Relief of the Widows and Orphans of Medical Men in the Metropolis, and Dr. Burrows," was then given, and acknowledged by Dr. Burrows in an appropriate address. "The British Medical Fund," "The Medical Benevolent College," and some other toasts followed; and the company separated about midnight, after an evening which seemed to afford a high gratification to all present. Upwards of 500 guineas were subscribed in the room towards the noble Fund.

#### QUEEN'S HOSPITAL, BIRMINGHAM.

At the weekly Board of the Queen's Hospital, the Rev. Prebendary Gray in the chair;—present, J. E. Piercy, Esq., Messrs. D. Barnett, G. Taylor, E. T. Cox, J. Griffin, M. Banks, J. Suckling, J. Watson, and T. Boucher—the election of Dr. Heslop as Physician was ordered to be entered on the minutes. The Dean of the Faculty, in submitting the communication from the Council of the Queen's College, called the attention of the Board to the fundamental laws of the Hospital on this head. On the occurrence of a vacancy in the staff of medical officers, the rules provide that candidates be invited, not only by public advertisement in the local, but also in the London journals, to offer themselves, and to forward their testimonials to the Council of the Queen's College, on a certain day. On the receipt of the testimonials, the same are submitted to the Professors, who are pledged on their honour, without fear, favour, or affection, to report on the qualifications of the candidate or candidates; not simply whether such or such candidates are legally qualified, but to select the candidate or candidates "who, in their judgment, is or are best qualified, professionally and otherwise," and to specify the grounds which had guided them in making such a selection. The report is then submitted to the Council for their judgment, and afterwards forwarded to the Hospital Board, who are required to take steps to submit the appointment for confirmation by the Governors of the Hospital assembled at their annual meeting. By this plan it is found that the best interests of the sick and suffering are protected, and the candidate

is not compelled to seek his appointment through a lawyer's office, or owe his election to the creation of votes at the eleventh hour, but stands on his own merits. The appointments of the Queen's Hospital are held for ten years, subject to re-election once; and in accordance with this rule the present medical officers will vacate their appointments, subject to re-election at the next annual meeting.

#### REPORT.

"The Professors in Medicine and Surgery of Queen's College having been requested by the Council to report on the Testimonials of the Candidates for the vacant office of Physician to the Queen's Hospital, specifying the names of such candidates as are in their judgment eligible and qualified professionally and otherwise to fill the appointment, have to report that eight applications have been received, five of which have been withdrawn. That there are now three candidates, Dr. Grouse, a graduate of the University of London, 1850; Dr. Heslop, a graduate of the University of Edinburgh, 1848; and Dr. McGregor, a graduate of the University of Edinburgh, 1833. After mature deliberation, and a careful examination of the testimonials of the respective candidates, the Professors report that in their judgment Dr. Heslop appears highly qualified professionally and otherwise.

"It was ascertained that Dr. Heslop commenced his professional studies with a gentleman in large practice in the Staffordshire mining district, where he resided for a period of five years; that he matriculated at the University of Dublin, where he signally distinguished himself by obtaining three honorary University Premiums; that during a period of four years he held responsible appointments in the Hospitals of Dublin and Edinburgh; that his thesis, written for graduation at Edinburgh, 'On some Morbid Conditions of the Heart occurring in Fever,' is among those highly commended; that he has subsequently discharged the duties of resident Medical Officer at the General Hospital, in this town, for more than three years. On his retirement from that appointment, at a meeting of the Governors, at which R. Spooner, Esq., M.P., presided, it was moved by the Rev. J. Garbett, and seconded by the Earl of Dartmouth, and unanimously resolved, 'that this Board accept with regret Dr. Heslop's resignation; and in so doing, they desire to express their full sense of the ability, diligence, and extreme kindness with which he has discharged the duties during the whole period of his connection with this Hospital, especially of the indefatigable care and attention with which he has cultivated the moral and intellectual improvement of the pupils.'

"Dr. Heslop's practical experience, professional qualifications, industry, high moral character, and anxiety to communicate knowledge, are certified by testimonials from Drs. Stokes, Harrison, King, Aldridge, Flemming, Negligan, Gardner, Geoghegan, Bennett, Paterson, Alison, Wilmot, Churchill, Johns, Thompson, Porter, Sapeleton, Hatchell, and by Messrs. Wharton, Beatty, Wilde, Smyly, Ellis, Collis, Barron, Hatchett, Bynd, and Underhill, copies of which will be placed in the hands of each member of the Council. On these grounds the Professors have great pleasure in recommending the Council to appoint Dr. Heslop to the office of Physician to the Queen's Hospital.

"The Professors cannot conclude their Report without remarking that Dr. Grouse's testimonials are of the highest character, and that the perusal of those forwarded in favour of Dr. McGregor afforded them the highest satisfaction.

"Signed on behalf of the Professors,

"WILLIAM SANDS COX,

"Dean of the Faculty."

After a few remarks from Professors Dr. Birt Davies



and G. B. Knowles, Mr. G. Taylor, Mr. Boucher, Mr. E. Armfield, and other members of the Board, the Report was unanimously adopted.—The Vice-Principal instructed the Dean of the Faculty to forward the Report of Dr. Heslop to the Committee of Council of the Queen's Hospital; the appointment to be submitted to the Board of Governors of that Charity for confirmation at their next annual meeting.

### EPIDEMIOLOGICAL SOCIETY.

At the meeting of this Society held on Monday, May 3rd, a paper on "Yellow Fever" was read by Mr. Bascome, who, after tracing the origin of the indefinite term "fever," alluded to the various epithets or terms which had been from time to time added by physicians. Dr. Bascome is of opinion that all fevers are essentially the same, character being assigned to them by locality, habit of body, &c., &c.; also, that fever is nothing more or less than nature's attempt at a curative process—nature's effort to repair a breach, as in symptomatic fever, (as for instance in a broken limb,) or to get rid of something inimical to vitality, as is the case in what is termed idiopathic fever; the noxious something invading primarily the main-spring of vitality, the nervous apparatus, causing suppression of the depuratory or secretory functions, thereby oppressing and vitiating the vascular system, and proving more or less lethal according to the extent of impression made on the nervous system. The more immediate purport, however, of Dr. Bascome's paper, was to show that the malady commonly termed yellow fever, vomito negro, the Bulam fever, or hæmogastric pestilence, was no disease *sui generis*, neither was it a malady (as has been stated) of "modern origin;" further, that persons were not exempt from a second or even a third attack. Numerous authors, irrespective of the Dr.'s personal experience, in various parts of the world, for a quarter of a century, were cited in support of the non-specific nature of yellow fever; and with regard to its not being a disease of modern origin, reference was made to Spanish Epidemiology, from which it would appear, that so far from yellow pestilence having originated at the new settlement in Africa, (Bulama,) a little more than half a century ago, it was known both in Spain and Africa nearly 3000 years back, having ravaged towns and places in both countries, particularly those places situated on the Mediterranean shores; and that history specially notices the lethality of yellow pestilence, not only in ancient Carthage, in Africa, but Carthago Nova, in Spain. It was also shown that yellow fever prevailed with great mortality in the United States of America as far back as 1618.

### APPOINTMENTS.

Mr. Hartwell has been elected surgeon to the Exeter Dispensary, his three opponents having retired; Mr. Amory, the retiring surgeon, has also been elected Consulting-Surgeon to the Dispensary.

MILITARY. — 6th Regiment of Foot, Assistant-Surgeon Egerton James Pratt, from the 62nd Foot, to be surgeon, *vice* John Murtagh, M.D., who retires

upon half-pay. 10th Foot, acting Assistant-Surgeon, Duncan Robertson Rennie, to be Assistant-Surgeon, *vice* Inglis, promoted in the 64th Foot. 62nd Foot, Cornelius Clark Rutherford, gent., to be Assistant-Surgeon, *vice* Pratt, promoted in the 6th Foot. Hospital Staff acting Assistant-Surgeon, James Joseph Roosemalecoey, to be Assistant-Surgeon to the Forces, *vice* Jameson, appointed to the 87th Foot.

NAVAL.—Surgeon John P. Burke, M.D. (1845), Assistant-Surgeon William E. Hambly (1847), to the *Buzzard*.

### STATISTICS OF CANCER.

The Professor of Surgery (Mr. Paget) in his first lecture upon "Malignant Tumours," at the Royal College of Surgeons, made the startling announcement, that persons operated upon for cancer died, upon an average, thirteen months sooner of their disease than those who were not operated upon. The average was taken from upwards of sixty cases, at the same time omitting all those who died from the immediate effects of the operation.

### CUSTOMS MEDICAL INSPECTOR.

The Board of Customs have ordered Dr. McWilliam, their medical officer, to take the title of "Customs Medical Inspector." Dr. McWilliam has to attend the officers of customs, and also the coast guard.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 14th instant:—Henry Septimus Beddome, Hudson's Bay; Richard Clarke, Beccles, Suffolk; James P. Drinkwater, Shrewsbury; Richard Anthony Frederick Gurney, Lilburn, Northamptonshire; Harrison Hanna, Belfast; James Graham Hildige, Dublin; George Prown Lambert, Enfield; Robert Lucas, Bottisham, Cambridgeshire; George Thomas William Mugliston, Westham, Essex; William Ashton Shepherd, H.E.I. Co.'s Service; Thomas Sowerby, Loughborough; Godfrey Bingley Wadsworth, Warwick Street, Regent Street.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 6th instant:—Andrew Muskett Blomfield, Barton, Norfolk; Thomas Boor Crosby, Gosberton, Lincolnshire; Alfred Edmund Gabriel, Collumpton, Devon; Henry James Hernage, Nottingham; William Alfred Johnson, Warwickshire; Christopher Kirby, Halifax, Yorkshire; William Edward Masfen, Staffordshire; Robert Thomas Ogden, Rochale, Lancashire; William Saville, Wakefield, Yorkshire; George Taunton, Oxford.

Gentlemen admitted members on the 13th instant:—Daniel Bailey Balding, Barkway, Herts; Tertius Ball, Liverpool; Alexander Brown, H.E.I.C.S., Steeple Bumpstead, Essex; Edward Vavasour Hemingway, Leeds; Henry Lankester, Poole, Dorset; John Manley, Hurst Green, Sussex; William Mackay Ogilvie, R.N., Boughton Blean, Kent.

## UNIVERSITY OF ST. ANDREWS.

List of Gentlemen who had the Degree of Doctor of Medicine conferred upon them, May 7, 1852:—

Francis Ayrton, M.R.C.S. and L.A.C., Liverpool; William Burns Beaton, M.R.C.S., and L.A.C., Peckham, Surrey, H.E.I.Co.S., Bengal; James Strange Biggs, M.R.C.S., and L.A.C., Devizes, Wilts; Charles Blatherwick, M.R.C.S., Titchfield, Hampshire; James Boyd, Lic. Fac. Phy. and Surg. Glasgow, Beith, Ayrshire; Richard Cross, M.R.C.S. and L.A.C., Scarborough; Robert Butterfield Cumming, M.R.C.S., London; James Drummond, M.R.C.S., Ed., Edinburgh; David Duncan, M.R.C.S., Ed., Glasgow; Edward O'Callaghan Foott, M.R.C.S., Cork, Ireland; Benjamin Godfrey, L.A.C., Romsey, Hampshire; Edmund Grosvenor Goulden, M.R.C.S. and L.A.C., Hazel Grove, Cheshire; John Grabham, F.R.C.S., and L.A.C., Essex; Horace Edward Philogonius Johnson, L.A.C., London; William Locke, M.R.C.S., and L.A.C., Hoddesdon, Herts; Charles Martin, M.R.C.S. Ed., Leicester; Samuel Mault, M.R.C.S., Ed., Nagercoil S. Travancore, E. Indies; James McCann, M.R.C.S. and L.A.C., London; Richard Budd Painter, M.R.C.S. and L.A.C., London; George Newport Pickstock, M.R.C.S., Belize, Honduras, W. Indies; John James Ridge, M.R.C.S. and L.A.C., Gravesend, Kent; Francis Salter, M.R.C.S. and L.A.C., Hayes, Middlesex; Samuel Stacy Skipton, London; Thomas James Vallance, M.R.C.S. and L.A.C., Stratford House, Essex; Watkin Sandom Whylock, M.R.C.S., Southwark; William White Williams, M.R.C.P.L., and M.R.C.S., Gloucester; John Wills, M.R.C.S., Wiltshire.

Mr. Benjamin Thomas Moore passed the requisite examinations, but in consequence of an informality in his certificates, his degree was temporarily deferred.

## OBITUARY.

November 25th, of consumption, at sea, James E. Partington, Esq., surgeon of the *Lord Stanley* merchantman.

January 4th, at Paramatta, New South Wales, Bute Stuart, M.D.

April 6th, at Cairo, from the effects of a sunstroke, received four days previously, Charles Evans, Esq., late of Margate, surgeon, in his 39th year.

April 26th, at Liverpool, John Hughes, Esq., surgeon, aged 44.

April 26th, at Maddox Street, Bond Street, John Geo. Porter, jun., Esq., surgeon, late of Peterborough.

May 1st, — Day, Esq., Surgeon, of Harlow, Essex. He was found lying lifeless in his garden.

May 4th, at Acomb, near York, aged 54, Horace Brydges Hodgson, Esq., Surgeon.

May 5th, at his father's house, Brentwood, in the 33rd year of his age, Thomas Shuttleworth Butler, Esq., M.R.C.S., Assistant-Surgeon in the H.E.I.C.S., Bombay.

May 6th, at his residence, Claremont House, Cheltenham, Thomas R. Exham, M.D., aged 32.

May 8th, at Lynn, Frederick Manby, Esq., surgeon, formerly of East Rudham, Norfolk, aged 69.

May 13th, at his residence, the Lodge, Bedford, Nicholas Fitzpatrick, M.D., late of the Royal Artillery.

May 15th, in Hanover Street, London, in the 80th year of his age, Wm. Winstanley, M.D., of West Cliff, Preston, one of her Majesty's justices of the peace for the county of Lancaster.

April 26th, in Maddox Street, Matthew Scott Moore, M.D., formerly Superintending-Surgeon of the Madras establishment.

## BOOKS RECEIVED FOR REVIEW.

*Disease of the Liver.* By George Budd, M.D., F.R.S. Second Edition. London: John Churchill, 1852. 8vo, pp. 486.

*Homœopathy and Homœopaths.* By J. Stevenson Bushnan, F.R.C.P.E. London: John Churchill, 1852. London: John Churchill, 1852. 12mo, pp. 214.

*Insanity; its Causes, Prevention, and Cure.* By Joseph Williams, M.D. Second Edition. London: John Churchill, 1852. pp. 317.

*Annals of Anatomy and Physiology.* Conducted by John Goodsir, F.R.S.S.L and E.M.W.S. Edinburgh: Sutherland and Knox. No. 2, May, 1852.

*A Handbook of Organic Chemistry; being a new and greatly enlarged edition of the "Outlines of Organic Chemistry;" for the use of Students.* By Wm. Gregory, M.D., F.R.S.E., Professor of Chemistry in the University of Edinburgh. Third edition, corrected and much extended. London: Taylor, Walton, and Maberly, 1852. 8vo, pp. 532.

*Lectures on the Principles and Practice of Midwifery.* By E. W. Murphy, A.M., M.D. Plates and Woodcuts. London: Taylor, Walton, and Maberly, 1852. 8vo, pp. 616.

*Second Report of Quarantine—Yellow Fever.* With Appendices. Presented to both Houses of Parliament, by command of Her Majesty. London: Clowes and Sons. Pamphlet. 1852.

*Monthly Journal of Medical Science, May, 1852.*

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

## YORKSHIRE BRANCH MEETING.

The annual meeting of this Branch will be held at the Medical School, Leeds, on Thursday, June 10th, under the Presidency of C. Chadwick, M.D. The chair will be taken at one o'clock precisely. The members and visitors will dine together after the meeting.

WM. MATTERSON, JUN.,

Hon. Secretary and Treasurer.

York, May 21, 1852.

## TO CORRESPONDENTS.

Communications have been received from Mr. Moore, Dr. Nelson, Dr. Day, Mr. Bottomley, Observer, Mr. Watson, Mr. Foote, Dr. Oke.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

CLINICAL LECTURES  
ON THE  
PRACTICE OF PHYSIC,  
DELIVERED IN THE  
THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D., EDIN.,

*Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.*

LECTURE XVI.

ON THE MORBID CONDITIONS OF THE URINARY  
ORGANS—CONTINUED AND CONCLUDED.

GENTLEMEN,—At the conclusion of my last lecture, which was devoted, in a great measure, to the explanation of the pathological theory of renal degeneration, I promised that, at the next meeting, I should proceed to illustrate the doctrines then advanced by the symptoms of the actual cases during life, and the morbid appearances after death, which promise I now proceed to fulfil.

You are aware that the treatment, in advanced cases, is generally very discouraging. Those in a less advanced stage, which appear either amongst out or in-patients, are also rather unsatisfactory; because they seldom can be observed for a period long enough to enable us to arrive at decided conclusions. They generally recover, again and again, from the accompanying dropsies; and as patients, in their ignorance, believe that symptom to be the actual disease, they commonly remove themselves from observation and treatment as soon as it disappears. They are also apt to view the pain in the loins as lumbago, and so ease it by means of soothing linaments, &c., until the disease has gained head, and compelled them to seek proper advice at too late a period.

Now, to recapitulate a few points of the former lecture, let me remind you that I considered the essence of the disease to consist, not in the albuminous discharge, but in the replacement of the proper gland cells and tubules of the kidney, by non-nucleated cells of granular matter, or oil or fibrin, this being the result either of a simple perversion of the nutritive processes, or of a preceding capillary congestion or inflammation arising from irritant causes, whether sanguineous or extra-sanguineous. Hence the name of degeneration, as indicating a depressed vitality, and consequent inferior organisation. This I stated to be always accompanied by a deficiency of the red particles of the blood—and that I believed this accompaniment to be the cause of the disease when it was one of constitutional origin—but to be only a consequence of the disease, when it proceeded from accidental or local derangements. Under the former head, I classed general debility and anæmia; and, under the latter, hyperæmia, whether arterial or venous. I further observed that each case had its own peculiarities, which could only be learned by experience; and that I was in a position to show that the disease might go on without dropsies in

one person, without dyspepsia in another, without pain in a third, and without albuminuria in a fourth; but that the most unvarying symptom was the condition of the countenance, which, in its highest degree, produced a puffy, pale, and pasty aspect; whilst in an ordinary way it only gave a heavy Flemish expression, difficult to be described, yet easily recognised when once well observed. I shall now proceed to give outlines of the cases, selecting, in the first place, those that were best marked, and perfectly confirmed; and, afterwards, citing a few more, in which the symptoms during life were comparatively slight and obscure, but in which the degeneration, to a greater or less extent, was revealed after death, according to expectation.

The first in the case book is that of Mrs. Fulford, aged 45, leuco-phlegmatic, but spare, who was admitted June 27th, 1849. She stated that she had been subject to uterine floodings for twelve months past, occurring almost every fortnight; that her face and legs next began to swell, and that, for two months before, they had become permanently enlarged; while thirst had increased, and she had become excessively pale. These latter facts were confirmed upon examination. The nasal bones were likewise observed to be depressed, and she confessed to having been once powerfully salivated for syphilis. Complete dulness also existed over the whole of the left side; a slight cardiac murmur was present, and the breathing was oppressed. Her appetite was good, but she had intense thirst. Her urine was frequently passed, but little came at a time. It was highly albuminous, and there was pain in the kidneys, increased under pressure. Renal degeneration, accompanied with effusions into the chest and cellular tissues, was at once evident; and it was also pretty clear that it had been brought about by the successive deteriorations which the circulating fluid had undergone—firstly, from syphilis; secondly, from severe mercurialization; and, thirdly, from hæmorrhage. From her excessively anæmic appearance she was not cupped at first, but took purgatives, and had a large blister applied to the left side of the chest, which treatment diminished, (after a few days,) the swelled appearance of the face and legs; and then she also had a diuretic, sedative, and tonic mixture of digitalis, lytta, and muriate of iron. As this diuretic, however, did not act, and as the pain of the loins continued, notwithstanding her state of repose, cupping was resorted to on the 1st of July. In three days thereafter, the urine having flowed, there was no œdema of the face whatever, though it looked pale and pasty. The breathing was easy, but, (perhaps in consequence of a Dover's powder exhibited,) her bowels were bound, and she had a drowsiness which approached to stupor. Dover's powders or other opiate preparations were now forbidden, and purgatives were had recourse to, under which, along with leeches to the loins, the respirations improved, and the anasarca greatly diminished. On the 5th, she only complained generally of weakness; pulse 104, small and thready. On the 6th, there was very little œdema, and no pain in the loins, but the thoracic dulness continued the same. On the 9th, all œdema had left, and, on this date, the

specific gravity of the urine was 1017 with the albumen, and 1012 without it. At the time of the stupor, it had been only 1011 with the albumen, and 1005 without it. On each occasion the proportion of albumen had been much the same, though the amount of urea and other salts had varied. On the 10th, the thoracic dulness had somewhat diminished at the upper part of the chest, the urine being free. She was very thirsty and restless, but complained of no pain. The cardiac murmur was a little increased; respirations 26, and easy. She was taking, at this time, the *uva ursi*, with conium and soda. On the 12th she lay tranquilly, but was very drowsy; the respirations were down to 14, pulse 92. The thirst had abated, as well as the dulness of the chest, and the urine appeared healthy—so far as related to the absence of albumen—but its specific gravity was only about 1005. There was no return of oedema, but the tongue was brown and dry. All that day she became more and more insensible, and died on the 13th, in a state of coma. Previously to this event, her perspiration had a rank, urinous odour; but on the coma appearing, that symptom had ceased. On opening the body, some remains of serum were found in the left side of the chest, where the lung was congested, but still crepitated. The heart was large, soft, and filled with fibrinous clots. The liver was also large, but of natural texture, as was the spleen. The kidneys, of usual size, were much congested in the individual veins, which were large and dark. The tubular and secretory portions were almost obliterated. The general structure was very pale, and traversed by the above large dark veins; and, on peeling off the fibrous coat, the surface of the kidney proper was seen to be so much tuberculated as to resemble a small brain. Most of the tubercles were the size of mustard seeds; but many were as large as peas, and some were the size of French beans. These latter had softened, so as to contain a semi-purulent matter, such as is found in large tubercles of the lungs. The morbid conditions of both kidneys were singularly symmetrical.

Now, it will be observed, in this case, that it seemed to have sprung from causes of general debility, viz., the severe syphilis, the mercurial salivation employed for the cure of that disease, and the subsequent uterine hæmorrhages. The physiognomy gave the first impression as to the nature of the malady; and, far gone as it was, the treatment led to one gratifying result, inasmuch as she did not die in the agonies of an orthopnoea, such as must have resulted had the oppressive dropsies not been drained off, but from simple coma, consequent on the non-excretion of urea. The disappearance of albumen from the urine, and the simultaneous disappearance of the urinous elements from the secretion of the skin, are likewise notable facts. That the disease was of blood origin seems pretty clear, from its symmetrical development; and that the depositions were of the nature of tubercle, more than of fat, was inferred from the granular appearances under the microscope, and the sanio-purulent matter contained within the tubercles. The disease was here complicated, as it very frequently is,

with other ailments, as such a serious process could scarcely be expected to go forward in the kidneys without deranging all the other allied organs. The next case is of a similar description.

Sarah Whitehall, of Walsall, a housekeeper, of leucophlegmatic appearance, and aged 50, was admitted on New Year's Day, complaining of droopy. She stated that, about two years before, she had had profuse terminal menstruations, immediately after which her legs began to swell, and went on increasing in spite of treatment. She then felt in a condition of great debility. About three months before admission her face also had become puffy, while her breathing was oppressed, and she felt uncommonly drowsy. She had also dysentery during that time.

On admission there was pain in the loins, increased by pressure, and by the effort of rising to an upright position. The legs and arms were swollen, and, in one place, had broken into a sore. The face was still puffy. The tongue, though clean, was indented by the teeth. She was confused in her ideas. She complained of thirst; and her urine was very albuminous, but not scanty. Along with these symptoms of renal disease there was fullness and tenderness of the abdomen, with slimy stools. The pulse was scarcely perceptible; and she also had asthmatic bronchitis, with some evidence of effusion on the brain.

Now, in this case, as the state of the bowels forbade the employment of purgatives, diuretics alone were exhibited, viz., digitalis, lytta, and nitrous æther, while she took mercury and chalk, with Dover's powder, and was ordered to be cupped over the loins to the extent of four ounces.

By the 4th the stools were reduced from six or eight to three in the twenty-four hours, but were still slimy. Nothing but serum had been drawn off by the cupping, but yet the lumbar pain was reduced, and the pulse had become more appreciable, and 100. The asthma continued, and she was ordered, in addition to the other medicines, the ethereal solution of lobelia night and morning.

On the 8th there was no wheezing whatever, and the abdomen had resumed its natural flatness, being only moved to one or two stools a day, which were not slimy. The chief, or at least most obvious complications, therefore, were now subdued; but not only that, for, at this same date, the legs had much diminished in size, the skin appearing to be wrinkled, and scarcely pitting on pressure. The urine was plentiful, and clear; the tongue was less swollen; the appetite was improved; the thirst had abated, and the pulse was reduced to 80. The same medicines were continued.

On the 11th the swelling of the limbs, &c., had entirely left; the appetite was good, and she felt altogether easier, but complained of superficial tenderness of the limbs, though the sore had healed up under nitrate of silver; the urine was less albuminous; the pain in the loins, however, had returned, and she felt rather languid; pulse 65; cupping was ordered again, the other medicines were stopped, and she took quinine.

On the 15th the lumbar pain had again left, the thirst was not distressing, and there was no *external* evidence of dropsy. She felt comfortable, as she said, and had walked about the ward; but now mark the result, as illustrative of what I have said in former lectures as to the insidiousness of head affections.

On the 16th, that is, the following morning, after a good sleep, she got up and walked about the ward; she next had two cups of coffee, with bread and butter for breakfast, and expressed herself to those around her as feeling very much better. About half an hour after, however, while sitting up in bed, she suddenly fell back, and expired instantly. There was no rattle in the throat, no scream, nor any other premonitory symptom.

On opening the body the pericardium was found much distended, almost transparent, and quite full of serum. The heart itself was healthy in structure, but flabby, and contained little blood. The lungs were healthy in structure also, but congested. The kidneys were also dark, and highly congested, but, upon close inspection, their structure was observed to be infiltrated with a whitish matter, generally diffused, and not conglomerated into any distinct tubercles. The stomach, intestines, spleen, and liver, were tolerably healthy, but, on opening the calvarium, much fluid-blood escaped, and the ventricles were found enormously dilated with clear serum, which had blanched the choroid plexuses, and deposited an albuminous incrustation thereon.

Now, the obvious cause of the sudden death of this poor woman was the intolerable hydropic pressure which weighed upon both the heart and the brain; and the case is an exceedingly instructive one, as showing how many of the more visible symptoms of a disease may disappear, and the patient even feel comfortable, while death impends at every moment, from the impeded action of certain vital organs, which, as in this instance, may be the last to yield to the remedies. As in the former patients, we here found that a numerous train of evils succumbed to the treatment. The external dropsies disappeared, along with the lumbar pain, the asthma, and the dysentery; and the patient almost flattered herself that, under such appearances, she was cured. But there remained the faint action of the heart, the confusion of thought, and the cuticular tenderness, which two last symptoms, when combined together, I have remarked upon in former lectures as valuable indications of cerebral oppression and irritability; and I exemplified them, at that time, by the case of the young girl Bayley, in typhus fever, who could connect no ideas, but who cried for hours together after the slightest ruffling of the skin, either by the fingers or the bedclothes. In this manner, while half unconscious, she would disturb the other occupants of the ward, night and day; and I have shown you the same combinations of stupor and irritability in apoplexy and other such affections. From the appearances after death in the body of Sarah Whitehall, as regarded the brain and the heart, as well as the kidneys, it might be somewhat difficult to declare which was the original source of this complicated malady. Yet, looking to the first

symptom of the profuse hemorrhage, followed by the dropsical effusions, one is inclined to think that the chief or primary source of the constitutional derangement was the altered condition of the blood, which had obviously produced a general degeneration of the kidneys, through capillary congestion; yet not that their condition might have caused death for a considerable time, but for the exudation which had simultaneously taken place into the bag of the heart, and the ventricles of the brain. These already adduced are complicated forms of the disorder; but the next case that I shall cite is of a more simple character, and all the results are more clearly traceable to a primary degeneration of the kidneys—traceable to the chronic stagnation of vitiated or impoverished blood, acting upon the capillaries according to those doctrines of our Edinburgh school, enunciated by Dr. Alison.

Elizabeth Healey, a sempstress, and an interesting and intelligent young woman, of Flemish aspect, aged 20, was admitted on the 2nd of July, 1850. She was of *leuco-phlegmatic* temperament, full, round, pale, and flabby, and had been ill for two years. She first presented herself as an out-patient, but seeing her condition, I at once advised her to enter the hospital which she accordingly did. On admission she stated that menstruation, previously regular, had ceased two years ago, and that, before that period, she had become somewhat pale, but more so since then. The next change she remarked was the swelling of her legs, on one of which an ulcer ultimately formed, which had been treated in hospital by a surgeon of repute, but had never amended. The swellings at length became so oppressive that she sought hospital aid again. On examination, the countenance was first observed to be pale and puffy, especially under the eyes, while the skin round the nails was tense and shining. The cardiac and respiratory sounds of the chest were natural. The legs were very much swollen, and especially the left thigh, where the ulcer still existed, pale, and exuding nothing but serum. *Ascites* also existed to a great degree, rendering the abdomen protuberant and tense in the extreme. The girth of the right ankle, as well as of the left, was fourteen inches (the girl being naturally well made), while the right thigh measured seventeen inches and the left twenty-three. The latter part likewise felt very solid, and did not pit under pressure like the rest of the surface, but was hard, resisting, and elastic. She stated that she had only occasional pains in the loins, and that there was none then present. She had to rise frequently in the night time, though inclined to be drowsy, while the urine passed was highly albuminous, of specific gravity 1031. Pulse 76 to 80. Renal degeneration was at once inferred from these symptoms; and, as the bowels were in sound condition, and there was no lumbar pain, she forthwith entered upon a course both of purgatives and diuretics.

On the 5th there was no perceptible change; but on the 9th, that is to say, within one week, the tumefaction of the right lower extremity was so much reduced

that the thigh appeared natural, and the leg only pitted slightly. The left leg was also diminished, but was still of great size, and exceedingly hard. The abdomen had become soft and compressible, and the face was less swollen. The urine was as albuminous as before, but was found to contain abundance of urea. She now began to feel lighter, and expressed herself as getting well, saying she felt no annoyance from the purging and diuresis, but rather was conscious of being stronger.

On the 16th the ascites and anasarca were very much reduced, except that some tumefaction had reappeared about the eyes. The tongue also had become very red, and she had pain in the loins. The specific gravity of the urine was 1020 with albumen, and 1017 without it. She was cupped over the loins at this period, and, as the tongue continued to become brighter and the pulse was small, although the cedema continued to decrease, and she complained of no loss of strength, all the medicines were stopped, and she took only Dover's powder at night. After this, however, the tongue continued quite as red as ever, and the cedema began to increase, with heavy headache and pain in the bowels. These symptoms, she said, had come on ever since the purgative powders had been stopped. They were, therefore, resumed on the 23rd, along with the use of uva ursi; and on the 26th the swellings had again abated, the face being of natural size, but waxy pale. On the 30th she again relapsed, the tongue being intensely red, and the abdomen tense. The respirations were 24, and laboured; she was drowsy, and the pulse was 120, very small. Under these circumstances she had frequent eructations of acid matter, for which she had draughts of hydrocyanic acid, with soda; but the disease still made head towards a fatal issue. The swellings increased, the left side of the face and body being much more tumefied than the right. There was great heat of skin, and she was excessively drowsy. The respiration became more and more laborious, she had intense thirst, and the tongue was brilliantly red, except where it was covered with aphthous crusts. On the 3rd of August, after a gradual increase of the stupor, she died in complete coma.

Now, on opening the body, the heart and lungs were found quite healthy in their structure, excepting that the former was rather soft and pale. The abdomen and thorax both contained a large amount of serum. The stomach was pale, but congested towards the pylorus. The liver, weighing four pounds ten ounces, was likewise pale, soft, and degenerate. The whole muscular system was also pale; so were the kidneys, which were thoroughly disorganized, scarcely any part of the glandular structure being present, and the morbid mass containing here and there softened tubercles about the size of peas, composed of pus and granular matter.

This, as you will perceive, was a far-gone case, and the history of it is pretty similar to that of the others. There was evidence of tubercular diathesis in the condition of the skin at the roots of the nails; and yet there was no affection of the lungs. But we have, first, some deterioration of the blood, leading to suppression of

the menstrual discharge; in the next place, dropsical tumefactions; and then, when these came to be oppressive, she seeks our advice, and thinks, because they disappear in some measure, that she is getting cured. But the fact is, that when the dropsies have come to this extreme, the kidneys are hopelessly disorganized, and all medical aid is useless, except for palliation of the symptoms; though that is by no means an unimportant matter. In an earlier stage of the malady the results of treatment might be different; but the patients themselves do not value the real importance of their symptoms in an insidious disease of this kind, until they become positively irksome.

The next case is that of William Thomas, a miner, admitted on the 3rd of December. His age was 45, and he was of phlegmatic temperament, pale, and puffy. He stated that for the greater part of his life he had been excluded from the influences of the sun and open air; but he had never been of intemperate habits, and both from his appearance and our subsequent three months' experience of him, he seemed a man on whose word we might rely in such matters. He also said he had never had rheumatism, but that eight years ago he had had an attack of general dropsy, since which period his legs had always been more or less swollen; but, until lately, that was all he had to complain of. On admission, his face was pale and puffy; the abdomen and scrotum were much distended, the legs were very oedematous, and the neck and arms were raised into large irregular lumps, by partial depositions of serum. At the same time, though the left side sounded a little dull under percussion, the heart's actions and sounds were natural. He had no pain, nor ever had any, in the loins. He never rose in the night to pass water, and his pulses were only 60 and his respirations 20. On the other hand, his urine, on being boiled, became almost one solid coagulum of albumen, and he had some cuticular tenderness. He was put under purgatives and diuretics, which acted well, and the dropsical effusions began speedily to disappear. From the absence of all specific symptoms, excepting the dropsy and the albuminuria, it is unnecessary for me to read from the case-book the daily or weekly details of the illness, as regards measurements of different parts and the like. Let me but generally observe, that while the urine presented, as before stated, almost one mass of solid albumen throughout, whenever it was boiled, the dropsy—though occasionally fluctuating more or less—did continue steadily to decrease, while his appetite was good and his feeling of general health made him comfortable and contented. He had full allowance of eggs and other forms of generous and albuminated diet; so that, with these and the medicines, he said on the 21st of January, that he felt "very well indeed," at which time the only apparent symptoms of the disease were the paleness of countenance, the albuminous urine, and some degree of anasarca. On the 25th even this latter ailment was almost gone, and he felt altogether personally comfortable. On the 7th of February he had a severe pulmonary attack, and although he instantly had an emetic, with

blisters to the chest, and expectorants, he got worse. The tide of symptoms now set in dead against him. On the ninth he was drowsy, the urine was very scanty, and the cough and expectoration increased. Shortly afterwards he became too drowsy to expectorate, and then there were universal gurglings over the chest. This drowsiness soon increased to a total insensibility, and he died on the 10th at twelve o'clock at night, in coma. The whole body, though apparently well developed, was now found pallid and flabby in its muscular tissue, and all the areolar textures were anasarous. The calvarium was somewhat adherent to the dura mater, serum was effused upon the surface of the brain, and the pia mater was much congested. The sinuses were gorged with dark blood, and all the cavities were full of serum; but the organ of itself seemed healthy. The proper tissues of the lungs were not disorganized; but the left one was excessively congested, and had some pleural adhesions. The heart was small, pale, and soft, and thinner than usual in its right ventricle; but the pericardium contained no great amount of serum. The structures proper of the kidneys, had almost entirely disappeared; both the cortical and tubular portions being reduced to one smooth white mass, resembling the boiled milt of a herring, both in colour and consistence. The bladder contained a little urine, and the stomach and intestines appeared natural.

Now, there are some facts connected with this case, which are of the very greatest importance both in a practical and theoretical point of view, if practice and theory are ever to be separated from one another. For you will observe, that a great many of the usual symptoms were entirely absent. Thus, he never had had any dyspeptic suffering, in regard either to nausea or loss of appetite. His bladder had never been irritable under the unnatural discharges, and consequently he had never risen in the night time for purposes of micturition. Neither his heart nor his lungs had become materially impeded in their functions, and even the kidneys themselves excited no suffering whatever. The paleness, the tumefaction, and the albuminuria, were the only signs that presented themselves, and, when the swellings had disappeared under treatment, the paleness was the only thing visible to the unprofessional eye. The albuminuria, therefore, was the sole tangible evidence by which the degeneration was inferred; although, as already stated, there may be albuminuria, without organic degeneration, and organic degeneration without albuminuria. Wherefore, it becomes necessary in this, as in all other complaints, not merely to look for certain usual symptoms of a disease, as stated in text books, but to balance and connect with each other the whole circumstances of each case, small as well as great, and past as well as present, in order to arrive at a legitimate conclusion thereon. Here, for instance, we had a review of the patient's exclusion, in a great measure, from open air and sunlight for a protracted period; we had his paleness, his former attack of dropsy, and likewise his tumefied condition on presenting himself, all leading to an examination of the urine, even though there was no dyspepsia, no lumbar pain, and no frequent acts of

micturition; and when the albuminous state of the urine was thus observed, the previous history and present general aspect could leave little or no doubt as to the organic degeneration. Under such circumstances, the retained effete matters, being dispersed through the system, must proceed to irritate the more delicate tissues through which they circulate, and hence the sudden dangers that are apt to arise in the course of this disease from the supervention of inflammations in the peritoneum, bowels, heart, lungs, or brain. Thomas had been free from such results for a very long period, but they did at last arise. The brain became affected as well as the lungs, and he died, as usual, from coma. While the other organs had remained so healthy and free, life seemed to have been prolonged by their united efforts to effect a vicarious excretion of the deadly elements of the urine, but so soon as the impediment at the lungs not only checked the action of those organs, but of all other organs of the body, then those elements remained paramount in the system, and speedily brought about the fatal issue by their directly narcotic influence.

The next instance of the disease is one of a more cheering character, in which the results go far beyond the expectations entertained of it upon admission. It is that of Emma Harris, in the second ward, who, as you are aware, has been a long time in the hospital, but whose case was worth every degree of care, time, and attention, that could be bestowed upon it; because, in such a mortal disease, it is of great consequence to prove that arrest, even though it be partial, can be effected; or even if it could not, it is always satisfactory to show that, under such circumstances, life may be protracted and maintained in comparative ease for an indefinite period.

This young woman, aged 28, was admitted in September, 1850, labouring under ascites, anasarca of the lower extremities, swelling of the face, and pain in the loins. She had nausea, headache, and other dyspeptic symptoms, with the Flemish expression of countenance, the shining skin round the roots of the nails, and the pale indented tongue. Her cheeks had some colour, but were paler than they had been. She felt much inclination to drowsiness, but yet had to rise several times in the night to pass water, and menstruation had not occurred for about four months. The urine was excessively albuminous, inasmuch as it became, under heat and nitric acid, almost one solid or custard-like mass, and, upon subsidence, occupied fully one half of the test glass, or fifty per cent. She stated that she had first had the dropsy twelve months before, which had been treated as from cardiac obstruction, but, on consulting Sir Charles Hastings, he had told her friends it was the kidneys that were affected, for which she was in the Worcester Infirmary for a time, until she got relieved of the swellings, which, however, had returned. Under these circumstances, blood was abstracted from the loins, and a belladonna plaster was subsequently applied, while she took purgatives, diuretics, and sedatives. From these appliances the ascites and anasarca were not long in disappearing; she became less drowsy, the lumbar pain lost its acuteness, the headaches were

relieved, and the appetite improved. Still she was pale in lips, tongue, and eyes; her skin was dry, harsh, and papillated; and the pain was not gone. She still rose in the night, and the urine was as albuminous as ever. The belladonna plaster was now constantly worn, and leechings were resorted to only when the pain became at all increased. The principal treatment, in addition, consisted in the employment of tonics, sedatives, and nutrients. Hence she habitually took the muriated iron in conjunction with conium or morphia, in a stomachic bitter infusion, and had ample supplies of albumen, in the form of eggs, &c. It is needless to go minutely over the lengthened registered history of this case, because only one indication was pursued throughout, and I shall now merely point out the chief changes which were observed from time to time, at somewhat distant intervals.

Thus, in April, six months after admission, it is noted that there had been no return of anasarca, or puffiness of countenance; that the bowels were regular and appetite good, and that her colour had improved, while the albumen was in some degree diminished. On the 4th, her catamenial discharge also returned, after a pause of about ten months. In the course of this same month, however, she had some very alarming attacks of peritonitis, and pleuro-pneumonia, giving rise to great febrile excitement, and much fear of a fatal issue. There was great pain, a flushed countenance, and a foul tongue, pulse 128, and respirations 24 and laboured. In this condition she was treated by blisterings, antimony, calomel, and expectorants, and recovered; after which, the general constitution again improved under the exhibition of carbonate of iron, and the calcareous phosphate, with the belladonna plaster and edible nutrients as before. In May and June she rose only once or twice in the night time. In the beginning of July the albumen was much the same as it was in April; but, towards the end of the month, some diminution of it was reported. At this time, she was wont to make water at 12 o'clock at night, and then lay undisturbed till morning. In August there was another catamenial flow, and she felt altogether comfortable. On examination of the urine at this time it was found to have diminished, after subsidence, to one-fourth of the entire urine—or was twenty-five per cent. instead of fifty, as on admission. She still continued comfortable, and again, after further gradual diminution, it was found in October to be only one-eighth part of the urine passed, or twelve and half per cent., and she rose only once in the night time. Her personal appearance, both in figure and countenance, was now so good, that unprofessional or ignorant visitors were wont to wonder what could be the matter. The reduction of albumen, with increased feeling of comfort still went on, and, on the 5th of December, it was reported to be only one-sixteenth part of the urine voided, or six and a quarter per cent. From her long continuance in the hospital, she left on January 30, perfectly comfortable, (so far as her sensations were concerned,) and looking rosy and plump. She had some supplies of the carbonate of iron, and calcareous phosphate out with her, (as she lived a con-

siderable distance from the hospital.) I have seen her since, and she has suffered, as yet, no relapse. Here there seemed every evidence of a primary blood disease, inducing capillary congestion and all its consequences, and, no doubt, there is disorganization of the kidneys, of which, indeed, we may feel almost as certain as if we had seen it. At the same time, there is an obvious arrest of the morbid process, which arrest, (if permitted to be traced to any specific cause at all,) seems fairly due to the occasional abstractions of stagnant blood, the soothing of the local and general irritability, and the persevering supply of those elements to the blood, of which, under such circumstances, it is known to be deficient. Epithelial cells, blood globules, and tube casts, were, from time to time, observed under the glasses, each of which phenomena are readily explainable by the pathological condition of the organ; but how albumen, in particular, escapes in such proportion with the serum, under renal disease, I am not in a position at all to explain, unless it may be due to the fineness of the eliminatory membranes. When it is clearly explained, perhaps these diseases may be more under our control, though that is by no means certain; for we often advance in our pathology, while our therapeutics lag behind. Chemistry and the microscope have proved most valuable handmaids to physic; but, after all, we are to bear in mind that, even though this or that disease were found to consist specially in an affection of this or that particular tissue of any organ, yet, unless we discovered, at the same time, that certain special therapeutical agents directly influenced those special parts, we should not be advancing so much as we would desire in the science of curation, and would still have to look, as hitherto, to the great questions of simple increase or diminution, or vitiation, or impoverishment of the blood, or to exaltation or depression of the nervous influences. Think not, from this observation, that I underrate the importance of such investigations, for they add great dignity to our vocation; but I wish to impress upon your minds that you must not despise the old writings of old philosophic physicians, merely because you happen to know somewhat more than they did of the intimate structure of natural bodies; for every advance is only the unravelling of but one more link in the endless chain of causation, or production, the final or primal laws of vital action being always as inscrutable as ever, and totally beyond the grasp of our present faculties. The great generalizations of the soundest ancient philosophers, so far from being exploded by modern researches, are, year by year, gaining fresh illustration of their fundamental truth; and, although they may be sometimes couched in a language not familiar, or even repugnant, to the ear of the present age, no reader, of ordinary penetration, can fail to perceive that they have been the guiding stars of more modern discoverers. Take, as but one example, the speculations of Hippocrates and Galen, but more particularly of Michael Servetus, a Spanish physician, in his *Christianismi Restitutio*, as to the circulation and reactions of the blood. True, we have many such vague, and now obsolete expressions, as



"vital spirits," "animal spirits," "natural spirits," and "subtle spirits." We have also the combinations of "air," "earth," "fire," and "water," mentioned, and their result in "smoke" from the lungs. "*Sanguis inspirato ari miscetur, et expiratione à fuligine repurgatur*," &c.; but, turn these expressions into "vital laws," "sensorial and organic life," "carbon," "oxygen," "caloric," "organic and inorganic nutrients," and the favourite modern expression of "pulmonary combustion," and you find that the latter are little more than repetitions of the former doctrines—plus a more minute analysis.

As to the instances that have occurred in the hospital, of paleness and other signs of renal degeneration, without the symptoms of albuminuria, or to a very slight degree, I may merely cite:—*Firstly*, the case of Elizabeth Sleuth, who died in the extreme of pulmonary consumption, and whose kidneys were excessively pale and fatty. *Secondly*, of Sarah Binion, who died of carcinoma uteri and dropey, and whose urine was only slightly albuminous towards the end, but who had the Flemish expression of countenance, in whom the kidneys were very pale, adherent to their fibrous coats, and covered with stelliform clusters of vessels on their surfaces. *Thirdly*, Henry Shaw, who died of cardiac obstruction and hypertrophy, with heavy puffy countenance, but no albumen, in whom the right kidney was puckered on its surface, underneath which puckered part was found a hardened mass, which grated under the knife, the whole being pale, and the middle-third exhibiting no glandular structure whatever. *Fourthly*, in Jeremiah Faulkner, who died of cerebral effusion, and who had an enormous tumour, like an over-grown thymus gland, in the anterior mediastinum, a degenerated hip-joint, and pale puffy countenance, but no albumen, in whom the right kidney, though congested, was pretty natural in general structure, but yet had a tubercle on its surface about the size of a pea, while the left was pale, and so degenerate as to exhibit no proper structure at all, and was rough and unequal on the surface. In all of these, except Sleuth, renal degeneration was diagnosed during life.

All these facts point to the conclusion which I would wish to enforce, viz., that degeneration of the kidney is similar to degeneration of the lung and other organs; and that, although the exciting causes may often be of a local nature, we are chiefly to look for the evidences of the malady in the general constitutional condition of the patient, and consequently apply our remedies to the part, certainly, but still more certainly, if the expression may be allowed, to the whole material and machinery of nutrition.

As to the other degenerations, simple or malignant, which overtake these organs, and the calculary deposits which take place in them under morbid conditions of the blood, these shall be best treated of when we come to consider the derangements of the blood, and the ganglionic innervation.

## LECTURE ON THE DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Medicine at Vienna, etc.*

### LECTURE X.—(Concluded.)

*Iodine; Mercury; Anthelmintics. External Remedies.*

ATONIC diarrhoea, or that which we observe to come on after the disappearance of eczema of the scalp and face, is frequently benefited by iodine.

There exists an infinite and unaccountable variety in the tolerance of this remedy in different children. I had many cases in which, at the age of two or three years, they took for a long time two scruples of iodide of potassium every day; more than that, however, will seldom be resisted at this age.

The best preparation is the *iodide of potassium*, pure iodine sometimes may be combined with it, for the sake of saving expense, or to act more strongly in some full and phlegmatic constitutions. In general, however, iodine is too irritating for children. The best mode of administering iodide of potassium will be in solution, prescribing two or three drachms to six ounces of distilled water, of which we commence by one or two teaspoonfuls three times a day, mixing each dose with water and sugar. The more water, the easier we convey large doses of the remedy, without causing great irritation of the eyes and the frontal sinuses.

I recommend you to administer two, three, or four doses, but all in the afternoon, thus the reaction will reach its height during the night, consequently in bed, by which circumstance the perspiration is promoted, and the child will be in the morning, and during the greater part of the day, in an easier state. Using this remedy duly in this powerful way, you will succeed in curing cases which have been already treated with it, by small doses, for a long time, and unsuccessfully.

In general you will observe, that all those children whose appetite soon increases after some doses of iodide of potassium, will bear a very effective course of it, whilst those whose appetite soon becomes lessened, in a short time will not bear even small doses.

There are three other salts of iodine, which I will only shortly mention:—

*Bi-iodide of mercury*, approaching in its action pure iodine, but insoluble, besides that in every respect it is not a remedy proper for children.

*Iodide of mercury*, approaching in its effects calomel, but less purging, less strong in its antisypilitic effects, and less salivating, there is scarcely a reason to use it in children's practice.

*Iodide of iron.*—Iodine acts in a stimulant way upon the secretory functions, whilst iron obstructs. Iodide of iron I have observed to act simply as a martial remedy.

As to *anthelmintics*, children of tender age do not suffer from the *tape-worm*, which in all my practice I scarcely have encountered before the eighth year, even this being a rare case. I have not to speak, therefore, of the male fern, or of the pomegranate root, but to mention only those remedies which have appeared to me the best against the *ascaris vermicularis*, and *ascaris lumbricoides*.

The *ascaris vermicularis* (maw-worm) dwells in the rectum and the lower part of the large intestines, crowded in great numbers, most frequently proper to infancy and tender childhood. The remedies employed to remove them are almost in all countries the same; I will mention to you, however, injections of an infusion of red onion, mixed with some drops, or half a grain, of extract of aloes.

*Ascaris lumbricoides* is the worm that causes frequent and sometimes severe disturbances from the second year of age, its abode being the small intestine, and sometimes the stomach. I can recommend to you the following powder, which I have found most efficient in the complaint in question:—

R. Pulv. Sem. Santonici,  
 " " Tanacet. utr., dr. ss.  
 " Rhei, gr. xij.  
 " Jalapæ, gr. viij.  
 Sacch. Alb., scr. iv.

F. pulv., to be divided into six or twelve powders, according to the age of the child. From two to three powders every day.

If we are not mistaken in the diagnosis, after a course of four or five days with these powders the worms will come out; if we have been mistaken, which easily happens with this complaint, the above powders, united with a strong reduction of farinaceous food, at least will have exerted good effects upon that condition of the abdomen which resembled helminthiasis.

Mercury is less efficient as an anthelmintic than the above remedy, and should never be given repeatedly, unless there is clear and special reason for its use. If the constitution of the child, however, is strong, and you wish to increase the force of the medicine by the addition of calomel, then I advise you to do this only after you have given, during three or four days, the former powders, and to accomplish then the trial or cure by adding to the three or four last doses two or three grains of calomel to each.

*External remedies.*—The particular indications, mode of application, and effects of fomentations and poultices, offer no salient points in children's practice. Baths, injections, and sponging are too generally known to require any comment.

Though hydropathy, as a general system of therapeutics, is but an extravagance of the human mind, there is no doubt that some of its means and modes of treatment, in some cases, are good, and worthy of your confidence.

Above all I must bring under your notice the *local cold wrapping*, after the method of Pricasnitz, at Gräfenberg; it consists in dipping a proportional piece of linen into cold water, which, after being squeezed out, you put over or around the affected part, then you cover this carefully with another (much larger) dry cloth, so as to prevent the accession of air, as well as evaporation. After a couple of hours, or more, when you suppose or find that all has become dry and hot again, and that the application appears beneficial by its effects, you repeat the same as many times as necessary, even during weeks and months.

The effect of this application is, to subtract at first the superabundant caloric, and subsequently, when the linen has become warm, to serve as a local bath, and promote local perspiration on the affected part. The principal indication therefore is, intense dry heat of the affected part. Abscesses do not allow its use. In articular rheumatism and chronic inflammation of the joints I have found it highly beneficial in children's practice.

With regard to *cold sponging of the body*, I forgot before to mention to you that my experience is decidedly in favour of it, whenever, during the course of a fever, a long-persisting, tense, dry, hot skin, with great restlessness, is before you. Scarlatina, noted by these symptoms, far from excluding its use, finds in general in cold sponging, an incomparable assistance. It soothes the system and promotes perspiration. In typhus, I frequently mix the cold water to be used, with one fourth part of diluted muriatic acid. Counterindications are the inflammations of the organs of the chest.

*Blisters and sinapisms* are decidedly mischievous with young infants from about one to six weeks old, in particular with a very delicate skin. Febrile excitement will ensue or increase by their use.

If the case shows no symptoms of fever, and that the one or the other of those applications are indicated, the essential condition will be to weaken them, mixing the first with a quantity of diachylon, the second with linseed powder, proportionally to the age. For a child about three months old I never add less than five parts of diachylon to one part of cantharides blister. The same proportion is to be maintained in diluting the mustard poultices with linseed. I have seen ensue dangerous irritations of the bladder after strong and large blisters.

In these lectures I have not mentioned all remedies of which I have ever made use, but all those indeed, which I regard as important, as necessary or useful, and safe in children's practice.

[We are requested to make the following corrigenda in the first part of this lecture inserted in our last number:—Page 257, col. 1, twenty-one lines from the bottom, for "eight ounces of water," read "three ounces;" col. 2, second line from the top, for "chlorosis anemia," read "chlorotic anemia;" page 258, col. 2, sixteen lines from the bottom, for "as we perform them in Pesth," read "as I have performed them in Pesth."]

## NOTES

ON THE

## TREATMENT OF CURABLE DISEASES.\*

By W. S. OKE, M.D.,

*Extra-Licentiate of the Royal College of Physicians, Physician to the Royal South Hants Infirmary, &c.*

THIS paper, excepting the cause of obstruction from inflammation, was read before the Southampton Medical Society, April 6th, 1852.

## OBSTRUCTION OF THE INTESTINAL TUBE.

Intestinal obstruction, whether considered as to the frequency of its occurrence, the severity of its symptoms, the peril in which it at once involves life itself, or the anxiety felt for its result, is perhaps one of the most interesting subjects in pathology.

It may be caused—

- 1st. By inflammation.
- 2ndly. By spasmodic action.
- 3rdly. By over-distension.
- 4thly. By incarceration.
- 5thly. By impassable bodies.
- 6thly. By organic disease.†

I.—*Inflammation.*

Obstruction of the intestinal canal may be caused by inflammation, when either its peritoneal or muscular coat is involved, as in both cases the vermicular action must often be arrested—first, probably by the congested condition of the part involved; and, secondly, by the deposition of fibrinous lymph. An inflamed state of the mucous coat is not so apt to involve the muscular and arrest the peristaltic action, but, on the contrary, to increase it, and produce mucous diarrhoea.

The exciting causes of idiopathic enteritis are damp and cold, intemperance, constipation, acrid secretions, &c; and the predisposition to this disease is greatly increased by functional disorder of the liver, either exposing the alimentary canal to the effect of acrid secretions, or interrupting the hepatic circulation, so as to produce a congested state of the portal veins, and consequently of the intestinal capillaries. The part of the canal most liable to inflammation is the termination of the ileum, which is situated in the right iliac region. The following is a sketch of the symptoms:—Severe griping pain, which is constant, although it may vary in degree, and the pain may be acute also if the peritoneal coat be much involved. More or less tension of the abdomen, which is intolerant of the slightest pressure. Constipation and vomiting. Sometimes also there will be a local thickening of the parietes over the seat of the disease, from the deposit of plastic lymph upon the peritoneum. The pyrexia will be of the middle kind, tending to asthenia; the tongue furred,

and often somewhat brown along its centre; and the pulse will be small, hard, and 120 in the minute.

Should the disease be inadequately treated in its incipient stage, the obstruction will soon become more complete, with an aggravation of all the symptoms, which in so delicate a structure as that of the intestinal canal, is soon followed by the loss of its vitality, indicated by cessation of pain, subsidence of the abdominal tension, a sunken aspect, imperceptible pulse, and a coldness of the extremities. On the other hand, the disease will often yield to early and judicious treatment. Blood should be at once taken from the arm, to the amount of twelve or fourteen ounces. We are not to be dissuaded from the use of the lancet by the smallness of the pulse; and if it should rise after bleeding, and the pain remain undiminished, the venesection ought to be repeated. At the same time, looking at the asthenic tendency of the febrile action, caution will be required not to take away so large a quantity of blood as shall cripple the reparative power of the system; and if a second bleeding be deemed inadmissible, the seat of pain is to be covered with leeches, and their bites encouraged to bleed by hot stupes of scalded bran in flannel bags, which may be kept afterwards applied as a fomentation. In this stage medicine also will be found of the greatest use in removing the cause of obstruction. Five grains of calomel and one of powdered opium, in the form of a pill, are to be given at once, and at intervals of two hours a pill containing two grains of calomel and half a grain of opium is to be repeated till the pain and vomiting have subsided. Then, and not till then, we may venture to give two or three doses of either of the following mild aperients (1 and 2) every four hours till the bowels are acted upon:—

## 1.—R. Olei Ricini Opt.

Aque Cinnamon;

Aque Pluvialis, sing. dr. iij.

Tincture Digitalis, m. xv.

Misture Acacie q.s. ad bene miscendum.

Fiat haustus quartis horis sumendus donec operaverit.

## 2.—R. Magnesie Sulph., dr. iij.

Tincture Digitalis, m. xv.

Syrupi Zingiberis, dr. j.

Aque Menthe Pip., dr. ix.

Misce. Fiat haustus eodem modo sumendus.

The digitalis is added as a relaxant; and I have known it to conduce greatly to the effect of an aperient. But should these medicines be rejected after two or three doses they must be discontinued, and the calomel pill (3) steadily persisted in till the bowels are relieved. If pyalism be produced, success will be almost certain.

## 3.—R. Hydrarg. Chloridi, gr. ij.

Pulv. Opii, gr. 1-6th.

Confect. Rosæ, q.s.

Misce. Fiat Pilula secundâ quâque horâ sumenda.

Case.—A gentleman's son, five years of age, was seized with severe enteritis, accompanied with constipation and vomiting. Bleeding with leeches, aperients, injections, and the warm bath, having been adopted without effecting any movement from the bowels.

\* Continued from page 189.

† Organic obstruction cannot, of course, be considered a curable disease. It has been added to render the subject more complete.

Calomel was persisted in at short intervals, with a view to set up a mercurialism in the system. In about twenty-four hours ptialism happily took place, when the obstruction yielded, and the boy rapidly recovered.

## II.—*Spasmodic Action.*

In this case it would appear that there must be an excess of one of the forces of the vermicular action, for if the circular and longitudinal fibres were equally involved, the result would be, increased propulsion, and not obstruction; but, on the other hand, when the nice balance between these forces is disturbed, and one of them is in excess, then the vermicular action must be arrested, and obstruction be the result.

Amongst the causes of this kind of obstruction are, saturnine poison, crude indigestible food, such as shell fish, uncooked food, acrid secretions, &c.

The severity of the spasm will depend, in great measure, upon the degree of disproportion which exists between the two forces of the vermicular action, and the saturnine poison appears to be capable of producing this disproportion in the greatest degree.

The symptoms are, vehement paroxysms of twisting pain about the umbilicus, obstinate constipation, vomiting of a green bilious fluid, and retraction of the abdomen towards the spine. The patient is often found in a bent position, pressing the seat of pain with his hands, to mitigate its severity. The tongue is not much furred, the temperature of the skin normal, and the pulse is generally under 100 in the minute.

Painters are frequently suffering from this kind of obstruction, from their being constantly employed in the use of the carbonate of lead; hence it has been called "*colica pictorum*."

This disease, so long as it does not exceed the limit of spasmodic action, generally terminates favourably; but if it should have assumed the character of inflammation, then the prognosis will be governed by such an aggravation.

The indications of cure are:—1st, to relax spasm; 2nd, to restore the normal peristaltic action. The first will best be fulfilled by a full bleeding, opium, and the warm bath. The second by purgatives. Fourteen or sixteen ounces of blood should be immediately taken from the system, followed by a pill, containing two grains of opium, and, if the continuance of the spasm render it necessary, one grain is to be repeated every three or four hours. This treatment will usually succeed in subduing the pain and vomiting, and sometimes act as an aperient also; but if it should fail of the latter effect, the pill (1) is to be taken every hour till the bowels are acted upon:—

1.—*R. Hydrargyri Chloridi, gr. j.*  
*Extr. Coloc. Comp., gr. iv.*  
*Olei Caryoph. q. s.*

*Misce fiat pilula omni hora sumenda donec operaverit.*

The warm bath may be used at this period—the temperature 100°, and the patient be immersed twenty minutes, taking care that the temperature be not diminished.

Sometimes the symptoms of saturnine colic are met

with in persons not employed in the use of lead. In such a case the gums are to be inspected, and if there be a blue line along their margin, we may be sure that the patient has been in some way or another exposed to the deleterious influence of this poison; and should he have no recollection of being so exposed, then the water he is in the habit of drinking and using for culinary purposes, is to be examined by proper chemical tests; for, however bright and tasteless it may be, if it contain a free acid, and be kept in leaden troughs, or conducted through leaden pipes, it will decompose the lead, hold it in solution, and become a saturnine poison. It is the free carbonic acid—which, in fact, makes the water wholesome, sparkling, and refreshing—that acts upon the lead; and this quality of water is found not only in various districts of Great Britain, but of every other country; and if persons residing in such districts, not having made themselves acquainted with this fact, reserve such water in leaden tanks, or conduct it through leaden pipes, they have to blame only themselves for having converted a wholesome and delightful beverage into one that is deleterious. I have myself seen, in several districts of Hampshire, the deleterious effects of lead held in solution in super-carburetted water, which appeared to be, and of itself was, of the finest quality. A gentleman, resident in one of those districts, was displeased with my opinion, that the water in his well was impregnated with lead, (although it was manifest one of his family had been long suffering from it,) because, forsooth, many in his neighbourhood were in the habit of resorting to his far-famed spring, from, as he supposed, its superior purity. A farmer, who lived in the middle of the New Forest, consulted me a few years ago for severe colic and constipation, and as several of his relatives from time to time had been attacked with the same disease, and eventually had fallen victims to it, it was supposed to be hereditary. Suspecting that they had been exposed to the deleterious effects of lead, I tested the pump-water used by his family, and found it holding a large quantity of the carbonate of lead in solution. This at once indicated the cause of the disease, and the means of preventing its recurrence.

Some practitioners have called in question the ordinary tests of lead-water, asserting that neither bichromate of potass nor sulphuretted hydrogen, can be relied upon; but when a patient is suffering from the symptoms of colic, when the margin of his gums show the blue line, and when the water he has been accustomed to drink is shown, by either of the above tests, to contain the solution of lead, there cannot surely be any reasonable doubt as to the cause of the disease, or the efficacy of the test.

The blue line along the margin of the gums was first noticed by Dr. Burton, and a most valuable discovery it is, not only on account of the accuracy of its diagnosis, but because it appears to give early information of the carbonate of lead being absorbed into the system. I could adduce numerous instances in my own practice, to show its diagnostic value, but two brief examples will suffice:—

In the summer of last year I was requested to visit a small tradesman, residing in the country, who was suffering severely from intestinal obstruction. As the attack could not be accounted for by any ordinary exciting cause, the gums were inspected, and a well-marked blue line was observed along their margin. As he had not been in any way meddling with paint, the water he was in the habit of drinking was examined by the bichromate of potash-test, and it was found to be largely impregnated with the carbonate of lead. Under a modified degree of the above treatment he recovered, and by avoiding the saturnine causes, the disease will probably never return.

The following case is one of the secondary effects of lead, and I shall mention it in this place, as it showed the blue line in a very remarkable manner:—I was requested to visit a publican and his wife, residing near Otterborne, in Hampshire. The woman had been long confined to her bed, from paralysis of the lower limbs. The husband could manage to walk about the house, as his loss of power was chiefly in the upper extremities. On inspecting his gums there was not only a distinct blue line along their margin, but also a corresponding blue line, as deep as indigo, upon that part of the membrane of the cheek which came in contact with the line upon the gums.

It is almost needless to add, that the water, which they had been accustomed to drink, and which was conveyed through a leaden pipe from a well at some little distance, was found to be saturated with the saturnine salt.

When, from other exciting causes, there is produced a less amount of disproportion in the vermicular forces, although enough to obstruct the bowel, there is a manifest difference in many of the symptoms. Instead of a retraction, there may be a fulness of the abdomen. The pain is more of a persistent, aching character, than returning in vehement paroxysms; and there is less vomiting, indeed sometimes there is none at all.

The curative indication in this case is much the same as in the last,—viz., to subdue the action in excess, and to restore the normal vermicular function of the intestine. If purgatives have failed, they ought not to be persisted in, as they will rather increase the spasmodic action than remove the obstruction. Blood should be taken from the system, and by leeches from the epithelium of the rectum. Opium and calomel are to be given in such doses, and at such intervals, as the degree of pain may require; and this kind of colic will generally be governed by more moderate doses of opium than those prescribed for the "*colica pictonum*." It will be sufficient to commence with one grain of opium, and three of calomel, and this dose may be repeated in an hour, if it should have given no relief, after which it may suffice to give two grains of calomel, and half a grain of opium, every two or three hours, till the pain has ceased. In this case, also, these means will sometimes act as a purgative, as the following case will show:—

A man, of middle age, and married, who had lived in the capacity of a groom in Hertfordshire, came to

Southampton, and took a beershop in one of its close streets. He soon became ill from a disorder of the hepatic function, which resulted in intestinal obstruction. The medical gentleman in attendance had given him purgatives of different kinds, with calomel and opium, but without any effect upon the bowels. As he had been constipated for some days, I was requested to see the case in consultation. There was severe pain of the abdomen below the umbilicus, which was somewhat full, and dull under percussion; there was not much vomiting; his tongue was furred; his urine high-coloured; his pulse not much above the normal number; and his aspect good. I advised that fourteen ounces of blood should be taken from the arm, and that one grain of calomel, and half a grain of opium, should be steadily persisted in every two hours, without any purgative; the following morning I found that he had passed a quiet night, but had had no stool. The blood was not buffed. The pills were ordered to be persisted in every three hours. Early the next day he had a copious discharge from his bowels, of a bilious character, and he was speedily convalescent.

If, however, the bowels should remain inactive, they may be gently solicited; and it will be far better to do this by emollient glysters than by purgative medicines, as by the latter there will be the risk of bringing back the vomiting, and aggravating the spasmodic pain.

*Case.*—A gentleman, from having been studiously occupied in a warm close room, became bilious, costive, and low-spirited. These symptoms resulted in pain and obstruction of the bowels; the pain was of a severe aching character, situated below the navel, and this part of the abdomen was full, but not tender under pressure. There was no vomiting nor febrile disturbance to any amount. The tongue was furred, and the urine high coloured; various purgatives were taken at intervals, without the slightest effect, and he was bled from the arm to fourteen ounces, and afterwards every effort was made, both internally and externally, to bring him under the salivary action of mercury, but in vain. Drastic purgatives were next tried, and were kept down, but instead of acting upon the bowels they greatly aggravated the pain. Leeches also were applied to the epithelium of the rectum. As all these remedies afforded him no relief, and as he had been constipated several days, he resolved, as a last resource, to give himself, every three hours, a glyster of the muriate of soda, olive oil, and gruel, with Reid's syringe. This treatment he continued till his strength was almost exhausted, when he had the satisfaction to feel the obstruction give way. The faecal discharge was partly clay-coloured, and partly black, accompanied with a quantity of venous blood, the result probably of a congested condition of the mucous coat of the intestine. Evacuations of a dark colour, mixed with blood, were frequently passed for several days, when the secretions improved, and he slowly recovered.

Disorders of the hepatic function, as in the two last cases, are often the predisposing cause of this kind of intestinal obstruction also; and when overcome, the faecal discharges are sometimes observed to be of the

colour of tar; but this appearance does not represent what has been termed *melæna*. The difference is this, that in the former the base of the colour is bile, in the latter blood.

During the period of convalescence it is of great importance to make choice of mild uniritating aperients, avoiding all drastic purgatives. The best will probably be Nos. 1, 2, 3, or 4.

1.—R. Olei Ricini Opt.

Aquæ Cinnamoni, utrq., dr. ij.

Syrupi Zingiberis, dr. j.

Aquæ Destillatæ, oz. ss.

Misturæ Acaciæ q.s. ad bene miscendum. Fiat haustus mane pro re natâ sumendus.

2.—R. Mag. Sulph., dr. ij.

Tincturæ Hyoscyami, m. x.

Tincturæ Card. Comp.

Syrupi Zingiberis, utrq., dr. j.

Pulv. Tragac. Comp, scr. j.

Aquæ Anethi. ad., oz. iss.

Misce. Fiat haustus.

3.—R. Pilulæ Hydrarg., gr. iij.

Extracti Jalapæ Aquos, gr. iv.

Divide in pil. ij. omni alternâ nocte sumendas.

4.—R. Hydrargyri cum Cretâ, gr. iij.

Pulv. Rad. Rhei., gr. v.

Syr. q.s. Misce et divide in pilulas duas pro re natâ sumendas.

But when the obstruction has been caused by the poison of lead, the dilute sulphuric acid is to be combined with the aperient, as recommended by Liebig, with the view of converting the soluble salt of lead, that is acting as a poison in the system, into the sulphate, which is insoluble, and therefore harmless. I have found No. 5 very beneficial in patients suffering from the secondary effects of saturnine poison.

5.—R. Magnesiæ Sulph., oz. ss.

Acidi. Sulph. Dil., dr. j.

Syrupi Zingiberis

Tinct. Cinnamoni Co., utrq., oz. ss.

Tinct. Hyoscyami, dr. j.

Aquæ Pimento, oz. iv.

Misce cap. quartam partem, omni mane et meridiæ.

### III.—Overdistension.

Obstruction from overdistension may be caused by large evolutions of gas or by fecal accumulation; but although the former may occasionally obstruct the bowel, *per se*, by inflating it beyond the power of contraction, such inflations are more commonly the effect rather than the cause of the obstruction, as will be hereafter shown under another head; the latter, therefore, will be principally considered in this place.

Obstruction, occasioned by fecal accumulation generally occurs in some part of the large bowel, and it is probably produced in this manner. The patient, from sedentary habits and a torpid state of the hepatic function, becomes costive, and every day or every other day has a dry insufficient stool. This goes on for some time; but as he is free from pain, does not feel ill, and has his usual appetite, he takes no particular notice of this state of his bowels, and does not deem it necessary to have recourse to any aperient, till at length,

from the gradual accumulation of the feces in the colon, he can pass no stool at all, and is seized with pain, vomiting, and all the symptoms of intestinal obstruction.

The diagnosis in this case will become sufficiently plain from its history; and by tracing carefully the course of the large bowel from the rectum to the cæcum caput coli, we shall rarely fail to detect at what part of the canal the accumulation has taken place, where there will be fulness, tenderness, and dulness under percussion; but sometimes, doubtless, the diagnosis may be in some measure obscured by the inflation of the bowel.

The treatment of intestinal obstruction from this cause has to be conducted upon principles directly opposite to those indicated in the former. There the indication was to relax spasmodic action. Here it is to excite the action of the bowel.

When we have, by a careful examination of the symptoms, put ourselves in possession of the true nature of the case, it will be at first far better to endeavour to act upon the bowel through the rectum than the œsophagus. A good-sized, smooth, elastic tube, and well oiled, is to be gently carried up into the sigmoid flexure, as recommended by O'Beirn, and through it a copious enema of yellow soap and water, is to be pumped into the colon, when the tube is to be withdrawn. It is necessary to use a full-sized tube, with a smooth bulbous end, which I would advise every general practitioner to keep ready for such a purpose. It will pass up the winding curve of the canal much more readily than a small one, and be less likely to perforate or damage the bowel.

I have seen many instances of the success of this practice, of which I will briefly relate one. A few years ago I was requested to visit the proprietor of a yacht, in Cowes' Roads, who was suffering from obstructed bowels. He was of middle age, and had been living incautiously. Mr. Davids, the medical gentleman in attendance, had adopted many judicious remedies for his patient but without the desired effect. There was aching pain of the bowels and vomiting, and no stool had passed for two or three days. The abdomen was full, dull by percussion, and tender under deep pressure; but there was not much disturbance of the system. In consultation it was decided to throw up a copious enema into the sigmoid flexure by means of a long tube. Fortunately he possessed a capital one, which passed up admirably and conducted the glyster into the gut. The remedy was crowned with success, and the patient recovered. Sometimes our proceedings are stopped in *limine* by the rectum being stuffed with hard masses of fecal matter. If so, they must be removed by some convenient instrument, till room be made for the tube to pass. A few hours after the colon has been injected in the manner above recommended, a purgative is to be given, and its kind must be governed by circumstances. If there is reason to think that the obstruction has been washed away, it will be sufficient to give four grains of the watery extract of aloes and three of calomel, in two pills every four hours, till they act; if not, the croton oil will be the best purgative,

of which one or two drops may be given in sugar or honey every two hours. If these means should fail to restore the action of the bowels, electricity and the sudden application of very cold water to the surface of the abdomen have been recommended. Of the former I cannot adduce any evidence from my own experience, although it would appear to be a most valuable remedy. The latter I have known to succeed.

H. R., a laundress in a gentleman's family, and unmarried, who had long been affected with valvular disease of the heart, was attacked in August, 1850, with sub-acute peritonitis, which was subdued by suitable remedies and by a very profuse hæmorrhage from the nose. On the 11th of September she was seized with severe pain of the abdomen accompanied with constipation and vomiting. As the symptoms were urgent, I was requested to meet her medical attendant from Christchurch, in consultation. I found her suffering severe pain on the left side of the abdomen, a little below the line of the umbilicus, where there was a fulness, painful under pressure. She was frequently sick, and the bowels still were obstructed. Her monthly secretion was present. There was no fever. It was agreed that two grains of calomel and half a grain of opium should be given every two hours, that a glyster (composed of half an ounce of the oil of turpentine, two drachms of the tincture of assafoetida, one ounce of castor oil, and one pint of tepid gruel,) should be thrown up the rectum every four hours, and that six leeches should be applied over the seat of pain. All this was attentively done and various other extemporaneous means tried; but although the pain and vomiting had considerably subsided under this treatment, no relief was obtained from the bowels, which had now been constipated five days. By this time the abdomen had become somewhat inflated, there was hiccup, the pulse flagged, and her recovery was almost despaired of. Her medical attendant, Mr. Davies, supposing that the peristaltic action of the bowel might be suspended by over distension, suddenly dropped upon the abdomen a towel saturated with very cold water, twice following, and then covered it with warm flannel. At the end of an hour the same thing was repeated. This was succeeded by frequent discharges of wind from the rectum, when the inflation subsided, and in a few hours the canal was copiously evacuated. In this case it is probable that the intestine first lost its vermicular power from fecal accumulation, and that it was afterwards still further incapacitated by the pressure of gas evolved from it. Such loss of power, the sudden application of cold in the above ingenious manner, was well calculated to restore, and it appears to have admirably succeeded.

Southampton, April 27, 1852.

[To be continued]

## Provincial Medical & Surgical Journal.

WEDNESDAY, JUNE 9, 1852.

At the approaching Anniversary Meeting to be held at Oxford, Dr. COWAN has given notice that he shall propose, that in future the *Journal* shall be published and edited in London, weekly, instead of once a fortnight. Now, we think that so grave an alteration in the mode of conducting this organ of the Association, requires a little calm consideration beforehand, and we have therefore thought it right to place the matter before our readers at once, together with some of the objections which may be adduced to such a change of plan. There can be no doubt that a weekly journal is preferable in every way to a fortnightly one, if the difference of cost can be borne by the funds of the Society; but we can see no way of affording this alteration unless by an increase of subscription, or by the sacrifice of the volume of "Transactions," to both of which courses many of our Associates strongly object; and we are afraid that even Dr. COWAN's eloquence will scarcely convince his hearers of the desirability of the change, unless he can suggest some other means of effecting his object. With regard to the change of place for the publishing and editing the *Journal*, we may not perhaps be considered disinterested advocates, but we have a right to call upon Dr. COWAN to show some advantage to be gained by his proposition, and upon this ground we are ready to join issue, and to maintain in the first place, that it cannot be brought out in London so cheaply, if printed as at Worcester by a general printer, and certainly not so cheaply as it might be done in the country if printed by the Association itself, having its own office, &c., since rent and wages are considerably higher in London than in the provinces.

In a commercial point of view then, we repeat, that we are ready to show that no gain, but rather a loss, would be sustained by the change. Now, as to the Editorial department, it must be borne in mind, that this journal is the organ of a *Provincial Association*, and as such, would lose its distinctive character if conducted by a metropolitan Editor. It never has competed, and never can be made to compete, with the *Lancet* or *Medical Times*, which are purely

commercial speculations, though, like other papers, only remunerative when in accordance with the principles of those to whom they are addressed. Besides, the interests and wishes of the London and provincial practitioners are often at variance—as for instance, in the case of the proposed Incorporation of the General Practitioners, which was advocated by all the London journals, without an exception, and would probably have been carried "*nemine contradicente*," but for the exertions made in this Journal, prompted as they were by those influential parties in the provinces, who have since so triumphantly proved the truth of their assertions. Again, it is quite manifest that the *Journal* can only be safely conducted in connection with the managing Council of the Association, and therefore Dr. COWAN must also advocate the removal of that management to London, as well as the editorial and publishing departments. We strongly suspect, however, that he is scarcely prepared for this step, of the necessity for which he is perhaps not fully aware.

We have so high a respect for the opinions of Dr. COWAN, that we cannot but think he has forgotten the original object of a journal of the Association. It is quite true, that when first supplied to the members, it was published in London, but an Editorial article was regularly forwarded by Dr. STREETEN, advocating the views of the Association, and even then, though only half the size of the present paper, the cost to the Association, at the rate which only could remunerate the proprietors, was found to be too much for its income. It was therefore determined by the Association to publish a journal which should be devoted to the purposes of forwarding the interests of science in the provinces, by giving insertion to the writings of those medical men, who, while engaged in the toils of country practice, are yet anxious to make known the results of their labours, although not always able to compete in elegance of diction with their London compeers. To many of these writings we could point as equal to anything which has been produced during the same period of time, and we are assured that nothing but health and leisure is wanted to stimulate others to give up the stores of experience with which their brains are teeming, and which would be of more real service than the flimsy effusions of those who write, not to teach others, but to benefit themselves.

Such are some of the reasons which may be

given for adhering to the present mode of conducting this journal, and which should be well considered prior to our annual meeting. We do not for a moment contend that the *Journal*, in its present form, is not capable of improvement, nor do we maintain that it cannot be published weekly; we are ready to co-operate with Dr. COWAN in effecting any improvement, either in the quantity or quality of its composition, but we must raise our voice against its being reduced to a third or fourth-rate London periodical, instead of ranking as it now does, as *sui generis*, without a rival, in its own proper vocation.

## Reviews.

*Lectures on Clinical Medicine.* By Dr. HUGHES BENNETT. No. VI. Edinburgh: Sutherland and Knox.

WE have before had occasion to refer in terms of commendation to the published clinical teaching of Dr. Hughes Bennett. The present number is in every way worthy of its predecessors, and in fact may be taken as a model for bedside instruction.

The subjects commented upon are certain diseases of the respiratory organs, commencing with laryngitis, and taking in rotation bronchitis, pneumonia, pleuritis, and phthisis pulmonalis.

The chief interest in the author's observations on laryngitis are those in which he refers to the topical treatment of the disease by the actual application of a solution of the nitrate of silver to the interior of the larynx, the demonstrations of which he witnessed at the hands of Dr. Horace Green. Of the value of this treatment he speaks highly.

In illustrating several cases of pneumonia, the lecturer particularly notices the difficulties which occasionally occur, in the diagnosis of the disease. He also gives the following excellent rules for guidance in blood-letting:—

"If you are called to a case at a very early period, before exudation is poured out, and before dulness—as its physical sign—is characterised, but when, notwithstanding there have been rigors, embarrassment of respiration, more or less pain in the side, and commencing crepitation, then bleeding will often cut the disease short. When, on the other hand, there is perfect dulness over the lung, increased vocal resonance, and rusty sputum, then exudation blocks up the air-cells, and can only be got rid of by



that exudation being transformed into pus, and excreted by the natural passages. In such a case bleeding checks the vital powers necessary for these transformations, and as a general rule, if the disease be not fatal, will delay recovery. I believe this to be cause of so much mortality from pneumonia in hospitals, where bleeding is largely practised; for, in general, individuals affected do not enter until the third or fourth day, when the lung is already hepatised.—p. 249.

The author's commentary on the pathology and general treatment of phthisis, is particularly deserving of attention. He considers the disease to originate in an error of primary digestion, leading to an impoverishment of blood, local pulmonary exudations, and those ulterior changes only too familiar to the physician and pathologist. On this view is founded the rational and curative treatment, which the author makes to consist:—1st, in restoring healthy nutrition; 2nd, subduing local irritation; 3rd, avoiding those circumstances which deteriorate the constitution, or induce pulmonary disturbance.

In dilating upon the first of these indications, the lecturer adverts to the present knowledge of the physiology of assimilation, more especially in reference to the part played in the process by the alkaline secretions of the pancreas and other salivary glands. He says:—

"The peculiarity of phthisis, however, is, that an excess of acidity exists in the alimentary canal, whereby the albuminous constituents of the food are rendered easily soluble, while the alkaline secretions of the saliva and of the pancreas, are more than neutralised, and rendered incapable either of transforming the carbonaceous constituents of the vegetable food into oil, or of so preparing fatty matters introduced into the system as to render them easily assimilable. In consequence, more albuminous than fatty matters enter into the blood, and the necessary waste of structure is supplied by absorption of the adipose tissues. In the mean time the lungs become especially liable to local congestion, leading to exudation of an albuminous kind, which is tubercle."—p. 278.

For the adequate supply of the fatty principle so requisite, cod-liver oil is now well known to be the most efficacious means in our possession, and to Dr. Bennett we are indebted for its first introduction in the treatment of phthisis. We have here a succinct summary of his later experience, in every respect confirmatory of the general impressions regarding its importance as a remedy.

Dr. Bennett is an advocate for the maintenance of the Crystal Palace, (now, and we think rightly, too, in process of demolition,) which he thinks would have been a valuable adjuvant in the prevention and treatment of phthisis, by offering at all times the means of exercise and recreation in a well-regulated atmosphere. Entertaining as we do, however, the notion that climate has very little influence on the disease, seeing that it prevails among the snows of Russia, as well as under the roasting sun of the tropics, we cannot join him in his anticipations.

We hope often to meet Dr. Bennett in labours similar to the present. His remarks always bear the impress of sound practical knowledge, while his great reputation as an histologist gives an authority to his microscopical descriptions, which is not inferior to that of any of his patient fellow-labourers in the Continental schools. Our readers will do well to have these lectures for ready reference.

"*The Beloved Physician.*" a Sermon, preached in the Parish Church of St. Martin-in-the-Fields, on Sunday, March 28th, 1852, in aid of the Funds of the Medical Benevolent College. By the Rev. HENRY MACKENZIE, M.A., Vicar. London: Francis and John Rivington, St. Paul's Church Yard, and Waterloo Place, 1852. 8vo.

WE desire to direct the attention of our readers to this philosophical sermon by the vicar of St. Martin-in-the-Fields, preached on behalf of the Medical Benevolent College, a scheme which must commend itself to the hearty support of every member of our *precarious* profession.

In thus acknowledging our obligations to the vicar for the support he has thus so ably given to this—our great medical charity, we desire to place here on record, his very graceful tribute to the character of the working members of our profession.

"It has now been my lot for many years, to be much connected with the poor of our land in very different localities. I have seen them in deep physical suffering, as well as in spiritual destitution and temporal distress; but in *all* of these cases, I have known none to whom I could turn more readily for aid of any kind than I myself was powerless to afford, than to those whose peculiar province—had they restrained themselves within it—would have limited them to ministering relief to the *physical* ailments of the sufferer. To *that* point they would necessarily *first* address themselves; but when pecuniary

aid was needed, I have never found their hands closed; and many and many a time I have known *them* to be the first to recommend the sick and suffering to send to their pariah priest,—or, it may be, to give him an intimation of their needs that he might call to inquire without their knowing he had been sent for,—and not unfrequently to whisper words of a religious consolation into the ears of those whose days of health had been abused, as though they were to last for ever!

But it is by no means the limited knowledge of personal experience which leads me to advance, and prepares me to uphold, the view that the Beloved Physician—one faithful to his Divine Master, as well as his human brethren—justly represents the character of that profession which fulfils a portion of the direct command of the Saviour, who not only sent out his disciples to “preach the Gospel,” but also to “*heal the sick.*” The spiritual-mindedness of a large portion of their body—the religious tendency of a vast number of their publications—the practical faith and personal benevolence so largely practised among them, even to the clear deterioration of their own interests—all point to the same conclusion, and justify our adoption of St. Luke as their type, “Beloved” alike in his divine and in his human relationships.

And if additional testimony were needed to the high Christian and philanthropic character of the class of which I have been speaking, it would be found in that special object which it is my privilege to bring before you to-day.”

As the profits arising from the sale of this sermon will be devoted to the funds of the College, we trust many of our readers may use their efforts to extend its circulation in their respective localities.

## Foreign Department.

### *Iodine Injections in Ascites.*

Notices have from time to time appeared in the French journals upon the treatment of ascites by iodine injections, some of which we have transferred to our pages. The chief advocate of the practice is M. Boinet, who has published a long memoir on the subject. (*Gazette Médicale*), the completion of which has recently appeared. In this concluding paper a *résumé* of his experience is given, from which it appears that he has performed the operation in thirteen cases, eleven of which were successful. No injurious consequences followed the injection in any instance, if we may believe the reports; and one injection was generally sufficient. The deductions with which the author concludes his memoir, are these:—

1. That various fluids may be injected into the peritoneum without danger, and with manifest benefit, in the treatment of ascites.

2. That, of these various fluids, the tincture of iodine is indisputably the best, of which an abstract is given in the *Archives Générales*, Mars.

### *On the Contagion of Secondary Syphilis.*

The idea, which now appears to be gaining ground, that secondary syphilis is communicable, has been recently taken up by Dr. Waller, of Prague, in an elaborate memoir. The author herein expresses his conviction, that this form of the disease is contagious, upon the following grounds:—

1. That it is not uncommon to meet with mucous tubercles in persons who have neither had chancre nor gonorrhoea, in whom, in fact, these flat tubercles were the first manifestation of syphilis.

2. That other forms of syphilis, usually denominated secondary, may be the first symptom of the disease.

3. That secondary syphilis may be perpetuated by the agency of the blood.

Several clinical facts are adduced which bear upon these propositions, but we shall pass on to the actual experiment by inoculation, as affording the most conclusive evidence in favour of the author's assumptions.

These experiments were of two kinds; in one series the inoculation was from the secretions of the mucous tubercles, in the other the blood itself was the medium of inoculation.

The first kind of inoculation was performed upon a young man who had never been the subject of chancre or gonorrhoea, by means of punctures on the thigh, to which lint, dipped in the secretion, from a patient labouring under condylomata, was applied; the result was, the production of numerous tubercles upon the site of the punctures. Twenty-seven days after the first appearance of these, syphilitic maculae began to show themselves on the abdomen, and in a few days more the whole body was covered with them.

The second kind of inoculation was made upon a lad, aged 15, the subject of lupus, who had never had syphilis. On the 27th July some blood was drawn, by cupping, from a female who was labouring under syphilitic maculae and tubercles, and was immediately applied by means of lint to some scarifications on the thigh of the boy. Neither inflammation nor suppuration ensued, and in three days the incisions were completely healed. On the 31st of August, i.e., twenty-four days after inoculation, two tubercles, the size of a pea, were observed upon the site of the punctures; these increased in size, coalesced, and became covered with thin scales. Eventually ulceration took place. On the 1st of October, sixty-five days after inoculation, and thirty days after the appearance of the tubercles, an eruption, of a distinctly syphilitic tint, came out upon the belly, back, and chest, and speedily became general.

From these experiments the author deduces the following propositions:—

1. Both primary and secondary syphilis are inoculable.
2. Contrary to the doctrine of M. Ricord, that

secondary phenomena are always preceded by chancre, it is established, that in certain cases the symptoms usually considered as secondary, may be the first manifestation of the disease.

3. Neither can we receive, as strictly true, the maxim propounded by M. Ricord, that inoculation furnishes a means of diagnosing primary from secondary syphilis.

#### *Luxation of the Sacrum.*

An instance of this very rare accident is reported by M. Foucher, (*Revue Medico-Chirurgicale*), in the case of a man who endeavoured to commit suicide by throwing himself beneath the wheels of a heavily-laden waggon. After death, which occurred at the end of a week, the chief appearance was, a dislocation of the sacrum forwards into the cavity of the pelvis. The ilia were also fractured. Similar cases are on record; one, for instance, in the *Memoires de l'Academie de Chirurgie*, tom. iv., p. 91, in which the accident occurred from the falling of a sack of wheat upon the pelvis; and another is published by M. Laugier, in the *Bulletin de la Societe Anatomique*, Fev., 1850. In some other examples reported the luxation seems to have been the result of disease.

#### *Ligature of the Abdominal Aorta.*

This unwarrantable operation has been lately performed by a Portuguese surgeon, who has published the particulars of the case in the *Revue Medico-Chirurgicale* for March, 1852. The disease for which it was undertaken was supposed to be aneurism of the common iliac; the result, as may be readily imagined, was death. A *post-mortem* examination showed that the tumour was, in reality, an aneurism of the external iliac, and that ligature of the upper part of that vessel might have been accomplished.

## General Retrospect.

### PRACTICAL MEDICINE.

#### *On some Injurious Effects of Tartar Emetic.*—By Dr. BOLING.

These are thus described:—

The patient may be seen to be doing very well under the antimony, the dulness on percussion and rapidity of pulse diminishing, the skin moistening, and the respiration improving; when, suddenly in some cases, more gradually in others, he becomes restless, thirsty, and somewhat purged, the belly becoming tympanitic, and sometimes tender. He vomits, or tries to do so; the tongue is dry and pointed; jactitation and anxiety of countenance appear, together with delirium, and perhaps shortly before death, stupor. Occasionally jaundice supervenes; and in a few cases the matter ejected closely resembles that of yellow fever. During these occurrences the pulse becomes frequent, hard, small, and thready. Death may take place within six hours after the first appearance of these unfavourable symp-

toms, more frequently it is delayed for ten or twelve hours, and in some cases yet longer.

Simultaneously with the advent of the above symptoms, or just preceding them, there is a more or less rapid disappearance of the symptoms of the original disease. A lung which seemed almost completely solidified, in four or five hours becomes permeable, and yields a healthy respiratory murmur, all the symptoms of the pneumonia undergoing a similar improvement. The violence and rapidity of the abdominal disease are in direct ratio to the suddenness of the improvement in the disease of the lung. In any case of pneumonia treated by antimony, the supervention of the least tympanitis, thirst, and diarrhoea, must be looked upon with suspicion, as the probable precursor of this serious condition; and Dr. Boling regards the patient's doom as almost decided, when, in addition to these symptoms, there is a *rapid*, in place of a *gradual*, diminution of dulness on percussion, *unattended with the crepitant r le of resolution*. The observance of this peculiarity in the physical signs has enabled him to announce portending mischief in patients apparently convalescent. This cannot be a rare occurrence in the Southern States of America, as the author has seen almost as many die of the induced as of the primary disease. He suspects that some of the cases described as loss of tolerance of antimony by the Italian practitioners, are of this nature, although, if so, their delineation is very incomplete. G lis gives a graphic account of a similar train of phenomena produced by the use of large doses of calomel in hydrocephalus and cramp.

Dr. Boling is disposed to attribute this effect of antimony to its direct action on the intestinal canal, by reason of a portion of the quantity administered not becoming absorbed; and believes that our object, in attempting its prevention, should be, to administer the drug in such divided doses as to secure its complete absorption. Although never in the habit of giving very large doses, he has even diminished these; and finds the remedy just as efficacious now that he gives only from three to six grains in the twenty-four hours, as when he gave double the quantity, while the mischievous effects have been of much less frequent occurrence. He dissolves the above quantity in six ounces of water, and gives a teaspoonful every half hour in the day, and two teaspoonfuls every hour at night. He prefers water as a vehicle, as mucilaginous fluids delay the absorption of the medicine.—*American Journal of Medical Science*.

#### *Calomel, a Diuretic, in Large Doses.*—By Dr. W. KEE.

In the treatment of dropsies, calomel has been considered from its earliest introduction into use as a valuable adjuvant in combination with other remedies, but it is not mentioned by writers as acting as a diuretic when given alone either in small or large doses. Its use in large doses is no new practice, for it has been given freely in the treatment of fever and cholera; and for its hydragogue, cathartic, sialogogue and deobstruent properties, it is well known. In combination with squills, nitre, and sometimes digitalis, it is a very popular mode of administration, and one that generally fulfils the indication for which it is prescribed; but there are cases in which it fails as well as the rest of the class of diuretics, and the physician is thrown back

on his own resources for something more active and reliable. When such is the case, the author affirms that calomel, in doses from forty to a hundred grains, repeated for two or three nights successively, will certainly fulfil the most sanguine hopes, but not only freely purging, but by producing copious diuresis, followed by sleep, such as cannot be had from opium nor its preparations, with safety. During its action, gin or whiskey toddy may be freely used, should there be much prostration; but this is seldom the case, the stimulous only aiding the diuretic action. He states that he has seen persons who were unable to lie down, (for a week at a time,) longer than a few moments, sleep well after the action of the first dose.

His usual mode of administration is to give fifty grains of calomel for three successive nights, and should it fail to produce the desired effect, to wait several days. The first dose does not often act as a diuretic, but the third, according to the author, seldom fails.—*Philadelphia Medical Examiner*, Dec., 1851.

### SURGERY.

*An Account of a Horn, six inches and three quarters in length, developed upon the Head of a Woman.*—By AUSTIN L. SANDS, M.D., of Cold Spring, U.S.

In the spring of 1851 the author was called to see Mrs. W—, aged fifty years. She had always enjoyed good health, and was naturally of a full habit. She informed him that she had a "horn" on the back of her head, which had caused her much trouble and uneasiness for a long time, owing to which circumstance she desired its removal. On removing the covering which she kept continually over it, a fine specimen of ichthyosis cornes, of sixteen years' growth, was at once brought into view. On inspection, it was found to arise from, or rather immediately over, the occipital protuberance, and to extend downwards and backwards about four inches, and then curling upon itself, terminating in a rough sulcated extremity. On handling it, it was found to be very hard, solid, and, when struck with the handle of a scalpel, gave a sharp clear sound; its attachments to the occiput did not appear to be very firm, as they allowed slight motion. Seeing no difficulty in the way of its immediate removal, an elliptical incision was made on each side of it through the integuments down to the periosteum, and then slipping the scalpel between the base of the horn and the bone, it was easily removed. There was little hemorrhage, and the wound healed kindly by first intention.

On examination after removal, the horn was found to measure *six inches and three quarters* in length, and *three inches* in circumference at the base.

One very interesting point in the process of this case may be found in the history which she gave of the treatment which had been pursued in order to obtain relief. When first perceived, it felt like a shot underneath the integuments; after some time it made its appearance on the surface of the skin, and several times she picked it off, but after a while it became so firm that she was obliged to allow it to remain. She took no notice of it for some time, but, becoming so large as to interfere with the proper adjustment of her

cap, and obliging her to raise her head from the pillow at night whenever she wished to turn over in bed, while it also incommoded her from reposing on her back, she was necessitated to apply to her family physician (a homoeopath) for relief, who promised her that in the space of a short time he would be enabled to remove the difficulty by the use of sundry small white pills, which he proceeded to furnish her with; while at the same time he assured her that he had treated successfully, to a cure, several similar cases within the past year in his own practice. For five years she continued to use the homoeopath's pills, but still the horn remained—still the horn continued to grow. In view of this condition of affairs her faith began to falter, but for some time it was supported with the assurance of her physician that the only reason that the cure had not been effected was, "that he had not as yet got hold of the right pills." Reassured by this assertion, which was repeated from time to time, she kept on until the spring of the present year, when she consulted the reporter, and finally submitted to its removal by the knife.—*New York Journal of Medicine*, November, 1851.

*Diagnosis of Fractured Ribs.*—By MR. HILTON.

[The following simple rules for diagnosis in cases of suspected fracture of the ribs, occur in a clinical lecture upon the subject, delivered at Guy's Hospital. In such cases Mr. Hilton observes:—

1. There may be external ecchymosis, but this symptom may be entirely absent.
2. Sharp pain in a determinate locality on full inspiration; this pain is sometimes intense, and the constancy with which it is met with in different cases gives much importance to the symptom. The pain is caused by the compression of the intercostal nerve at the ends of the fractured rib on a strong inspiration, ordinary breathing giving little or no uneasiness; according as the direction of the fracture leads to the compression of the nerve, or to no such structural complication, so will there be more or less pain. Hence the reason why some patients suffer a great deal, and others but little pain. This association of pain is not peculiar to rib fractures. The same thing occurs in fracture of the anatomical neck of the humerus, which lesion may and does frequently cause compression and irritation of the circumflex nerve; the latter being forcibly caught or drawn between the fractured ends of the bone, produces intense pain at the part.
3. By placing your hand upon the sternum, you may feel crepitation as the breathing goes on—nay, the patient sometimes hears and feels it himself.
4. Great tenderness over a certain suspected spot is a symptom upon which great reliance cannot be placed. It is better to press forcibly upon one rib after the other near the sternum, during inspiration, from above downwards. With some attention you will thus be able to detect the broken rib by resisting the elevation of its sternal end whilst its vertebral extremity is in motion, and a further examination of the individual rib discovers the exact seat of the fracture.
5. You may be much assisted in your diagnosis by using auscultation, either with the stethoscope or the naked ear; the fine grating of the bones may sometimes be distinctly heard in this manner. But, if in spite of careful examination, you cannot find any or all these symptoms, remember that

it is far better to treat obscure and doubtful cases as if fracture of the ribs had been detected; you will err, if at all, on the safe side, and the therapeutical means necessary are so simple that you cannot possibly do your patient any harm.—*Lancet*, March 13, 1852.

### MIDWIFERY.

*Abscess of the Substance of the Uterus, opening externally.*—By Dr. VAN COURTLAND.

On the 27th of June, 1830, the author was sent for to see W. M., aged 24 years, who told him she had been delivered of a living child about two months previous, but had never left her bed, owing to a swelling in the lower part of her belly, and which began to show itself a few days after her confinement. The patient was emaciated to a most extreme degree, and was labouring under profuse and almost uninterrupted perspiration. The pulse was small and rapid. The countenance indicative of serious disorganization. The secretion of milk was entirely suspended. The lochial discharge had left her a few days after parturition; and the spirits were painfully depressed. On examining the swelling, owing to the great emaciation, he readily discovered it to depend upon an abscess of the body of the uterus; adhesion between which and the abdominal parietes had taken place during the inflammatory state, and the abscess now in progress clearly indicated the plan of treatment to be adopted.

Large doses of diluted sulphuric acid were given without producing diarrhoea, warm fomentations and emollient poultices were applied to the tumour, and frequently renewed until the 8th of July, when a free opening gave vent to about half a teacupful of matter. From this time, everything went on well, and in a few days she returned home cured. Her catamenia have come on regularly, but as yet she has not again become pregnant.

In cases of this description, the discharge of matter almost invariably takes place by opening internally either into the bladder, rectum, or vagina.—*Canada Medical Journal*. No. I.

### Correspondence.

#### THE NEW CHARTER OF THE COLLEGE OF PHYSICIANS.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I have just seen in the last number of our *Provincial Medical and Surgical Journal* an abstract of the proposed new Charter of the Royal College of Physicians.

There are two clauses, namely the fourth and fifth, which appear to me to call loudly for animadversion, as their obvious effect will be to do great injustice to a very numerous and very respectable class of British physicians—the Extra-urbem Licentiates.

The fourth clause enacts, that all such shall become

"members" of the College, on presenting satisfactory testimonials of character, and on paying a fee of fifteen guineas, exclusive of stamp duty.

Is it not humiliating and affronting thus to be desired by the College to bring testimonials of character, when we have already one emanating from the College itself, and attested by the President and Elects? They have already certified each individual Extra-urbem Licentiate as "probum virum, eumque dignum iudicasse qui admittetur ad praxin." Is this insufficient and unsatisfactory? And are we to go to members of our own profession (our juniors perhaps by many years), and ask them to say if we are honest and sober, and fit to practise our profession?

Again, I object to being compelled to make another payment of £20 or £30, (which it would be with stamp-duty,) without some equivalent advantage.

We, the Extra-urbem Licentiates, have been examined by the College;—we have received their letters testimonial of character and skill;—we have paid pretty handsomely for any little advantage which the licence of the College confers (and be it remembered that one half of the physicians of the country practise without it); and now, after all this, we are to be *disfranchised*, and our dearly-purchased piece of parchment is to become merely so much *sheep-skin*.

We have the opinion of Sir Fitzroy Kelly, formerly Solicitor-General, and Sir E. V. Williams, that there is no just reason for making any distinction (in any future Charter) between the privileges to be conferred upon the Intra and Extra-urbem Licentiates. But, instead of this, the former are at once translated in a body, without question asked or money paid, into "members" of the new College, whilst the claims of the latter are ignored; and although their names have been printed in the College lists, they are no longer deemed worthy to belong to the College without further testing as to character, and a little more pecuniary depletion.

Let us now consider the fifth clause. All graduates of recognised Universities are at once to be admitted members of the College, on producing certificates, and paying the customary fees. Had this been done some ten or fifteen years ago it had been fair and honourable; but now several hundred graduates have already undergone an examination, and paid for what they thought admission into the College, and then comes a new bar, which renders nugatory all which they have done to connect themselves legally with the College. Those who have defied its laws all their professional lives, and kept their money in their pockets, may now be admitted on equal terms with those who considered themselves as already belonging to the College.

I trust that those who think—with the writer of these lines—that a grievous act of injustice is about to be done to the ill-used Extra-urbem Licentiates, will come boldly forward and make their sentiments known in the right quarters. If so, I verily believe we shall gain redress.

If the Extra Licentiates choose to move from the provinces and fix themselves in London or its vicinity, I do not think they would object to a farther payment to the College, as has been done by the Intra-urbem Licentiates; but, to make no difference in any respect,

between those who are already, and those who never have been, connected with the College, is manifestly unjust, and unworthy of any learned body.

Since I began my letter I have been much pleased by seeing a letter in the "*Medical Times and Gazette*," having a similar object.

I am, Mr. Editor,

Your obedient Servant,

May, 1852.

M.D., EDIN.

### MANCHESTER MEDICO-ETHICAL ASSOCIATION.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—We are directed by the Committee of the Manchester Medico-Ethical Association to request the publication of the enclosed in the next number of the *Provincial Medical and Surgical Journal*.

We are, Sir, your obedient Servants,

J. AIKENHEAD,  
W. C. WILLIAMSON, } Hon. Secretaries.

Manchester, May 28, 1852.

*To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.*

The Petition of the undersigned members of the medical profession, on behalf of the Medico-Ethical Association, of Manchester, humbly sheweth,—

That the provisions of a "Bill for Regulating the Qualifications of Pharmaceutical Chemists" have been brought under the notice of your petitioners.

That your petitioners, whilst approving of the spirit in which this measure is framed, believe that there is some danger, owing to the present unsettled and unsatisfactory relations between members of the medical profession and pharmaceutical chemists, of the latter interfering with their rights and privileges.

That your petitioners would therefore humbly pray your Honourable House to insert a clause in the Bill that nothing therein contained shall be understood to confer on chemists any right to practise medicine in any of its departments whatever.

And your petitioners will ever pray, &c.

W. J. WILSON, F.R.C.S.E., Vice-President.

J. AIKENHEAD, M.D.,  
W. C. WILLIAMSON, } Hon. Secretaries.

## Medical Intelligence.

### MUNIFICENT BEQUESTS.

The Devon and Exeter Hospital has recently had two munificent donations added to its funds—one of £2,000, left by the Rev. Dr. Troyte, late of Hunsbam, and the other by the late Mrs. Halford, of Newcourt, near Exeter, who (after giving specific legacies amounting to £60,000) has bequeathed the whole residue of her property to this institution, which will amount, it is said, to nearly £50,000, £20,000 of which will be available on the death of the husband of the testatrix, who has a life interest in it.

### PRESENT TO THE ROYAL COLLEGE OF SURGEONS.

Mr. Abbott Lawrence, the United States Minister at this Court, having stated to the Lords Commissioners

of Her Majesty's Treasury that two cases have arrived from New York, addressed to him, and containing fossils, sent by Dr. John C. Warren, of Boston, United States, for presentation to the Royal College of Surgeons, London, their Lordships have given the necessary directions to the proper authorities to permit their free delivery for that purpose. Dr. Warren is an Honorary Corresponding Member of the Provincial Medical and Surgical Association.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 21st ultimo:—Henry Vandyke Carter, Scarborough, Yorkshire; Thomas Boor Crosby, Gosberton, Lincolnshire; Robert Anlezark Cunliffe, Garstang, Lancashire; Samuel Athanasius Cusack, Dublin; Maurice Davis, Thame, Oxfordshire; Samuel Foley, Army; Thomas Frost, Hucknall-Torkard, Nottinghamshire; Michael Hurley, Dublin; Robert Benson Lewis, Trinity Square, Southwark; William Edward Musson, Birkholme, Lincolnshire; Andrew Nesbitt Edwards Riddell, Aurungabad, East Indies; Augustus Charles Shout, Hampstead.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 20th ultimo:—Barnabas Barnett, Shrewsbury; Thomas Croudace, Chester-le-Street; William George Gill, London; Alfred Richardson, London; George Sankey, Ashford; John Sykes, London; Alfred Stephen Wood, London.

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

#### YORKSHIRE BRANCH MEETING.

The annual meeting of this Branch will be held at the Medical School, Leeds, on Thursday, June 10th, under the Presidency of C. Chadwick, M.D. The chair will be taken at one o'clock precisely. The members and visitors will dine together after the meeting.

WM. MATTERSON, JUN.,

Hon. Secretary and Treasurer.

York, May 21, 1852.

#### NORTH-WALES BRANCH.

The annual meeting of the North-Wales Branch of the Provincial Medical and Surgical Association, will be held at the Castle Hotel, Conway, on Tuesday, the 15th of June, at eleven o'clock.

DR. EDWARD HUGHES, of Mold, President.

#### LANCASHIRE AND CHESHIRE BRANCH.

The Sixteenth annual meeting of this Branch will be held on Wednesday, the 30th of June, in the Medical Institution, Mount Pleasant, Liverpool. The chair will be taken at one o'clock by Robert Bickersteth, Esq., of Liverpool, the President for the ensuing year. Dinner will be provided at the Adelphi Hotel, at four o'clock, for such members as intimate to the Secretary their intention of being present.

JOHN HATTON, Hon. Sec.

114, Oxford Street, Manchester.

### TO CORRESPONDENTS.

Communications have been received from Dr. Tilt, Mr. Grainger, Nil Desperandum, Dr. Speer, Medicus, Mr. Terry, Mr. Perceval (twice), Mr. Churchill.

ON THE  
DIAGNOSIS OF CHRONIC OVARIAN  
TUMOURS.

By E. J. TILT, M.D.,

*Senior Physician to the Farringdon General Dispensary and Lying-in Charity, and to the Paddington Free Dispensary for Diseases of Women and Children.*

"Hydris ovariorum at plurimum steriles anonasque mulieres occupat difficulter cognoscitur et vix sine scotio cadavere."—Boerhaave (*Lph.* 132.)

At different times we have published, in the *Lancet* and in the *London Medical Gazette*, a series of papers on the "Pathological Anatomy of Chronic Ovarian Growths, and on their Cause, Progress, and Termination." We now purpose treating of the diagnosis of these tumours, and feel no little hesitation in beginning a chapter which must be the history of the mistakes daily committed, even by the most enlightened.

The difficulties of the diagnosis of chronic ovarian tumours arise from the form and nature of the cavity in which the abdominal viscera are contained. The more easily defined limits of other organs render the diagnosis of these diseases comparatively easy; but it was necessary, for the health of the body, and to economise the space allotted to the abdominal viscera, that they should have no fixed limits, in order that they might, in their periodical ebb and flow, appropriate each according to its peculiar wants more or less of the same cavity. This community of habitation entails a certain obscurity of position, and gives rise to a corresponding obscurity of diagnosis of the diseases of the abdominal organs. With other organs we find that any obscurity of diagnosis which might have existed in the origin, diminishes as the disease progresses, but the certainty of the diagnosis of ovarian tumours does not increase in proportion to their dimensions, because each of the neighbouring viscera—womb, liver, spleen, kidney, and bladder, are susceptible of attaining to a similar bulk, and these organs must, therefore, be believed to be in a healthy state by the medical attendant, before he can diagnose an ovarian tumour.

Another difficulty of abdominal diagnosis arises from the fact, that the abdominal cavity, more than any other, harbours not unfrequently tumours of stupendous size, which have no other origin than some minute sub-peritoneal cell. In such cases we need not be surprised that a tumour, which belongs to no organ, should be, by different medical men, attributed in turn to a swelling of each of the abdominal organs in the vicinity of which it is developed.

It may be thought that we exaggerate the uncertainty of abdominal diagnosis, but we do not hesitate to say that it is more difficult to diagnose many complaints of the organs contained in this cavity than those of the chest or the head. Medical men have sometimes brought us patients said to be affected with ovarian dropsy, but who were in reality suffering from fibrous tumours of the womb, chronic peritonitis, or even *embolus*,

particularly when the patients have arrived at the age of cessation of menstruation. All those who are engaged in active practice must be able to recal similar proofs of the great imperfection of abdominal diagnosis, and the operations of ovariectomy furnish us with wholesale examples of the errors of diagnosis made by the most eminent in our profession; errors made by men who have specially studied ovarian disease, and the individual cases of that disease which they attempted to cure radically by an operation, on the value of which they staked their medical reputation. Dr. Dolhoff, at Magdebourg, had studied his patient's case for a year; many eminent men who had seen the patient with him were convinced of the existence of a tumour, and still none was found when the abdomen was opened. The best opinions of Edinburgh confirmed Lisars in his opinion, that a patient of his was affected with an ovarian tumour. An operation was performed, but no tumour was found. We learn from Dr. Atlee's valuable table, that out of 179 cases of attempted ovariectomy, the operation could not be completed in 34. This means in plain English, that in 34 out of the 179 the surgeons made an unfortunate error of diagnosis. In 17 of these cases other important diseases existed, which would have contraindicated ovariectomy, but as these were not detected by the surgeon, the 17 operations were performed, and occasioned the death of 14 of the patients. Adhesions of the tumours to neighbouring organs are also considerable complications when they are extensive, as was the case in 62 operations out of the above-mentioned 179. In other words, these 62 cases were also errors in diagnosis; for if the surgeon had suspected the existence of these adhesions, he would, in most of the cases, have declined operating, well knowing that this complication increased the difficulties of the operation, increased the ratio of its mortality, and sometimes rendered it impossible. In six cases, says Dr. Atlee, (but two others are recorded,) no tumour was found, so that in these patients the abdomen was opened, it was examined for a tumour, and none was found, and then the abdomen was sewn up. The 179 operations of ovariectomy thus afford us proof of 121 errors of diagnosis, and justify the motto placed at the head of this chapter.

While, however, admitting the imperfection of our diagnosis of abdominal diseases, we must not omit mentioning that some of our means of diagnosis have lately been improved, and that others have recently been added, which, if judiciously used, permit us to anticipate a diminution of what has been well termed "ovarian perplexities."

In Professor Piörri's hands Avenbrugger's discovery has been proved to be equally serviceable in detecting diseases of the abdomen as those of the thorax. Kergaredeo applied his uncle's stethoscope to the abdomen, and taught us to distinguish a sound, by which, if distinctly heard, we can be confident of pregnancy. And later still, the head of the obstetric department of our profession in Scotland, Dr. Simpson has given us a very important instrument of diagnosis—the uterine sound, by means of which we are generally

able to eliminate the uterine element from very complicated problems of abdominal morbid structure. This instrument has indeed been inveighed against, with considerable force, by some who have been peculiarly struck by cases wherein the instrument was injudiciously employed, but as a help to diagnose abdominal disease, it is undoubtedly of great utility, a conviction expressed with the greater pleasure, because we differ in some other points of practice with its illustrious inventor.

Having shown the difficulties of abdominal diagnosis, having pointed out the reason of these difficulties, and glanced at some of the means by which they may be diminished, we shall now proceed systematically in our attempt to unravel the obscurity which we deplore. Our idea of diagnosis is to distinguish some peculiar disease from all those with which it may be confounded, we shall then proceed to pass in review, one after the other, all the diseased organs with which ovarian tumours have been confounded, or, in other words, all the abdominal viscera.

Should the reader find that we are tedious in the inquiry, let him remember that in learning to detect ovarian tumours he unavoidably learns to discover the other tumours or diseases of the structure which so frequently occur in the abdomen, and that he will thus acquire a knowledge of abdominal disease, the obscurest and the most important part of medical diagnosis, for the viscera of nutrition are those principally affected in all diseases. Let him remember that the rarity of any peculiar disease should not be an unconquerable obstacle to the sagacity of the practitioner, who knows how to seek for the signs of disease and how to interpret them. Acquainted with the anatomy of the visceral organs, and conversant with their functions, the medical attendant should be ready to interpret those rare cases which, in the course of practice, may perhaps "turn up" to-morrow.

Chronic ovarian tumours have been confounded with ovaritis, on account of the extraordinary size of the acutely-inflamed ovary, but the rapidity of the development of the tumour, and the fever by which it is attended will not permit the practitioner to be easily deceived; and the rapidity of the march of the disease will soon show the disease to be acute. On account of the acute march of an ovarian cyst, it may, however, be confounded with ovaritis. In the *London Medical Gazette* we have related an interesting example of this; the fever was such as attends acute disease, the iliac pain was intense, the swelling rapid, and we should have remained convinced that the tumour was of a purulent nature, if an exploratory puncture had not been made, and a transparent albuminous fluid withdrawn. A careful examination of the patient could alone prove that, in such cases, the ovary is affected, the knowledge of the nature of the tumour being left to be determined by the subsequent history of the case, a delay little to be regretted, as in both cases the indications would be the same, that is to say, to arrest the progress of inflammation by bloodletting and mercury. Ovarian tumours have been confounded with pelvic tumours, sanguineous or purulent, developed in the recto-vaginal pouch. By means of the uterine sound it is easy to eliminate the

uterus from the morbid problem, but it is sometimes difficult to distinguish an incipient ovarian from a pelvic tumour, in cases similar to those described by Dr. Seymour, where the falling of the ovarian tumour into the recto-vaginal pouch gives rise to excessive pain. A few days will generally suffice to clear up the difficulties of diagnosis, for while the distressing symptoms attendant on the position of the tumour diminish, or at least do not increase, the constitutional symptoms will increase if the tumour be purulent, and it will most likely point towards the vagina, the rectum, or the skin, in the inguinal region. In very rare cases, however, it may happen that a purulent tumour attains a large size in the recto-vaginal pouch, without the difficulty of diagnosis being diminished, as when they imitate those ovarian tumours which are quite round, central, painful, and bulge into the vagina. In a very interesting case, recorded at great length, by Dr. Camus, (*Revue Médicale*, 1838,) the patient would certainly have been considered to be suffering from ovarian dropsy if it had not been known that the disease originated in the culpable introduction of an instrument into the womb to procure abortion. The tumour took several months to attain the umbilicus. In this case an obscurity in the diagnosis was not much to be regretted as it did not increase the difficulty of the treatment. The indications were similar in the event of either disease, and a vaginal puncture of the bulging portion which did cure the abscess, might also have radically cured the ovarian cyst, as has happened in many an instance.

*Sanguineous pelvic tumours* are more likely to be confounded with incipient ovarian tumours, and as they have not been described by classic authors and have been but lately investigated by French pathologists, it may be well to glance at their history. In the midst of menstrual disorders, consisting in the flow being more or less abundant and painful than usual, intense hypogastric pain arises with fever, which last a few days, then ensues a dull heavy bearing down pain in the hypogastric region, and a large collection of blood forms in the recto-vaginal pouch, which, by pressing the rectum in and against the concavity of the sacrum, gives rise to obstinate constipation, whilst by pressing the urethra against the pubes, the same tumour causes a difficulty or impossibility of passing water. At first fluctuation may be easily detected in this tumour, but when the blood coagulates it becomes hard, and in one instance was mistaken by Malgaigne for a fibrous tumour of the womb. The tumour often disappears by resolution, or else it may open and discharge its contents in the vagina or the rectum.

These details are sufficient to show that when ovarian cysts are so confined by false membranes, as to be developed in the recto-vaginal pouch, it may be difficult to distinguish them from sanguineous pelvic tumours, but the more rapid growth of the latter and their early fluctuation, enable the practitioner to form a correct opinion, and time will give certainty to the diagnosis.

[To be continued.]

11, York Street, Portman Square.



## REMARKS

ON THE

## TREATMENT OF BURNS AND SCALDS.

By W. J. MOORE, Esq.,

*Resident Surgeon to the Queen's Hospital, Birmingham.*

THE satisfactory termination of a burn or scald will often depend on the mode of treatment adopted when the patient is first brought under the care of the surgeon, not only as regards the constitutional measures taken, but also the external applications then had recourse to. The numerous dressings which, from time to time, have had their advocates, undoubtedly act much in the same manner—preventing exposure to the atmosphere; but from their plurality it becomes somewhat difficult to make a selection of that most appropriate, especially as many are recommended, backed by an equality of testimony and evidence. In making such selection, guidance should be taken, not from the reputation which such and such an application may happen to possess, but rather from the characters of the burn itself, injuries of a moderate nature requiring different, and perhaps more careful treatment in the first instance, than those of a more severe description.

Probably few things are more distressing, both to the witnesses and the sufferers, than cases of bad burns; and this remark is not only applicable to the time when the burnt part is undergoing cicatrization, but tells with double force when, from contractions and loss of integument, an eye is rendered almost useless, a limb becomes an absolute incumbrance, or the chest and chin unite. Happily such cases are now rare; but frequently, and notwithstanding the greatest care, some approach to such a state is inevitable; it is, therefore, of consequence that any treatment tending to obviate these unpleasant results should be propagated and made known as universally as possible.

Nearly three years back Dr. Steward, who was at that time my colleague in this institution, first recommended and brought into practice the use of creasote oil as an application to burns and scalds. I at that time bore testimony to Dr. Steward's estimate of its worth, and gave in one of the periodicals my opinion of its mode of operation when employed in such cases. Subsequent experience, without diminishing my faith in its efficacy as an application, has, however, led me to use it only in a certain class of cases; and the same experience has also led me to make use of other applications, which perhaps I may feel justified in recommending to notice.

Of course a burn or scald denotes inflammation, which inflammation is followed by its necessary consequences, precisely as though set up by a totally different cause; the first indication, therefore, is to keep down such action, and limit the mischief which may probably arise. And for a very slight burn or scald this object cannot be better fulfilled than by the constant employment of cold; and as an application in such a state nothing can be better than water, to which

a small quantity of ether or spirit has been added; or otherwise a piece of metal—brass or lead—will be found a very convenient substitute. This plan of treatment, however, will not do if much of the surface be injured, and it then becomes necessary to use an application which will both afford some degree of stimulus to the part, and aid in relieving congestion of internal organs. Such an application presents itself in creasote oil, and it is in burns of this description where its use is most successful.

Supposing a person to have the misfortune to burn some part, say, for instance, the forearm and hands; supposing the burn to be of that character which may be said to partake of the first and second degree of intensity, having several blisters already formed, I should recommend, and have practised with great success, the following treatment:—Any vesicles present are to be first punctured, and the parts then dressed over with creasote oil by means of a feather or brush, and allowed to remain exposed a short time. This generally has the effect of immediately relieving the pain, which perhaps may be due to the coagulation of the albumen contained in the serum thrown out, by the creasote; which fact is rendered apparent by the formation of a white film wherever the oil touches the abraded surface. It thus prevents the contact of the air. A minute or two having elapsed the dressings should be repeated, and the whole parts (if the hands) enveloped in strips of linen, slightly oiled, with a bandage over all, for better security of the dressings. In such a case as the one supposed, the cure will be complete in two or three dressings; and it is well worthy of notice, that if the creasote oil is applied soon after the receipt of the burn, it will effectually prevent any large amount of vesication.

I have recommended envelopment in oiled linen after the application of the creasote, on account of the situation of the parts supposed to be injured, but the effect is equal, and in some cases more marked, when no other application whatever, excepting the creasote oil, is used. Should the leg be the part burned, and the patient be able to lie by for some time, I should not use anything except the creasote; either preventing contact of the clothes by means of a cradle, (if the patient, as is the case in a hospital, can be made to lie in bed,) or otherwise by means of a sort of funnel, composed of cane hoops and linen, easily adapted round the limb. The application of the creasote should then be performed twice a day. The parts where there are no vesications are well at the second dressing, and the vesicated parts become covered with coagulated serum, which forms a scab, and makes the best protection which can by any possibility be devised. The cure is thereby rendered easy, painless, certain, and without smell, and the scab in a short time becomes detached from the newly-healed surface. I have treated large portions of the leg, thigh, and body in this way, the scabs formed gradually shelling off from the circumference inwards; but of course it is always proper to prevent, if possible, the loss of the cuticle, which is very liable to be rubbed off during conveyance to a

hospital, removal of clothes, &c. This treatment is peculiarly applicable to burns of the face where there is difficulty in retaining any dressing. The oil, however, may easily be applied, the only care requisite being that it does not enter the eyes, as from its stimulating properties it would cause great pain, and perhaps some degree of inflammation; should this accident happen, it is best to bathe the eye immediately with a little water. Many persons have expressed to me their fears for the consequences of not covering the parts, otherwise than by the creasote, particularly when, as sometimes happens, the patient is obliged to go out into the open air immediately afterwards; more covering, however, is not at all necessary. Burnt faces frequently are dressed and sent away exposed, and without any bad results. One case particularly intrudes itself into my recollection, which strongly illustrates this fact:—

A man applied during the winter of 1849, having his face burnt by an explosion of gunpowder. He was dressed with creasote, and taken into the ward; he, however, would not stop, and starting off home walked a distance upwards of four miles, there being at the time a high and bitterly cold wind. When he presented himself next morning he stated he had felt no pain from the exposure, the film of coagulation having effectually acted as a preservative against the piercing blasts. He continued his visits to the hospital until cured, and was exposed in like manner every day.

I trust enough has been said to prove there is some efficacy in this mode of treatment, and should any feel disposed to give it a trial, I fancy they will not be disappointed regarding the results.

I occasionally, however, treat burns in a different manner, but, as I said before, am regulated in my application by the character of the injury. A very good plan is to apply a thick solution of gum, allowing it to dry on the parts, which it speedily does, forming a kind of mail coat, which also acts effectually as a preservative from the atmosphere. This, when dry, cracks, and in a few days peels off, leaving the parts more or less healed. This is a very good mode of treatment when the smell of creasote is strongly objected to, which idiosyncrasy is sometimes met with.

Another very good application, and one which I can recommend, is an ointment, containing a proportion of hydrocyanic acid, or rather, more properly speaking, a liniment; my application being composed of olive oil, hydrocyanic acid, and *fresh* lard. The value of the application evidently consists in the hydrocyanic acid allaying the pain, which it does to a great degree. Probably the virtue of the famous quack remedy—the laurel ointment, depends on the same cause.

When called upon to treat burns of the third degree, where sloughing and loss of substance is inevitable, as it matters but little what application is made use of in the first instance, I generally smear the parts with some oily material, or carron oil, if procurable, and then envelop them in a *flannel* roller. This is allowed to remain for some days, until suppuration has commenced, when it is removed, and either a poultice or lint, soaked in lukewarm water, used in its stead. The

ulcers which result, of course must be dealt with according to approved surgical principles, but they will be, under any treatment, sufficiently troublesome. The chief point is to repress the exuberance of the granulations, which tend to render the cicatrix unsightly, and also retard that desirable process; while padding and splintering must also be kept in view, to prevent the lamentable contractions so disposed to take place. I may here also observe, that consistent with cleanliness, the less frequently a burn is *dressed*, the more likely will the patient be to progress favourably, as frequent exposures are thereby avoided. And I also am persuaded, that when a large surface has suffered, only a part of that surface should be exposed at one time; *nimis diligentia* in the treatment of burns is thoroughly deprecated.

Not the least difficult part in the management of a case is the internal treatment, when a burn or scald is of a severe description. The shock to the system is exhibited by the shivering, paleness, weak pulse, or perhaps stupor, present, and imperatively calls for brandy, wine, or other stimulants. In slighter cases, however, warmth to the feet, and a little warm tea only are requisite. Perhaps the most danger, particularly in children, occurs about the fourth day, when the lungs frequently become congested and difficulty of breathing results. Antiphlogistic treatment must then be adopted and leeches applied to the spine, with antimony internally, perhaps combined with compound tincture of cardamoms or sulphuric ether. It is believed several lives have been saved by this treatment, which would have been sacrificed had stimulants been altogether persevered with as frequently advised.

There is one drug which is frequently recommended in burns, viz., opium, but it is for the most part unadvisable, adding as it does to the congestion and stupor already present; the only time when it appears to be proper, is when diarrhoea has supervened, when it frequently produces great comfort and is evidently productive of good. Hyosciamus is the preferable drug, should a sedative be wished for in these cases.

[To be continued.]

## CASE OF LOOSE CARTILAGES IN THE KNEE-JOINT.

By THOMAS T. GRIFFITH, Esq.,

SURGEON TO THE INFIRMARY WREKHAM.

Few local ailments unattended with continued inflammation, occasion so much pain and inconvenience as loose cartilages in the knee-joint. Therefore persons dependent on active exertion for their livelihood, and others who may be anxious to be at once freed from the complaint, have from time to time submitted to the operation for their removal, and though this has generally been successful, yet it has not unfrequently been followed by violent "inflammation,\* fever, and

\* Vide "Medico-Chirurgical Transactions," vol. xiv., page 277, and Cooper's "Surgical Dictionary." Article—"Loose Cartilages in Joints."

death." As a substitute for so grave an alternative, Mr. Key, in his valuable work "On Practical Surgery," recommended the continued use of a "well-adapted knee-cap, and which produced a cure in some cases recorded by him. But in other cases the effects were merely palliative and only to be secured by a perpetual use of the knee-cap. Cooper, in the seventh edition, (page 850,) of his "Surgical Dictionary," offers little hope from any other treatment, than that of excision. He says:—"If we except an incision into the joint for the purpose of extracting these cartilaginous formations, we are not acquainted with any certain means of freeing a patient from the inconvenience of the complaint."

The successful issue of the following case induces me to record it with the hope that others will give the same mode of treatment a trial, and if from further experiments it shall be found productive of the same results, then another safe means may be offered the patient of avoiding the dangers attendant upon incisions into the large joints. It is probable that the different results from the same mode of treatment will be found to depend upon the greater or less predominance of osseous or cartilaginous matter in these substances. But as this cannot be determined before hand, it will of course be right to propose to the patient the advantage of a safe and mild course of treatment, before subjecting him to an operation uncertain in its effects on health and life itself.

A. B., a healthy young woman, aged 22, acting as housemaid in a gentleman's family, applied to me in April 1851, on account of a violent pain, occasionally felt in the left knee-joint. It had existed for some time, but becoming worse and more frequent she could barely perform her ordinary duties. I found a substance of an oval form, rather less than a flattened sparrow's egg, lying on the inner side of the ligamentum patellæ, and in front of the semilunar cartilage. It was moveable but could not be forced into the cavity of the joint; pressure gave considerable pain; ordinarily the knee was free from pain. I began the treatment by strapping and bandaging the joint, avoiding direct pressure over the substance. This plan afforded so little relief, and the frequent returns of pain so much interfered with her duties that the necessity for an operation was considered. To avoid this extreme measure I tried the effects of increasing the action of the absorbents by blisters repeated every two or three weeks, and by friction in the intervals with compound iodine ointment. Under this treatment, the substance lessened and became small enough to slip frequently between the articular surfaces, causing intolerable pain and the risk of suddenly falling down. Absorption continued, and at the end of about nine months the patient ceased to feel pain or inconvenience; and now, (May 25th, 1852,) I can discover no remains of loose cartilage. With the exception of some irregularity in menstruation, which yielded to a short course of iodide of iron, her health has been perfectly good, nor have any unpleasant effects followed the long-continued use of the iodine ointment.

Wrexham, May, 1852.

## THE LIFE OF THE BLOOD, AS VIEWED IN THE LIGHT OF POPULAR BELIEF.

FROM

NOTES OF AN INTRODUCTORY LECTURE DELIVERED  
BY THE PROFESSOR OF GENERAL PATHOLOGY IN THE  
FACULTY OF MEDICINE OF MONTPELLIER.\*

By STANHOPE TEMPLEMAN SPEER, M.D.,  
CHELTENHAM.

THE next singular proof of the belief in the life of the blood, entertained more especially during the middle ages, is to be found in the superstitious notion that when an individual had been murdered, his blood would begin to flow afresh at the sight of the murderer, demanding as it were justice and revenge.

The origin of this belief appears undetermined. We know neither the people among whom it took its rise, nor the period at which it became general. This, however, we know, that in the twelfth century it was one of many other superstitious, founded upon a misconception of certain natural phenomena, and was considered worthy of implicit confidence.

In 1189 Henry II., of England, died at Chinon, in Touraine, and was conveyed, according to his previously expressed wish, to Fontevrault. The body was lying in the Church of the Abbey, waiting for interment, when Richard, afterwards Cœur de Lion, arrived. On entering the Church and approaching his father's coffin, he perceived that his countenance was contracted, and gave evidence of a painful death. Richard shuddered at this spectacle, remembering all the wrongs he had done his father, and the opposition he had ever made to him. He knelt at the altar, and the historians of the time assure us that during his stay in the Church, blood continued to flow from the nostrils of the corpse. (*Regis utroque naris sanguine coepit manare et quamdiu filius in Ecclesiâ fuerat non cessavit.*—*Scripta rerum Francicarum*, xviii., 158.)

In the sixteenth century the same belief prevailed in Italy. Come de Medicis, Grand Duke of Tuscany, caused his son Garcias to be put to death, because his second son, the Cardinal de Medici, having been assassinated, the blood of the murdered man burst out at the sight of Garcias. Thus the false interpretation of a medical fact, true in itself, has cost the life of more than one innocent individual, and we cannot avoid surprise at finding that in the seventeenth century—the age more especially of literature, taste, and refinement—the same superstition should have existed in full force, and that the practice of appealing to the blood of a murdered individual was general.

Ranchin, Chancellor of the University of Montpellier, has written a very singular monograph upon this subject, entitled "*Traité sur les causes de la cruentation des corps morts en présence des meurtriers.*" He enters upon his subject in the following manner:—  
"We look with pity and commiseration upon a naked

corpses, pierced with wounds, and without any appearance of life; we see the judges, with certain ceremonies, present the individual suspected of being the murderer, and place him before the body, and we behold with delight the closed wounds re-open spontaneously, and pour forth blood, which cries for vengeance and demands justice. Is not this enough to astonish philosophers, physicians, and theologians." Ranchie, in treating of the subject, does so with the utmost solemnity and good faith, conducting his inquiry as minutely as did Don Calmet with regard to the vampires. He divides his work into twelve chapters, in which he endeavours to elucidate the following questions:—

1st. If the cruentation of dead bodies before their murderers be an absolute fact?

2nd. If the appearance of the phenomena to the judges and witnesses be sufficient to condemn the accused to death.

3rd. What are the ceremonies to be observed by the judges in presenting a suspected murderer to a dead body?

4th. What are the opinions of theologians upon this subject, as to whether this effusion of blood depend upon natural or supernatural causes?

5th. If demons and sorcerers may cause the effusion of blood?

6th. If the soul of the dead person is to be considered as returning and causing the effusion?

The remaining chapters are filled with inquiries relative to the power of spirits, the existence of sympathy or antipathy, or the agency of external causes in producing these effects. In fact, the whole subject is treated of in the most complete manner. The illustrious professor exhibits indeed a marvellous amount of erudition, and occasionally his good sense divests itself for a moment of the superstitious belief of the age; he, nevertheless, adopts the worst of theories, and rejects the only good one. Ranchie, in fact, concludes that the phenomena depend on the miraculous intervention of the Divinity, with a view to the detection of the culprit; in other cases he attributes them to the influence of demons, endeavouring to destroy innocent individuals. He thus entirely rejects the only true theory, that of a relic of vitality in the blood itself.

The phenomenon in question, however, affords its own explication, without having recourse to other causes than those of a vital character, since authentic facts prove, that such posthumous hæmorrhage may occur in cases of natural death, and even several days after the extinction of life.

During our short period of existence, our corporeal organs, linked as it were to the vital flame, become separated from it at death, only by effort. They retain always for a time, some few sparks of that divine fire which has animated and directed them during the curt period of time which they have traversed together. As wood remains still in a state of ignition after the flame has been extinguished, so with our internal organs, so with the heart, that centre of sanguification—most noble, the most mysterious, whether physically ally, of the centres which preside over the acts of

vitality. Thus, as the blood is the first formation in the embryo, and as in fact the first blood globule is the primordial rudiment, to which the principle of life is attached, so is it the last to die, and the most tenacious of preserving the last trace of existence. It was this characteristic that constituted one of the principal arguments of Harvey, who with justice speaks of the blood, as the first to live, the last to die; the "*primum vivens et ultimum moriens*."

To the preceding superstition, there succeeds one still more incredible, but equally capable of bearing witness to the truth of the assertion—that the "*life of the blood*" was an idea universally diffused among all classes, at the period alluded to. Vampirism, indeed, bears more than any other superstition upon the subject under consideration;—a moral epidemic, and one of the most degrading that the human race have to be ashamed of. It was at the commencement of the same eighteenth century, which was designated as the age of philosophy, that it prevailed in Hungary, Moravia, and even in France.

It is not very certain how the idea originated, that if one of two enemies were to die, he had the power of reappearing and recovering his life, by sucking the blood of the survivor. Of course the individual believing this superstition was liable to dreams, and malevolent spectres failed not to pursue and suck these imaginary victims, who were far more to be pitied than real invalids, and thus it was that a portion of Europe was for ten years frightened from its propriety. What could be more natural than the recital of a dream, more especially if extraordinary? and when repeated from mouth to mouth, with the usual additions, what more likely way of rendering the superstition general? It became so in fact, and the effect was so rapid that the exhausted dreamer died in a state of syncope, the victim of a diseased imagination.

To arrest this species of mental epidemic, it was thought better to humour it to a certain degree, and the magistrates of the period appear to have adopted the best means of putting a stop to it. They began by giving in to the popular belief on the subject, and pretended indeed, that they themselves believed in vampirism. To save the living, however, it was thought necessary to violate the sepulture of the dead. In doing so, the most rigorous exactitude was observed, and everything conducted in the most approved legal fashion; evidence was taken, witnesses were brought up on both sides, &c. &c., and if any imaginary evidence of vampirism was detected on the bodies of those, whom public opinion accused, their bodies were forthwith decapitated and burnt by the public executioner.

If, then, according to popular belief, the blood has had the power of resuscitating the dead;—if, in the eleventh book of the *Odyssey*, it restores to the shades of the departed the faculty of speech which they had lost at death;—if the shade of Tiresias pronounced its oracles only after drinking of that blood, which, while bubbling in its infernal receptacle, attracted around it the departed souls, thirsting for a victim's blood;—if the fluid which flowed from the wound inflicted by

Jupiter upon Saturn should, in falling on the earth, have produced a race of giants;—if the blood of an outraged parent, should (as when Coelus was mutilated by Saturn) give origin to the Furies;—and if, lastly, the blood could give life to bodies hitherto unpossessed of it, and return it to those that had lost it, is it to be doubted, that a like belief may have led to its employment as a medicinal agent? And in truth such was the case.

The Romans for instance, when a gladiator was expiring, rushed to drink of his warm gushing blood, for the blood of the gladiator was looked upon as a specific in cases of epilepsy. Thus Celsus, (Lib. iii., cap. ii., sec. 10.) says:—"Quidem jugulasti gladiatoris calido sanguine poto, tali morbo se liberarunt." And according to Pliny, (book xxvj., chapt. 5.) The elephantiasis of the Romans could only be cured by baths mixed with human blood.

The belief in the remedial efficacy of the blood reappears during the reign of Louis XI. of France. It seems that old men were then in the habit of drinking it, with the view to the restoration of youthful vigour; and the king himself is reported to have drunk that of a child with the same motive; thus almost realising the fable of the vampires.

It is said that this singular custom was introduced by Jewish physicians, who, during the middle ages, were privileged to be the physicians of the whole of Europe. If this assertion be true, it is singular that such a practice should have originated among those whose religion strictly prohibited its employment, and who, while forbidden to use it as food, should have done so as a medicine.

But it has been sometimes thought necessary to diminish the vital energies; and at the time that this idea prevailed, it was as usual, carried out through the instrumentality of the blood, the inconsiderate expenditure of which, surpasses all that has been sarcastically said by Lesage and Beaumarchais, against the abuse of venesection.

There is a period in history, extending over about six centuries, during which the ridiculous expression, "minution," served to express a still more ridiculous custom. It was this:—Whether sick or well, no inhabitant of a cloister was exempt from the stroke of the lancet, and when once the vein had been opened, the blood was allowed to flow, until arrested by the superior of the cloister, that individual alone having the right to apply the compress. This custom had been so abused in some convents, that Louis IX. was under the necessity of imposing certain restrictions upon the inmates of the Hotel Dieu of Pontoise, by which they were prevented from being bled oftener than five times a year—viz., at Christmas, Lent, Easter, in the month of August, and on All Saints' day.

It is reported by certain historians, that up to so recent a period as the year 1788, there were some religious orders, amongst whom venesection constituted a species of discipline, to be undergone at least once a year. To render this as little irksome as possible, the day on which the operation was performed, partook of

the character of a festival. The community was divided into two parts, each of which, on a given day, underwent phlebotomy; during the three succeeding days, those who had undergone the process were considered exempt from all manual labour, and received double ration. After this, the superfluous blood having been removed, they resumed their occupations as usual, while the other half of the inmates were submitted to a similar ordeal.

Certainly the absurdity of this process is only equalled by the idea of Beaumarchais, informing the Hero of Seville that "the entire garrison will take aperient medicine on the morrow."

But, again, whenever the renewal of life, or at least its prolongation, has been a desideratum, the blood has been appealed to, as though it were the life itself. Hence arose the celebrated method of transfusion, described by Libavius, (a disciple of the school of Paracelsus,) 150 years previous to the disputes between France and England, relative to the priority of the discovery.

"Take (says Libavius) a man on the point of death, and one in full vigour, then, having two silver tubes, open the artery of the healthy individual, and introduce one of them, do the same by the sick man, and then cement the tubes in such a manner that the blood of the former shall flow into the arteries of the latter; the result will be, the disappearance of every infirmity, the source of life having been restored."

It is evident that at its origin, this process was looked upon as an assurance of immortality, since, to use the words of Libavius, "the source of vitality itself was appealed to." But the restoration of youthful vigour through the instrumentality of the blood is no new idea, it dates, indeed, from the age of fabulous history, from the same epoch from which date all the instinctive ideas of man, who, when first perceiving his own infirmities, would naturally wish to avert them. Did not Medea restore to youth Eson, father of Jason, and to avenge herself of Pelias, did she not cause him to be sacrificed by his daughters, after persuading them that his venerable blood might be replaced by that of vigorous youth.

This idea of appealing to the blood, in cases where some modification of vitality was the object sought after, was after all, a very natural one, inasmuch as in the popular belief of the day "the blood was the life." \* \* \* \* And truly the blood is as it were the vehiculum of our existence,—the inextinguishable source of strength,—the germ of growth,—the essentially organizing and regenerating fluid. And how should it be otherwise, since it is the mainspring of that power which penetrates, animates, and keeps in movement, the different portions of the human machine; which forms, arranges, develops, and even repairs them. And when transgressing the laws of health, our organs become a prey to disease, the blood has in reserve many a wonderful resource to obviate its effects; as though containing within itself an inexhaustible treasure of life and organization.

The blood was denominated by Borden "a species

of liquid flesh," an expression most happily chosen. To complete it, we may say that this marvellous fluid actually fashions the mould in which it circulates; and that Prometheus like, but superior to, the Prometheus of ancient story, it furnishes in itself the creative power. But the blood, and the blood alone, possesses this peculiar property—this singular privilege; art, however far advanced, can never, will never, achieve such a triumph, nor even approach it. Art will never create even an atom of gelatine, a drop of milk, of blood, or of bile. And those physicians who allow themselves to be blindly led by the mere results of chemistry, are, as it were, walking backwards. They ignore the most essential part of the phenomena of the blood, without which the blood is no more blood, than is the cold corpse the living man.

But the instinctive belief of which we have been speaking, could not long exist without being represented through the medium of language. Language in itself, is nothing more than a depository for the thoughts, ideas, and wishes of the mind. It is the reflector or mirror, in which they assume a visible, tangible form. The instinctive notions of the mind, have on all occasions greatly influenced manners, customs, and institutions;—whether civil, religious, or political; morals have been imbued with them, and every species of popular belief tinged by them. From thence, advancing a step further, they have shown themselves in various forms of speech. Language in fact, preserves and reproduces them at every step; and it is a remarkable fact, that if we investigate the matter a little, we shall find that in the various dialects of the human race, the blood is used as synonymous, not only with the life, but also with every modification of which, whether organic or moral, it is susceptible. In fact, whatever modification we may wish to express, we shall find in various languages the word blood substituted for the word life. Thus the blood is said to be on fire, frozen, curdled, appeased, shed, &c. Indeed every physical or moral change of which life is susceptible, has been described under this denomination. In organic life it expresses the containing for the contained; the vehicle for the power of which it is the bearer. In the moral life, it indicates the sustaining principle of this latter, and becomes the living, visible, and appreciable symbol, of an existence that is in itself spiritual, invisible, and untangible. It is evident moreover, that as the word life, metaphorically expresses the notion of intelligence, the word blood, which is also in turn synonymous with life, should also, metaphorically, express the principle of intelligence, and hence the meaning of the word blood, in the tragedies of Seneca, where it is designated as possessing all those qualifications which might, with propriety, be attributed to the principles which guide the free will in the performance of various actions. Thus, the terms *magnanimous*, *abject*, *unjust*, *powerful*, *hostile*, &c., are applied to the blood by substitution, in the writings of the ancient tragedians; while similar terms are employed in the numerous proverbs, which in all ages have had the vitality of blood for their fundamental idea.

The public then, it is evident, are in possession of very important truths on almost every subject, even in relation to the science of man. Many a treatise has been written upon *popular errors*; a more interesting one might have for its subject, *popular truths*. Public opinions, when widely diffused, are always extremely worthy of attention; they generally conceal precious truths, modified, indeed, by the influence of time, but requiring only to be restored to their noble and primitive simplicity.

These truths pertain to the moral instinct of a people, and afford important food for meditation. Nature has exempted man from the necessity of seeking, through the instrumentality of reason, those rules which should regulate his conduct towards his fellow-creatures; these she teaches him by a species of inspiration, and by that internal satisfaction which results from their performance. She leads, indeed, the multitude by the impressions of a moral instinct, and by a vague and even unreflecting sense of truth; but to the philosopher only does she condescend to explain her motives. He, however, may seek and discover the intimate connection between popular belief, and those facts which form the ground-work of his own doctrines; and thus, while demonstrating such connection to those who are merely conscious of its existence, may confirm, by reflexion and inductive reasoning, that which to the many is but the impression of an instinct.

Cheltenham, June 1, 1852.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, JUNE 23, 1852.

IN our recent remarks upon Dr. COWAN'S suggested alterations in the management of this journal, we candidly admitted, that although, as we have reason to know, it is conducted to the satisfaction of the great majority of those members whose interests and opinions it represents, there is considerable room for improvement. The question is—How is that improvement to be effected? Is the defect—admitting a want of perfection to be such—to be laid to the score of the Editors, or of the subscribers to the *Journal*—the Members of the Association generally? Now, as regards ourselves, we are far from wishing to assume more than is our due—nay, more, we have no objection if it will be agreeable to those who wish for a modification in the management, to avow that in some respects we are inferior to our metropolitan contemporaries. At the same time we must, in self defence, remind Dr. COWAN, that the positions of a London and a Provincial Editor are totally

different. Not only is our London *confere* more immediately in the way of obtaining early information respecting the great medical bodies, whose movements are just now watched with unusual interest, but they are more *au fait* with the medical small talk, which some may think indispensable to the pages of a journal, as a sort of *chasse* to aid the digestion of the more solid intellectual food. It is not difficult, therefore, for him to surpass us in variety of matter for "Leaders" and in the "news" department. This is, however, we maintain, a secondary consideration in the conduct of a journal, for the opinion of an editor upon a given point is, after all, the opinion only of an individual, which may or may not have weight with his readers.

But while thus admitting that some circumstances favourable to the Editor of a London journal give him an advantage over us, we cannot forget other circumstances which must inevitably render our position a difficult one in comparison with his, even were we equally favourably situated in other respects, and which would equally attach to the Editor of this journal if conducted in London. This journal is not, as we have before observed, the speculation of a bookseller, who cares nothing as to what his Editor may write about, or how he writes, so long as a certain number of copies are sold weekly, but it is the organ of a body of nearly two thousand members, of many shades of opinion—medical, political, and religious. It might be predicated in such case, that no Editor or Editors could give universal satisfaction; utter what sentiments he may, he will be morally certain to impinge upon the prejudices of some. And so it has proved as we could readily show.

Dismissing, however, the difficulties which are in a manner inseparable from our Editorial labours, we would suggest that these labours form only a portion, and not the most important of the material of a medical journal. The main value of such a publication must depend upon the exertions of its contributors, and we must be allowed to urge on this point, that in proportion to numbers and talent of our constituency, we are not supported as we ought to be, by original contributions. Seldom, we regret to say, do we see the valued proceeds of Dr. COWAN's pen, which, together with others of a similar stamp, would go far to render the *Journal* what he and we also should wish to see it. There is assuredly

no lack of able writers in the ranks of the Association; on the contrary, it abounds with men inferior to none in intelligence and acquirements, medical and literary. Whatever prospect for the improvement of our journal may be entertained, this mode of enhancing its value will we trust not be overlooked, for without it all others will prove vain. If our subscribers will only put their shoulders to the wheel, and furnish us in greater abundance with the results of the enlarged experience and cultivated knowledge we know so many of them to possess, we shall have at once *the right mode* of improving this journal; and not improving it only, but of making it in scientific and practical interest, the equal of any in the kingdom.

## Proceedings of Societies.

### MIDLAND BRANCH.

THE first annual meeting of the MIDLAND BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION was held in the Exchange Hall, Nottingham, on Thursday, the 3rd of June. The attendance of members was large, besides whom were a few who were not associated with the Society. Among those present we perceived Dr. J. C. Williams, of Nottingham, the President-Elect; Dr. Bent, of Derby (the retiring President); A. Derby, Esq. (the Honorary Secretary), Dr. Hutchinson, Dr. Ransome, Dr. Gill, Dr. Stone, Dr. H. Payne, jun., B. Eddison, Esq., H. Taylor, Esq., J. E. Stanger, Esq., J. M. L. Marsh, Esq., Dr. Hynes, J. N. Thompson, Esq., Joseph Thompson, Esq., Joseph White, Esq., Nottingham; T. A. Barrows, Esq., Snenton, Notts; B. W. Brown, Esq., Wymeswold; — Eaton, Esq., Grantham; — Scott, Esq., Mansfield; Alfred Cooper, Esq., Leicester; Dr. Goode, Derby; Dr. Smythe, Bingham; T. Paget, Esq., Leicester; Dr. Shaw, Leicester; A. Greaves, Esq., S. H. Evans, Esq., D. Fox, Esq., Dr. Heygate, Dr. Harwood, T. Hamilton, Esq., S. W. Fearn, Esq., J. Jones, Esq., Derby; T. Cantrell, Esq., Wirksworth; — Ellams, Esq., Sandiacre; T. Browne, Esq., Castle Donnington; — Lynch, Esq., Manchester, &c.

The chair was taken precisely at three o'clock by Dr. Bent, of Derby, the retiring President, who said:—I cannot allow this occasion to pass without congratulating you on the prospect of having a gentleman to preside over you in the ensuing year so highly endowed, so well informed, and so excellently fitted for the office of President as my friend, Dr. Williams. I am sure you will concur with me when I express my belief that when his year has passed away, it shall have been found that he has conferred a distinguished honour upon the Midland Branch of the Provincial Medical and Surgical Association. (Applause.) It has been hinted to me

that I ought, before vacating this seat, to make something like an address. I do not concur in that opinion, for very many reasons. One leading reason is, perhaps, a very selfish one, and, therefore, I shall say nothing about it. I think, when we see by the paper that it is the intention of our future President to address you, and that there will be a report of the Secretary, which will take a retrospective view of the proceedings of this Branch of the Provincial Medical and Surgical Association, and likewise that there are several other papers to be read, you will feel with me that were I to say anything further I should be occupying your time most unnecessarily. There is a great deal in the notice paper to read that will supply you with a very copious intellectual banquet; and only a very short time will elapse before we shall have to adjourn to another banquet of a more animal and corporeal nature. (Laughter.) I beg, therefore, to vacate that chair, which I feel assured, gentlemen, will be so much better filled by my friend, Dr. Williams. (Applause.)

The PRESIDENT, on taking the chair, delivered the following introductory address, which was much applauded:—

Gentlemen,—In accepting the office of President of the Midland Branch of the Provincial Medical and Surgical Association for the ensuing year, I beg to thank you for the agreeable and flattering mark of your confidence. I am aware of the many imperfections with which I shall conduct your proceedings; but I am also aware that I shall receive from you every assistance and indulgent kindness. I was requested to deliver to you an address; but I cannot take one step in my duties without first paying, in my own name as well as in yours, our grateful thanks to your late President, Dr. Bent, who has given us the advantage of his deservedly high standing in the profession, as well as his position in social life. Dr. Bent came to our first meeting at Derby, and he assisted us greatly in the formation of this Branch. He accepted the office of President, and has presided over our meetings with firmness and dignity, as well as urbanity and courtesy. Had my own inclinations alone been consulted, we should have re-elected him President for another year. I believe Dr. Heygate, of Derby, first suggested the formation of a Midland Branch of the Provincial Medical and Surgical Association, to unite more closely together the practitioners of Derby, Leicester, Lincoln, and Nottingham. The meetings have been held at Derby, and attended by the most influential practitioners; our future meetings during the year will be here, and either Lincoln or Leicester chosen for next year.

I will now briefly explain to you the objects of our Association, for I find they are imperfectly known amongst us. Twenty years ago the scattered and disunited members of our profession in the provinces were scarcely personally known to each other, when Sir Charles Hastings, of Worcester, our President of the Council, first suggested an honourable combination and occasional mutual intercourse. He foresaw the great advantages to the profession, as well as to the public, of an Association of this kind; and for originating and maturing such a project we owe him a lasting debt of gratitude. His time, his talents, and untiring energies have ever been at the service of the Association.

It is well known that he possesses the *fortiter* in *re*, but he has always shewn to us that *suaviter* is *modo* which is becoming in all men, more especially in members of our profession, and always the characteristic of an educated gentleman. The objects of this institution, which Sir Charles Hastings founded, and still so ably supports, are—

“1st. Collection of useful information, whether speculative or practical, through original essays, or reports of provincial hospitals, infirmaries, or dispensaries, or of private practice.

“2nd. Increase of knowledge of the medical topography of England through statistical, meteorological, geological, and botanical inquiries.

“3rd. Investigations of the modifications of endemic and epidemic diseases in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connection with peculiarities of soil or climate, or with the localities, habits, or occupations of the people.

“4th. Advancement of medico-legal science, through succinct reports of whatever cases may occur in provincial courts of judicature.

“5th. Maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.”

The Association is managed by a President, chosen annually, a President of the Council, Secretaries, and Council. There is an annual meeting in some important town, the place of which is changed yearly. The Anniversary will be this year at Oxford, on the 21st and 22nd of July next. The subscription is one guinea per year; and for such subscription each member receives a copy of the journal of the Association, published every fortnight, and a copy of all the publications issued for the general use of the members of the Association. The members of the Association are at liberty to form district branches, and the expenses incurred by the district secretaries in conducting the proceedings of the district branches are to be defrayed in a definite proportion from the general fund. Thus, you perceive, there is no additional expense to individual members who join the district branch. There is also a Medical Benevolent Fund connected with the Association, and, as it were, springing out from it, supported by voluntary donations and subscriptions, and deserving every assistance and support. Those distinguished philanthropists in our Association, Messrs. Daniel, Newnham, and Propert, have so ably brought the subject of Medical Benevolent Funds and Colleges before the profession, that no one now doubts their great usefulness. Mr. Newnham eloquently says (*vide Provincial Medical and Surgical Journal*, March 3rd, 1852), “Wherever there is embarrassment, wherever sickness has deprived a family of their means of support, when death has left a household in destitution and helplessness, often starvation, wherever the sting of misery is to be assuaged, or the feeble efforts of penury to be encouraged or sustained, and finally, when the bed of death is to be softened, and the last hours of life to be irradiated by the bright ray of charity, there is the peculiar sphere of operation for the Medical



Benevolent Fund." Surely such objects are in themselves good, and we hope by our proceedings to enjoy the confidence of the public and the esteem of our profession. The papers read and the cases related at our meetings will be open to discussion and observation; by this mutual interchange the learning and knowledge of each individual becomes the property of the whole. The older practitioners test their own experience by the result of the experience of each other, and the younger ones gain confidence and knowledge by these practical observations and discussions, and impart to their more advanced colleagues the rapid discoveries in science, and the improvements in the practice of the schools.

Let us briefly consider one or two subjects which accord with the avowed objects of our Association. The natural advantages of Nottingham ought to make it one of the most healthy towns in England. Its sandy soil, its elevation, its pure springs, its beautiful river—"the silver Trent,"—affording its inhabitants an unlimited supply of water, all tend to its healthiness, to the prevention of disease, and to the prolongation of life. The mortality tables show it so, in the best parts of the town; but in other parts, back-to-back houses, overloaded cesspools, defective drainage, and imperfect ventilation, have so engendered and propagated disease, especially among children, that we now enjoy the unenviable notoriety of having very nearly the highest mortality in England. These kinds of places I have mentioned are the localities in all large towns where epidemic diseases find ready-made receptacles to receive and spread their contagious influence. In our insular position they come to us over the wide waste of waters mingling with the moaning night wind, and poisoning the first sweet breath of morning. Into these heated, crowded, badly-drained, and worse-ventilated habitations of our working classes, they come but to revel in a banquet of death. Their first victims are the helpless, the poor, the sickly children, delicate needle-women, and industrious artisans, who are compelled to live in these unfit dwellings, because better ones have not been provided for them. The poor are the first victims; but the blighting influence of epidemic diseases will not spare the opulent. It is wisely ordained that the health and the lives of the rich shall, in great measure, depend upon the provision they make for the comfort and health of the poor, neglect of these causing the pestilence to fall on their own dwellings. I am gratified to state, great efforts have lately been made by benevolent and philanthropic individuals, to improve the houses of the working people. The board of Guardians have done the best they could in their official position. The Town Council appointed an intelligent and efficient Sanitary Committee, whose labours have been most useful and important. The New Inclosure Bill gives us the opportunity of building more commodious and more healthy dwellings for working people. It has given us increasing grounds, beautiful walks, and a fine arboretum. These advantages will not be lost sight of by our shrewd and thoughtful population, and I feel satisfied Nottingham will soon take one of the highest places among the manufacturing towns of England, and I hope will also take the lowest place in the scale of mortality. Were I to pursue this subject further, I should trespass on the paper on the "Medical Topo-

graphy of Nottingham," which I know will be most ably explained to you by my friend Mr. Joseph White.

I will now briefly call your attention to the charitable medical institutions of this town. The General Hospital is the oldest, it has been established 70 years, it contains 120 beds, since its formation there have been 145,607 patients—37,971 in, 107,816 out. It is supported entirely by voluntary subscriptions and donations, and is very ably managed by a president, vice-president, and committee. The hospital has always maintained its place as one of the highest rank in the provinces. The use of chloroform was scarcely known to the profession ere its efficacy was tested at our hospital. Mr. J. White, the intelligent resident surgeon, has kindly furnished me with the following results:—Chloroform has been given to 367 patients. The average time of inhalation preceding insensibility five minutes and a half. The average time of perfect insensibility thirteen minutes. The longest time of perfect insensibility one hour and a quarter. The average quantity used for each case, two drachms and a half, and the largest quantity used for one case, one ounce and five drachms. In all these cases no unfavourable or fatal result has taken place. At St. Bartholomew's Hospital, there has lately been one fatal case worthy of notice, from the state of the blood.\* The patient died from the effects of chloroform whilst preparing for an operation to be performed by Mr. Lloyd. The *post-mortem* appearances were as follows:—"The viscera were all healthy, the blood was fluid, and it remained without coagulation after its escape from the heart and vessels. It had also a brownish and purple hue much like that which is commonly observed in the spleen, none of it when thinly spread out, presented the ordinary dark, black, or crimson hue of venous blood." From this condition I would notice one important fact, that there are persons in all respects sound and healthy, upon whom chloroform absorbed in certain quantities into the circulating fluid acts as a poison, and may cause the rapid extinction of life. We should therefore never use it lightly or unnecessarily, and always with every due care and caution. Our General Lunatic Asylum has been established forty-one years, it now contains 240 patients—116 females and 124 males. The patients are partly private patients and partly paupers, and it is supported by the parish rates, the payment of patients, and charitable subscriptions. There is also a most admirable benevolent fund, which was established by the late lamented Dr. Blake, called the Lady Middleton Fund, from the munificent donation of her ladyship to it. It gives relief to the poor patients until they are enabled to obtain work. It has prevented the relapse of many a patient, and given maintenance and comfort to his home. This asylum was built when the treatment and management of the insane was conducted on very different principles to the enlightened and humane method of the present day. The building, therefore, ought not to be put in comparison to the new asylums, which are now springing up in almost every county, replete with every advantage for medical treatment, classification, and management. A large and rapidly-increasing population has grown up around it which has now made its locality far less

favourable a situation than when it was built; but to obviate this disadvantage several acres of land have just been purchased to add to its means of employment and its recreation-walks. The medical and moral treatment of our patients has long been on what is popularly known as the non-restraint system; a misnomer I think if we take the word in its literal meaning, viz., that there is no restraint whatever in the management of the insane; but correct if we and the public understand by it, non-personal mechanical restraint, that is, that fetters and restraint chairs are never applied to the persons of the unhappy inmates of our asylums. This humane method was first pointed out in France, by the great Pinel, and afterwards the justly celebrated Esquirol directed public attention to it throughout civilised Europe. One of the most distinguished members of this Association, my valuable and old friend Dr. Conolly, is identified in England with its benevolence and success. Hanwell, under his able management has become an example to all the asylums in the world. We have also in Nottingham an important and well-managed dispensary. It was established in 1831, and is supported by donations and voluntary subscriptions. Since its establishment 73,448 patients have been treated by its medical officers. It possesses one great advantage to the poor who are too ill to leave their own dwellings, viz., that the medical officers of the institution will visit the patients so afflicted in their own homes. It is a most useful institution and does a great amount of good. The Midland Institution for the Blind must not be omitted. This is one of the new institutions of the town of Nottingham, as well as of the midland counties, and well worthy of all the support it has already received. "Its first object shall be the instruction and employment of the blind of both sexes—some as boarders, others as day pupils. The instruction to include the daily reading of the Holy Scriptures, and all the employments to be of a useful character." It was commenced about ten years since, by a few benevolent and Christian individuals, who made this effort to rescue the poor, ignorant, and degraded blind from their destitution and misery. In no town in England is such an institution more needed, and in no other town could its situation have been more properly fixed. The nature of the employment in trades of hosiery and lace induces great weakness and loss of sight in the working people. Some idea may be formed of the extent of the ophthalmic diseases when I state that, in 1846, I made a report to the factory commissioners of my own attendance upon above 16,000 ophthalmic cases. I feel a great interest in the success of this institution, which can do so great an amount of good; and I would suggest that we engraft upon it an Ophthalmic Hospital. It could be done easily and at comparatively little expense, and would be a great boon to the working people of Nottingham. Such is a brief notice of our principal medical charities. Some few years since his Grace the late Duke of Newcastle most munificently gave to us £500, to form a medical school in the town of Nottingham. I deeply regret it was not successfully carried out. It has made us behind other towns in England, which we feel we ought not to be, and need not be, but we are not the less grateful to our munificent patron.

The liberal offer of Mr. Lawson is well known to us all in reference to the establishment of an observatory. We hope it will be responded to so freely as to secure to us the advantage of so scientific and highly important an institution. The paths of science and literature have not been left uncultivated by the medical men of Nottingham. They have contributed their share to the advancement of both, as well as to the improvement of the practice of our profession. I should detain you too long were I to enter into an individual detail, but I cannot omit the name of Dr. M. Hall, who, being a native of this immediate neighbourhood, and having been a practitioner amongst us, makes us most justly proud of a contemporary whose European celebrity gives a lustre to our town, as well as to our profession. I need scarcely tell you that a numerous class of sympathetic actions receive their explanation from Dr. Marshall Hall's beautiful development of the reflex function. It is now fully established that the spinal marrow constitutes a centre of nervous influence perfectly independent of the brain. Irritation of the sentient extremity of a nerve may be propagated backwards to the spinal marrow, where it implicates the motor roots, and from these latter it is reflected on the various parts to which the motor filaments are distributed. This simple and elegant theory explains many of the effects of injuries to the sentient nerves, and gives a clue to an immense number of acts which thus become morbidly associated with our sensations, and which, prior to Dr. Marshall Hall's discoveries, were completely unintelligible. He has presented to us also other facts and observations of great importance, to which I could scarcely do justice if I devoted to them the whole of my address. We cannot all aim at brilliant discoveries nor lofty distinctions, but we may all, by sincere, laborious, and truthful devotion to the paths of science, and to the honourable exercise of our profession, contribute to the cause of improvement and of human happiness. We know indeed—"Nil sine magno vila labore dedit mortalibus"—but that labour is amply repaid to us by our personal advantages and increased happiness. The public labour of the last year was the Great Exhibition, an event which cannot as yet be passed over in silence, which can scarcely be mentioned out of place in Nottingham, whose mayor, and some of whose principal manufacturers were so successfully and honourably identified with it, and whose machinery and manufactures took so prominent a place within its crystal walls. It is, however, interesting to us medical men, on many accounts, especially in reference to the health and happiness of so great a number of our fellow creatures. In contemplating its glories and its wonders, if we fall back upon our early studies, in the writings of scholars and historians, we are forcibly struck by comparison with the rapid and gigantic strides of civilisation. We are not yet quite certain what influence this Exhibition may have had upon human health and disease. It was feared by many that the collection in London of so many extra thousands of persons of all ages and of all sorts of bodily condition, from such varied localities, would be the means of bringing, engendering, and propagating disease. I am not aware that has been the fact, nor that either the aggregate health of the people has been deteriorated, or the

mortality increased by the occasion. Doubtless many individuals were made ill, by hard work, irregular hours, and by great excitement. In many cases the nervous system suffered severely with general debility and mutual disturbance, a prolonged depression having succeeded to the excitement. I noticed also cases of low fever, with tympanitis, and very slight peritonitis, occurring in persons who had made hasty and fatiguing visits to the Exhibition. I believe most of us in this neighbourhood noticed, in the autumn and early winter, a great number of cases of eruptive diseases, such as boils, blotches, and carbuncles. These were attended by a slight disturbance of the digestive organs, and considerable debility, and were so numerous as almost to be considered epidemic. I have thought that this peculiar state of the constitution might have been created in some cases by the inhalation of the mixed impurities of the atmosphere of the Exhibition. I know every care was taken for good ventilation, and with as much success as possible, but there must have been day by day an unhealthy condition of the atmosphere produced by the expiration from the lungs, and the exhalation from the bodies of so many thousand persons of all sorts of constitutions and countries, and so many of whom, without doubt, had neither normal skins nor lungs. Would not the blood receive these impurities from the atmosphere, and when carried into the system, would not the *vis medicatrix nature* endeavour to throw them off by the skin? It may be so, or it may not, for great as are the discoveries in chemistry, we have not yet been able to detect the precise manner in which the blood is acted upon by malarious influences, or to detect the poison itself in the blood.

Organic chemistry, which is the growth of the present century, has unfolded to us most important facts in physiology and pathology, the chemistry of respiration, and of the healthy and diseased conditions of the fluids and solids. The microscope is to us a new method of discovery. It has extended to us the field of vision far beyond its natural limits. It has enabled us to follow the most minute ramification of structure from the beginning to the end, to examine the fluids which form the solids of the body, distinguishing health from disease, showing us what is malignant and what non-malignant formation, and pointing out to us the nature of those changes which have taken place in the blood, in the urine, and in all morbid discharges. Thus not only has physiology received an impulse, but pathology also has made rapid advances. The observations of the microscope, and the results of organic chemistry, are yet in their infancy; there is no limit to their progress, for finality in knowledge of the things of this world is inconsistent with the spirit of man; and when we trace the ultimate formation of all organized bodies in nature, whether animal or vegetable, we are involuntarily and happily taken from Nature up to Nature's God, for "God, and God alone, is king of nature, his voice the fountain was from whence it sprang." Among many distinguished names and highly important observations by the microscope, and in organic chemistry, one cannot but mention that Schleiden and Schwann first developed the beautiful cell-theory, viz., (*vide* Mr. Bishop's address to the

Med. Chirg. Society, March 15, 1852,) "The Ultimate Development of Cells into all the Tissues of Vegetables and Animals, and the perfect Analogy between the Animal and Vegetable Cell." There are now many able investigators and discoverers in this new field of science, seeking carefully and patiently for its truths, and this is the characteristic of the laborious studies of all honourable and right-minded medical men.

In the true science there are no secrets, and no purposes of private gain to serve, but an honourable ambition, an internal satisfaction in communicating those discovered truths to others. It is this which so plainly and broadly distinguishes us from the practitioners of quackery, who, shrouded in the darkness of ignorance, shrink from the shining light which illuminates the object of our search. Our Association has stood pre-eminently forward in the profession in denouncing quackery. At the general meeting held at Brighton last August, the best spirit and feeling prevailed on this subject, and Dr. Cormack, Dr. Tunstall, and Dr. W. H. Ranking, were constituted a Committee to draw up a report on the subject, which they did in the most satisfactory manner, and the proceedings have been printed and circulated among the members.

I will not detain you by denouncing quackery without the profession, unhappily we have too much within it, but that there may be no mistake in reference to the opinions of the members of this Association, and that those practitioners who have lately joined us, and those who have not yet done so, may be thoroughly satisfied. I will read a few of the remarks then made. Dr. Jenks, the president said:—"Such aberrations from the paths of medical science should be abjured and repudiated. As to the apostates themselves, it would be well that by a self-ostracism they quitted together the ranks of a profession which, by a two-faced fellowship, they dishonour and betray." Dr. Cormack said:—"If there be no fear of quackery, in one of its most seductive and demoralising forms, creeping into our Society, to spoil our social meetings, and canker the integrity of our professional intercourse, we need not enter into this discussion; but when we see some members of the medical profession fighting the battles of a mischievous charlatanism under the banners of legitimate medicine, it is time to be stirring. To error and imposture there never can be any honourable concession." Professor Dr. Charles J. B. Williams said:—"It might be a question whether it is the province of this Association to take up matters of this kind, and express a decided opinion upon them; but I ask, if we do not take it up where is the body that will? You see all sorts of quackery, with homoeopathy foremost, rampant in the land, deluding by its unaccountable infatuations, the powerful, the learned, and the rich. It is a trafficking or gambling with the issues of life and death." Dr. Cowan said:—"With us medical practitioners it is a question of principle, not of doses—a question of morals, not of etiquette. Belief in homoeopathy is but the symptom of a mind without stay or ballast, liable to be driven hopelessly into every folly, spurning to-day what was believed yesterday. This is an age of intellectual anomalies. We have amongst us the anomalous paradox of men, educated as members of our honourable profession, adopting and practising homoeopathy. These

are dangerous characteristics of an age of over-heated intellectualism, and entering into a consideration of these questions, we are soon hopelessly enrolled in the rapidly-swelling ranks of the deluded and the deluding." Such are the sentiments which have been expressed by these distinguished members of our Association. A series of resolutions were passed, one of which was:—"It is derogatory to the honour of the members of this Association to hold any kind of professional intercourse with homoeopathic and hydropathic practitioners." I need scarcely say, that in the resolution as well as in the sentiments expressed, I most cordially agree. A broad line of demarcation must be made. It has been attempted to make this a mere question of doctors differing, and that we ought to give it a trial. A hundred thousandth part of a grain has to be diluted a million times more before it reach the homoeopathic tenuity. "And we are to give this a trial. We will not; we disown it, and denounce it as a mockery, a delusion, and a snare. Let knaves profit by hydropathy and homoeopathy, and let fools pay for them, whilst, keeping our hands from their pollutions, we cannot but lament that ignorance and credulity have so frequently increased with the accumulation of wealth. In how much more pure an atmosphere we breathe, when we carefully and diligently study the accumulated experience of ages, and then add to it the scientific knowledge of our own times." The shadow of the genius of John Hunter is shed upon us as we tread through the noble apartments of his museum, (the College of Surgeons,) and as we pace its long galleries laden with the treasures of a rifled world, we feel, with pride, it has been given to one amongst us at least, to seize, with sagacious mind, the clue which clear thought and happy opportunity have thrown in his way, and to follow up, link after link, the harmonious chain nature everywhere discovers to her careful observer."\*

Let us in our studies emulate so bright an example, and in our practice and intercourse with each other let us be scrupulous to act with honour and courtesy. Our pursuits are liberal, philanthropic, and charitable; we spare not ourselves if the cry of suffering and of pain is heard at our doors by day or by night. There is often a reciprocity of good offices amongst ourselves; let there be one of good feeling also based upon good principle, never trying to raise ourselves by detracting from the merits of others, but rather encouraging amongst each other industry and talent, thus raising and perpetuating the dignity and character of our noble profession. In doing this, whatever division of medical or surgical practice we may choose to take, we shall be prosperous, and happy in the reward of our approving conscience. If clouds have come over us, they will be dispelled as the eastern sunbeams dispel the gloom of the morning; our mid-day life will be satisfied and contented, and when the almond tree shall flourish and the grasshopper shall be a burden, and desire shall fail, or ever the silver cord be loosened, or the golden bowl be broken," old age having crept insensibly upon us, we shall find ourselves tranquil and happy, and possessing that which should accompany old age—"honour, love, obedience, troops of friends."

\* Medical Gazette.

Mr. A. DABY, Honorary Secretary, then read the first annual Report, which was as follows:—

*Report of the Midland Branch of the Provincial Medical and Surgical Association.*

June 3rd, 1852.

On the occasion of our first annual meeting, your Secretaries have the pleasure of reporting that your Councils have not been indifferent to passing events in the medical world; meetings have been held both in Derby and in Nottingham, at which there has been a goodly attendance.

Steps were early taken to increase the number of members by circulars addressed to all the medical men in these two counties.

The principal objects of the Association set forth by circular have been before the members for some time, and although we are not prepared to announce any new matter to the meeting, we feel justified in saying that unity of sentiment has been expressed at the few meetings which have been held, that good feeling has pervaded those meetings, and the hand of friendship has been more closely grasped;—that medical ethics have been considered and discussed in order to develop a rule of conduct for the guidance of medical men, so as to promote the honour of the profession and advance the best interests of mankind. Our preliminary meeting, though not numerous, was marked by an earnest determination to follow up the spirit infused into it by the excellent Chairman and President, Sir Charles Hastings, whose high mental qualifications for such offices were only equalled by the zeal and urbanity with which he discharged them. His qualities of head and heart are worthy to descend to future generations of medical men. Although your association has not hitherto been able to lead the medical mind, it may yet, by the assiduous attention to the important duties devolving upon it, give a bias in the right direction. To this end meetings have been held both in Derby and in Nottingham, in furtherance of the Medical Reform Bill, and it is hoped the other divisions of the Midland Branch will bring their best efforts to bear on the subject, till the cry for Reform, which has sounded in our central counties, shall have echoed through the land. That the theme of Medical Reform should engage our notice in the latter half of the nineteenth century, seems no way strange, seeing that cheap knowledge is increasing,—that the vulgar mind is becoming every day more enlightened,—that the daily struggle to procure a precarious subsistence leads men of no principle to grasp at some of the emoluments and to trespass on the rights of the initiated; gain being their principal object, they think the end justifies the means, and thus quackery rears its head and encroaches on the claims of the unsuspecting members of a proverbially liberal profession, until the medical man is driven to the necessity of making a great personal sacrifice for a future good to his family. Thence we have medical benevolent funds and institutions rising on every hand, from the army medical fund to the College and the fund proposed by the Council of our own Association.

We are happy to find that there are in these midland counties upwards of seventy members of the Association, and we hope to see a considerable increase in a short time.

The expenses of the branch have not exceeded the sum apportioned to it by the general Council of the Association, viz., one-seventh of the income. At the last quarterly meeting held at Derby, the rules of the Manchester Medical-Ethical Association were discussed, and an amended copy sent for approval to the Central Council at Worcester. (An answer has been received from the General Secretary, who has no doubt of their being adopted.)

At the same meeting an instructive paper "On

Epilepsy," was read by Dr. Hitchman, Physician to the Derby Asylum; and a surgical bandage was shown by Mr. Jones, of Derby.

The Rutland practitioners have been invited to this meeting.

Dr. Barclay, of Leicester, has been so kind as to accept the office of Honorary Secretary for Leicestershire; and Mr. Sympton, of Lincoln, has accepted the same office for Lincolnshire.

It is competent for the members to appoint the President-Elect, the Council, the quarterly meetings, and the place of meeting.

In concluding this report the members are informed that Mr. Darby has resigned to Mr. Joseph White, the office of Honorary Secretary for Nottingham.

S. W. FEARN, Secretary, Derby.

A. DARBY, Secretary, Nottingham.

Dr. HEYGATE, of Derby, had great pleasure in moving the adoption of the report. He at the same time was impelled to state the pleasure he felt at seeing so numerous an assemblage in Nottingham, on the occasion of the first anniversary of their branch. He had no hesitation in saying that he did not know a more prosperous Branch Association than this one, and was sure that its founder (Sir Charles Hastings) would be highly delighted when he perused the report, and knew that so many members of the profession had been present at the first annual meeting.

Mr. PAGET, of Leicester, had great pleasure in seconding the adoption of the report, the excellence of which really left him nothing further to say.

The resolution was carried unanimously.

Dr. HUTCHINSON, of Nottingham, said,—I propose that our next meeting be held at Leicester, and that Thomas Paget, Esq., be requested to take the office of President. (Applause.)

Mr. DOUGLAS FOX, of Derby: I have great pleasure in seconding that resolution, and I do so from the knowledge I have of Mr. Paget, the high standing which he has always maintained at Leicester, not only as regards his family, but with regard to his conduct professionally, and in all other respects. I am sure that we shall derive great advantage from having him as our President, and that considerable honour will thereby attach to our Institution. (Hear, hear.) I am confident that every gentleman present will feel that we have made a very good selection, and have therefore the greatest possible pleasure in seconding the motion. (Applause.)

The resolution was put from the chair and carried.

Mr. PAGET: I hardly know how to express my obligations for the honour you have conferred upon me. In reference to the burden you have put upon my shoulders, although I feel I am wanting in many of the qualities which are essential to the proper discharge of my duties, I will endeavour to make up for my deficiencies by steadiness, zeal, and candour, and trust that every indulgence will be shown to me by the Society. (Applause.)

Mr. EATON, of Grantham, briefly submitted the next resolution, which, with the subsequent addition of a name, stood thus:—

"That Mr. Paget, Mr. Macauley, Dr. Shaw, and Mr. Bowmar, be, and are hereby now elected as the Council for Leicestershire."

The resolution was seconded by Mr. FEARN, of Derby, and unanimously affirmed.

Mr. CANTRELL, of Wirksworth: It gives me great pleasure to have the opportunity of proposing the fourth resolution. I have for many years been a member of the Parent Association, and have derived great instruction and pleasure from that connection. I have found the discussion-meetings so useful and agreeable to myself, that I have felt for many years the desire that we should be afforded similar opportunities of uniting nearer home. We, who are engaged in country practice, cannot always attend the meetings when they are held in distant localities, but by having a branch of the Parent Association, we can have our meetings nearer home, and I am sure that it will be very beneficial to us to have such opportunities of communicating to one another the knowledge which we possess, and to become acquainted with men whom we hear of day by day. I propose—"That a Local Council be formed for Lincolnshire, and that Mr. Sympton be requested to make the necessary arrangements."

Mr. BROWNE, of Wymeswold, in seconding the resolution moved by the last speaker, expressed his cordial hope that it would be carried into effect. He would echo the language adopted in the report, wishing that every principal town in the kingdom would form a branch of the Provincial Medical and Surgical Association or Committee. (Applause.)

The resolution was carried unanimously.

Mr. FEARN, of Derby: Before I proceed to read my short paper, I am sure you will excuse me for trespassing for a brief moment by reminding you that another part of our duty still remains unperformed, and that is to thank our excellent President for his admirable, instructive, and lucid address. (Applause.) I beg leave, therefore, to propose that a vote of thanks be presented to our present worthy President for the address he has delivered to us. (Applause.)

Dr. SHAW, of Leicester, in seconding the motion, said there was no doubt that the sentiments enunciated in the address would meet with hearty response from the profession, who would use all the means within their power to promote the objects so ably advocated.

The motion was carried by acclamation.

The PRESIDENT: I thank you cordially for the kind attention you paid to my address, and for echoing the sentiments, propounded, I may say, in all sincerity. I can only say I will do the best I can to conduct your proceedings, and express my hope that every future meeting will be more successful than the one to-day. (Applause.)

Mr. FEARN, then said, I feel very unwilling to trespass at all upon the time of the meeting, and indeed I should not have done so, had I not been pressed to introduce to your notice a little contrivance for the extraction of foreign bodies from the bronchi, which I had the pleasure to exhibit to a few of our members at the close of the last quarterly meeting held at Derby. It will be quite unnecessary for me to detain you long, as all I wish to say is comprised in the recommendation of a *scoop* in the place of *forceps*, for the removal of those substances which most commonly find their way into the air passages. It would be altogether out of place for me to say one word upon the operation of tracheotomy, or to do more than simply remind you of the difficulties often attendant upon the attempt to extract a body lodged in either bronchus. The failure of

such men as the late Mr. Key and Sir Benjamin Brodie in these attempts must be familiar to you all, and it is in the hope that I may furnish you with an additional means of operating successfully that I now request your attention to an instrument which I have myself found available in practice. The *scoop* will, I apprehend, be found most applicable in those cases in which some smooth substance such as a pebble, a fruit stone, a bean, or a shell has been lodged in the bronchus. In such a case as Mr. Liston's, in which a piece of bone was fixed in the right bronchus, we must still trust to the forceps, but I feel a strong persuasion that in all the other recorded cases the *scoop* would have been found a preferable instrument. The one I have had made is simply a piece of silver eight inches long, with a *scoop* at each end, (one larger than the other,) and very like the *scoop* at the end of a director or the old bullet-scoop. I will very briefly relate the instance in which I succeeded. In April, 1848, I was requested by my friend, Mr. Taylor, of Derby, to assist him in a case in which a boy, ten years of age, had let a small cowry-shell slip into the windpipe. The usual distressing symptoms followed, and after in vain attempting to dislodge the substance by inverting the patient, whilst under the influence of chloroform, and striking him repeatedly over the spine, Mr. Taylor made the necessary incisions and opened the windpipe by a slit about an inch long. From the position in which I was placed, and as the risk of suffocation was imminent, the further steps of the operation were assigned to me, and after having several times seized the shell, which was lodged in the left bronchus, but without succeeding in removing it, in consequence of its slipping from the grasp of the forceps, I was enabled at once, and with the greatest facility, to extract it with the *scoop* of a director. Of course the symptoms were immediately relieved, and under the skilful care of Mr. Taylor, the patient made a speedy and happy recovery.

[The instrument was handed round and examined minutely by the company, whereupon an interesting discussion arose, in which Mr. Paget, Dr. Hutchinson, Mr. Joseph Thompson, Mr. A. Darby, and Mr. D. Fox, took part, all of whom expressed their approval of the instrument.]

Mr. JOSEPH WHITE read a long and exceedingly interesting paper on "The Medical Topography of Nottinghamshire."

Mr. JONES, of Derby, expressed his high sense of the value of the paper to which they had just listened, and moved that the thanks of the meeting be tendered to Mr. White for the same.

Mr. HENRY TAYLOR, of Nottingham, seconded the resolution, and said: Such a paper should not be allowed to pass without due notice being taken of it. It embodied an amount of research, industry, and talent, such as we seldom see displayed. (Applause.) And, if it be not out of place, I would recommend that Mr. White be requested to allow the paper to be printed, as I am well assured that so elaborate and beautiful a composition should not be lost.

The PRESIDENT: I cordially concur in the proposal to have it printed; and I would suggest that we recommend to the Central Council at Worcester that the paper be inserted in their annual "Transactions." (Applause.)

Mr. DOUGLAS FOX, of Derby, supported the resolution. He said: The paper is one I have listened to with the deepest attention. It is highly creditable to the gentleman who has drawn it up, and it is also creditable to the town of Nottingham to contain an individual of such talents and such indefatigable zeal and industry as Mr. White. (Applause) I think it of the highest importance that this paper should be printed and circulated, for the benefit of Nottingham, as well as of other communities.

Dr. HYGATE: I concur in the suggestion; and I am sure that the Central Council will be but too happy to receive so valuable a document, which must be generally, as well as locally, interesting.

Dr. GILL, of Nottingham, made a few observations relative to a small omission in the paper, while at the same time he paid a high compliment to Mr. White for his truly excellent document, expressing his earnest hope that it might be published.

Dr. SHAW, of Leicester, in the course of a brief speech, said: I listened with more than usual interest and delight to the paper laid before us by Mr. White. I have in former days taken a considerable amount of pains in connection with statistics; and I cannot but pause for a moment to pass an eulogy upon that gentleman for the vast amount of labour which the document must have required; and when we reflect that his time must be almost wholly monopolized at the hospital, we can only be of one opinion,—that he is no ordinary character.

Mr. EDDISON, of Nottingham, having added a word of praise to Mr. White, the vote of thanks was unanimously carried; the motion including a recommendation to the Central Council at Worcester that the paper be published in the annual "Transactions."

Mr. WHITE having briefly acknowledged the compliment, and expressed his willingness that the paper be printed,

Mr. PAGET, of Leicester, stated that an oversight had most singularly occurred in appointing the Council for the county of Leicester; and to the names of the gentlemen already appointed he proposed that that of Mr. A. Cooper be added.

Seconded and carried *sem. con.*

As the dinner hour was close at hand, it was agreed that Mr. B. W. Brown, of Wymeswold, should adjourn the reading of his paper on "Intestinal Obstructions" to the next quarterly meeting of the branch.

Mr. SYMPSON, of Lincoln, then read a short paper on "Tumour of the Male Breast," which led to a brief discussion.

Mr. EVANS, of Derby, expressed his satisfaction at the success of their meeting, and at the fact that the Branch Association was now established. He begged to submit that a vote of thanks be accorded to their first President, Dr. Bent, to whom they lay under great obligations for his kind and courteous conduct while in the chair, and to whom much of their early success must be attributed. (Applause.)

Dr. HUTCHINSON, of Nottingham, reiterating the expressions of approval, seconded the resolution, which was carried with enthusiasm, and suitably acknowledged by Dr. Bent.

Dr. GOOD was appointed Joint Secretary for Derby

with Mr. Fearn, and accepted the office with sincere pleasure.

MR. DOUGLAS FOX then moved a vote of thanks to the President for his conduct in the chair, which was carried by acclamation.

Dr. WILLIAMS acknowledged the honour. He hoped that the present might be the worst meeting they would ever have. (Applause.)

At six o'clock in the evening a sumptuous dinner was provided for the members at the George the Fourth Hotel, in Carlton Street. Dr. Williams, the President, occupied the chair, and Mr. Fearn, of Derby, the vice-chair. With one or two exceptions all the gentlemen before named were present, with the addition of W. Felkin, Esq., Mayor of Nottingham; Capt. Legard, President of the Committee of the County Lunatic Asylum; Rev. J. W. Brooks, Vicar of St. Mary's, and President of the Dispensary; W. Hannay, Esq., Chairman of the Nottingham Sanitary Committee; and W. Bishop, Esq.

After the removal of the cloth the PRESIDENT commenced by giving, in succession, the following toasts, all of which were duly honoured:—"Her Majesty the Queen;" "Prince Albert, and the rest of the Royal Family;" "The Church," acknowledged by the Rev. J. W. Brooks; "The Army and Navy," acknowledged by Capt. Legard.

Dr. HETGATE, of Derby, then proposed, in highly flattering terms, the health of "Sir Charles Hastings, the founder of this Association." This meeting was far superior to the generality of branch meetings, and would not have disgraced the Parent Association itself. The speaker then read a letter from Sir Charles Hastings to Dr. Williams, expressing his regret at not being able to comply with the invitation he had received to attend on this occasion, and saying that he looked forward to no distant day when they might hold the annual meeting of the General Association in Nottingham. He recommended that the matter be talked of by the medical friends at Nottingham, as he considered the town very well situated for the purpose. He was glad to observe they had such an intelligent chief magistrate, and that the Mayor had been asked to be present at the dinner. (Applause.)

The PRESIDENT then briefly, and in complimentary terms, proposed the health of "William Felkin, Esq., the Mayor of Nottingham," which was drunk with applause.

The MAYOR rose to respond, and was received with applause. He expressed his acknowledgments for the kind manner in which his name had been received, and for the honour thereby conferred upon the office he held by the *élite* of a profession of the most important character, of the highest attainment, and of the greatest benefit to society, drawn not only from his own town but from those in the midland district. Both himself and his townsmen held in the highest honor and estimation the gentlemen of that important profession who had associated themselves together, and had chosen Nottingham this day as the place of their gathering. While his townsmen held in high estimation those professional gentlemen who resided in their midst, they hailed with pleasure and satisfaction the advent amongst

them of so many gentlemen distinguished for talent and usefulness from their neighbouring towns. (Applause.) He was assured that their visitors would find in this town gentlemen of the medical profession possessed of talent, assiduity, skilfulness, and of that benevolence of feeling which had ever been the distinguishing characteristics of one of the most useful bodies of the community, in fact, men of that stamp who would bear comparison with those of other towns. (Applause.) He considered that a debt of gratitude was due from society in general to the members of the medical profession which could never be adequately repaid. He was not one of those who begrudged the payment of the medical bills, being convinced that to the gentlemen of this profession they were indebted for many of the comforts, and some of the pleasures of life, and for smoothing their progress to the grave. He could say, for himself and townsmen, that they were increasingly anxious, day after day, to witness the progress of truth and science amongst them; and he only regretted that circumstances had absolutely prevented him from enjoying the opportunity of hearing the remarks and opinions of so many eminent professional men at the previous meeting. He trusted that when their guests came to inquire into the condition of the local medical charities, and into the arrangements which were carried out under the officers of those admirable institutions, they would arrive at the conclusion, that they in this locality were not altogether behind in the march of improvement. After some further remarks, his Worship again tendered his thanks for the kind manner in which they had drunk his health.

The PRESIDENT, before giving the next toast, supplied some explanations in reference to the preparations made for the festivities of the evening, it having been resolved that they should invite, in addition to the members of the medical profession, some gentlemen who were connected with the local charities. They had, therefore, asked the President of the General Hospital, Mr. E. V. P. Burnell; also Captain Legard, the President of the Asylum; the Rev. Mr. Brooks, the President of the Dispensary; the town-member, Mr. Walter; Mr. Nixon, of Nuttal, one of the County Magistrates, and a gentleman who had manifested a gratifying interest in the medical profession, and in the charities of the neighbourhood, an old companion-in-arms; Mr. Oldknow and Mr. Edwin; Mr. Hannay, the Chairman of the Sanitary Committee; and Mr. Bishop. Indisposition and other circumstances had prevented the attendance of some of these gentlemen. The speaker then read letters of apology from Mr. Walter and Mr. Burnell, expressing their deep interest in the progress of the Association; and, after some further observations, highly eulogizing the management of the General Hospital, he proposed as the next toast "The Health of the President and success to that Institution,"—(Applause.)—coupling with it the name of the only acting officer present, Mr. Joseph White. (Renewed applause.)

Mr. WHITE, in a brief and appropriate speech, acknowledged the compliment.

The PRESIDENT, (Visiting Physician to the Institution) in proposing "The health of Captain Legard, the President of the County Lunatic Asylum," observed

that many gentlemen had heard him (the Chairman) say what he now with pleasure reiterated, that the medical officers at that institution were supported by the governors in every possible way, and in fact, nearly all the advantages which they had hoped to gain, were now, through the activity, zeal, and kindness of Capt. Legard, likely to be brought before them. The Nottingham Asylum, though one of the worst-built institutions of the kind in England, would, he had no doubt, soon become all that was desired, and very far from the worst in the country, in consequence of the exertions of their truly valuable President. The Chairman then referred to the Benevolent Fund, established by the late Dr. Blake, and the munificent donation presented by Lady Middleton, by means of which they gave the inmates employment and maintenance till they were able to keep themselves. Another great advantage connected with this institution would be the large airing grounds (recently purchased for the manual employment of the lunatics, the humane system being the principle in use at this Asylum. He thought it right to say here, and he did so with all truth and sincerity, that the Nottingham Asylum was the first institution in England in which the humane treatment of lunatics was fairly tried. It was not done suddenly, by taking away from every lunatic in the asylum every fetter and lock at once, but it was progressively done, and in such cases where it was thought it could be done with prudence. Under the care and direction of the late Drs. Drake and Powell, this system was permanently adopted at the Nottingham Asylum. After eulogising the exertions of his colleague—Mr. Alderson, and speaking in terms of praise respecting the general management of the Institution, Dr. Williams concluded by proposing the health of the President of the Nottingham County Lunatic Asylum. (Applause.)

The toast having been drunk with enthusiasm,

Captain LEGARD rose to acknowledge the compliment. After expressing his thanks for the kind manner in which his name had been coupled with the Institution, he explained his own views with reference to what ought to be the treatment of the insane, he being of opinion that the subject was of far more importance than any other, in a medical point of view, inasmuch as every part of the body was useless when the brain was affected. It was lamentable to reflect how much diseases of the brain had been neglected, by being almost universally treated as incurable, while recent experience had abundantly proved that with proper skill and attention, affections of this description might be cured. He trusted that the time was fast approaching when such exertions would be made by the members of the medical profession that insanity would be treated as a disease, in the same way as any other malady; if such were the case, he had no doubt its cure could be reckoned on with equal certainty. (Applause.) He regretted that a sort of disgrace seemed to attach to any member of a family being afflicted with insanity; in consequence of which it was kept a long time secret from the medical profession. They knew from practical experience that it was of the very last importance that cases of insanity should be attended to on the appearance of the very first symptom; that, in fact, the earlier the stage in which it was treated the greater chance there was of

recovery. With respect to the institution for this county, it had been his earnest endeavour to obtain for the patients ample room for the exercise of their muscular energies out of doors, which was one of the principal means for promoting the cure of the disease. It was most difficult to treat the diseases if the general system were not kept in a perfectly healthy state. Though they had succeeded in procuring sufficient land to occupy the patients with manual labour, they were still suffering much inconvenience on account of the institution being so very full, and from the number of old patients, whose cure was almost hopeless, but the attention to whom prevented that amount of energy being directed to the younger inmates which would doubtless conduce to their cure. After some further remarks of an extremely useful, but mostly of a local character, the gallant Captain resumed his seat amidst loud applause.

The CHAIRMAN gave as the next toast, "The Nottingham Dispensary," coupling with it the name of the President of that Institution, the Rev. J. W. Brooks, M.A.

Mr. BROOKS having responded,—

Mr. DOUGLAS FOX, of Derby, rose to propose the "Health of Dr. Williams, the President." He discharged this duty because he was not an inhabitant of the town of Nottingham, and also because, as he was an old friend of his, he was anxious to pay his own personal respects to Dr. Williams, and see that all the rest of the company did the same, a proposition which he had no doubt would be received with the cordiality and enthusiasm which it deserved. If they had not known their worthy President before to day, the admirable address which they had heard was sufficient to distinguish him very highly in his profession. Having referred in eulogistic terms to Mr. White's paper, he alluded to the state of medical talent in Nottingham, which was such as to reflect the highest honour and credit upon the midland district. In concluding he expressed his satisfaction at the results of the meeting.

The CHAIRMAN acknowledged the compliment in suitable terms, and shortly after proposed the "Health of the Visitors," Messrs. Bishop and Hannay.

Mr. BISHOP responded to the toast.

The next toast from the chair, was that of "Mr. Paget, the President for the next year," who expressed his acknowledgments. Dr. Heygate proposed "The Health of Dr. Bent, of Derby," after the acknowledgment of which the Vice-President proposed "The Health of Mr. Newnham, of Farnham."

The meeting soon after broke up.

## EPIDEMIOLOGICAL SOCIETY.

At the ordinary Meeting of the Society held at the House of the Royal Medical and Chirurgical Society, 53, Berner's Street, on Monday, June 7th, 1852, Dr. BABINGTON, President, in the Chair, two very excellent and interesting papers were read on the important subject of Small-pox and Vaccination in India.

The first paper "On the Introduction and Progress of Vaccination into Bengal," by Dr. C. FINCH, late of



the H.E.I.C.S., and Presidency Surgeon, Calcutta, was read by that gentleman, of which we give an abstract.

*On the Introduction and Progress of Vaccination into Bengal.*

This paper is an epitome of the History of the Introduction and Progress of Vaccination into Bengal," compiled principally from the reports successively published by the Superintendents-General of Vaccination, in Bengal—Messrs. Shoolbred, Cameron, and Stewart.

The periods intervening between the dates of publication, comprise so many epochs in the history of this very interesting subject, beginning with the first notice nearly half a century ago, in 1804, by Dr. Shoolbred, continuing to the year 1829, the date of Mr. Cameron's report, and to that of 1843-44, when Dr. Stewart, the present Superintendent-General of Vaccination, presented his first report to the Government of Bengal. A late and second report, published by Dr. Stewart, has furnished the author of the paper with materials for adding a supplement, which brings down the account of vaccination in Bengal to the year 1850.

The history of vaccination in Bengal furnishes reasons rather for painful commentary than for hearty congratulation on the introduction to our eastern possessions of the greatest boon which science has yet conferred on mankind, and for deep regret that a boon above all price, should have been virtually rejected by our Indian fellow-subjects, through ignorance and prejudice.

Vaccination may be said to have been virtually rejected by the inhabitants of Bengal as a community, notwithstanding the desire and endeavours of the present rulers of India to introduce this inestimable blessing into the countries subject to their rule, placing it within every man's reach, notwithstanding the unwearied zeal and exertions of their medical officers to carry out the purpose of their directors, and notwithstanding the advantages of accepting it being so obvious, and the dangers incident to its rejection so appalling. Half a century has nearly elapsed since its first introduction, and still we hear of severe and fatal visitations of epidemic small-pox causing as much havoc in Calcutta as it does in any unprotected population or community.

It does not appear that the natives of Bengal could have had any disinclination to adopt inoculation, which seems to have been practised from time immemorial, though the worship of the Goddess Sitale, who specially presides over small-pox, is general in Bengal, and some of her devotees are so bigoted that they refuse the protection of inoculation until one of their families falls a victim to variola, when they imagine the Divinity is propitiated by the sacrifice.

Inoculation seems the universal practice throughout Bengal and the provinces subordinate to it, and is one of the chief obstacles to the reception of vaccination. Dr. Finch mentions several obstacles to the successful introduction of vaccination in India, among them the chief are:—1. The dislike of the Hindoos to any innovation. 2. Their apathy or indifference to distant danger. 3. The practice of inoculation for small-pox.

4. Climate, which for one half of the year is unfavourable to vaccination. 5. Want of confidence in its protective powers. This last objection being of the latest origin, and of most obstinate tendency.

A retrospective view of the introduction of vaccination does not offer any very immediate prospect of its general adoption by the natives of Bengal.

The second paper read was written by H. L. Stewart, Esq., Assistant-Surgeon Bombay Army.

## Foreign Department.

### PROCEEDINGS OF THE FRENCH ACADEMIES.

#### ACADEMIE DE MEDECINE.

##### *Induced Abortion.*

THE time of this Academy has for several meetings been occupied with the discussion of a question of great importance, though one which, in this country at least, has long been definitively settled, viz., the propriety, medical and moral, of inducing abortion for the purpose of saving the life or health of the mother. In France, as in all countries under the dominion of the Romish religion, the death of the fœtus has been hitherto sternly opposed, as contrary to the dictates of religion; and it has been proposed that the life of the mother should be perilled to the last degree, rather than destroy the product of conception in any period of its development. It is to be taken as an earnest of a more enlightened epoch in French obstetrics, when the opinions of M. Cazeaux, who originated the discussion, can find favor.

The conclusions which this gentleman gave as a *résumé* to a long and interesting paper, may be given as the text upon which the debate arose. These are:—

1. It is only by a false interpretation of divine and human laws, that criminal abortion, and abortion induced under medical supervision, can be regarded in the same light.

2. The intention of the law is to punish criminally; it cannot, therefore, with justice, arraign an act dictated by the purest and most humane motives.

3. If, unfortunately, the choice has to be made between the life of a mother and that of her unborn offspring, the former has, undoubtedly, the stronger claim, and the child ought to be sacrificed, to the salvation of the mother.

4. As induced abortion is a far less dangerous process as regards the mother than embryotomy at full term, the accoucheur ought to give it the preference.

5. Distortions and narrowing of the pelvis beyond a certain point, insurmountable hemorrhages, tumours of various kinds which impede parturition, but do not admit of removal, are the sole indications for the induction of abortion.

6. The operation should never be performed without consultation.

The speakers who took part in the discussion, of

which we proceed to give a brief abstract, were, MM. Dubois, Danyau, Begin, Chailly, Velpeau, Moreau, Adelon, and Cazeaux. It will be interesting to contrast the opinions of these representatives of the French school of midwifery with those which prevail in our own country.

M. DANYAU, who opened the debate, agreed entirely with M. Cazeaux as far as he went, the only point in which he criticised him was for not including rebellious vomiting among the indications for causing abortion. He controverted, in succession, the arguments of M. Cazeaux against the admission of this indication, which were, that these vomitings were seldom fatal, and often ceased spontaneously, and that it was impossible to judge when the time had arrived at which nothing was to be hoped from other measures. He detailed numerous cases in which death had occurred from vomiting alone, as well as others in which the woman had, under similar circumstances, been rescued from an apparently hopeless state by abortion, and concluded by affirming, that in his opinion abortion or artificial delivery should be undertaken in every instance in which life is perilled by the urgency of vomiting.

M. BEGIN took an entirely opposite view of the question, and rested his arguments upon the moral, social, and religious views, which he brought forward with eloquence, but, as was thought, with a very unscientific bigotry. He pronounced abortion to be murder, and preferred that a deformed woman should submit to the Cesarean operation, although the mortality of that operation was so frightful. He also severely reprimanded the parents of deformed girls for allowing them to marry, forgetting that when of age they were free agents, and might become mothers without the consent of their relatives, to say nothing of their chances of illegitimate pregnancy.

M. CHAILLY confined himself to the refutation of the opinion that the Cesarean operation, though it had proved inevitably fatal in Paris, had frequently succeeded in the provinces, and declared in favour of inducing abortion.

M. VELPEAU reminded the audience that he was the first in France to propound the opinion, that when extreme pelvic distortion rendered delivery impossible, abortion should be induced at a convenient period, in preference to having recourse ultimately to the Cesarean section, and declared that his further experience had in nowise changed his views. He criticised severely the *quasi*-religious objections to the operation, and put it to the conscience of all, which had more claims to the consideration, the woman who had so many holds upon society, or a half-developed being who had none. He ridiculed the idea that females, with distorted pelves, should or could, justifiably with their other duties, avoid the chances of pregnancy.

The discussion was continued by M. DUBOIS, who took the ground of abortion induced on account of urgent vomiting. In support of M. Danyau, he adduced several fatal cases of this nature, after which he made some observations on the pathology of this severe vomiting. Some, he remarked, considered it

as a mere sympathetic disturbance reflected from the uterus; others, as Siebold, attributed it to actual inflammation of the stomach; others, again, as the result of inflammation of the ovum. He observed that if it were proved that the symptoms depended upon organic lesion of the stomach or brain, no advantage was to be expected from emptying the uterus; but in his own case, and in those of M. Danyau, no pathological appearance could be detected, and death was clearly to be attributed to the reflex disturbance. In such cases he considered abortion the remedy. In proof of this he cited cases in which obstinate vomiting subsided upon the spontaneous death and expulsion of the foetus; and one in particular, in which the improvement was coincident with the moment at which the mother ceased to feel the motions of the child, which was expelled dead two days after. His actual experience in inducing abortion, for the purpose of quelling otherwise insurmountable vomiting, was confined to four cases. In one of these only was life preserved; but the unfavourable result of the others was easily to be accounted for by the extreme prostration to which the patient had been reduced by the vomiting.

On the question so important, as to the period at which abortion should be induced, so as not, on the one hand, to risk an unnecessary interference, or, on the other, to allow of fatal debility, M. Dubois remarks that he would, in the first place, never advise the operation when the prostration had become so excessive as to preclude a chance of rallying under any circumstances, with continued headache, blindness, and approach to coma. On the other hand, he would not have it performed when it could be ascertained that some portion of food was retained, and emaciation did not rapidly progress, and no febrile action had ensued. In either case the operation would be compromised: in the first by being performed when there was no prospect of saving the patient, in the other by destroying a pregnancy which might have been safely conducted to its natural termination. The circumstances which best warrant interference are, in his opinion, these:—1. Vomiting incessant, so that not only aliment but even pure water is infallibly rejected. 2. Feebleness and emaciation, confining the patient to bed. 3. Marked alteration in the features. 4. Febrile reaction. 5. Excessive acidity of the breath. 7. Inefficiency of all other measures.

In reply, M. CAZEUX reiterated his conviction that abortion should not be induced for obstinate vomiting, and thought that the cases of M. Dubois were in his favour, as three out of the four died, and the number of successful cases at present known amounted only to seven. Waiting would, he thought, give better results.

[It thus appears that a marked change has come over French accoucheurs in reference to the question of inducing abortion; and that as in Protestant countries, they are beginning to think it less culpable to destroy an immature life than to risk the existence of a responsible and valuable mother by the ultimate resort to an operation so fatal as that of the Cesarean section. Two

only of the numerous speakers said anything in favour of the narrow and mischievous opinion inculcated by the Church of Rome, and these were received with unmistakable indications that they were considered behind the age.]

## Correspondence.

### THE MEDICAL BENEVOLENT COLLEGE.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—Although I am very unwilling to intrude myself upon the notice of my professional brethren, yet as it has been intimated to me, that at the present moment, the interests of what I know to be a most admirable Institution—the Medical Benevolent College—might be promoted by a brief exposition of its claims to professional and general support, I have felt that, in such a cause, no personal scruples ought to be allowed to prevail. With this conviction, I have undertaken to submit a few considerations to the notice of your readers. But, before doing this, it is but due to those whose support it is desired to conciliate, to state that I have not ventured to make this appeal without having deliberately investigated the principles upon which this benevolent institution is based, the objects proposed to be carried out, and the means by which they are to be realised. The pressure of many engagements, joined, I may add, to the desire of watching the development of the plan when first submitted to the profession, for some time prevented me taking any active part in the preliminary proceedings. Latterly, I have, as a member of the Council, personally participated in the deliberations of that body, and I have thus acquired a full and complete insight into what it is no misnomer to style a “national undertaking.” The principal, and, as I would respectfully submit, the sufficient claim which may be urged on behalf of this Benevolent College to the general support of the profession, is the comprehensiveness of its character. It secures all the objects that the most enlarged philanthropy could suggest, or that the most varied wants could require. It provides a home for the widow, a retreat for the less fortunate of our professional brethren, and a boon, inestimable—a sound, superior education, for the sons of duly qualified medical practitioners, at a cost so very moderate as to place it within the reach of the great body of the profession. It had been the intention, as I am informed, of the gentleman to whom the high merit of originating and vigorously advancing this great scheme is due, (Mr. Probert,) to provide annuities for the solace of those needing them in declining years—a point which was only abandoned on the consideration that such a procedure might seem to trench on the operations of another most admirable institution. But, although for the present no direct pecuniary aid is contemplated, such assistance will indirectly, and in its

best form, be administered by the admission of a certain number of “Foundation Scholars,” who will be entirely educated, clothed, and maintained by the College; nor will the elderly inmates be overlooked, inasmuch as the laws give to the Council a discretionary power of making money contributions to the “residents,” according to the state of the funds. The Medical Benevolent College affords, in its several departments, a most suitable opportunity, both to individuals and to societies, to secure the advantages just enumerated to those members of the profession to whom they would be a welcome boon, since the Council have the power of granting to parties, upon the payment of a certain sum, the right of nominating “residents” and “scholars.” When the Institution shall be in actual operation, there can be no doubt that many benevolent individuals, actuated by friendship and philanthropy, will avail themselves of this provision; and at the present time several local medical societies are, with that object, contemplating the presentation of considerable sums to the funds of the College, in order to expedite its erection.

An Institution, embracing so many admirable objects, appears to merit the combined and active support of all classes of medical men. Our professional brethren may aid in this goodly work of beneficence, not only by pecuniary contributions, but also by acting in all parts of the country as “local secretaries and treasurers.” It is not too much to affirm that a deep debt is due to the profession from the public. There is in this community no class which renders so many and such important unpaid services; and is there a family in this kingdom that does not feel they have, perhaps under the most distressing and delicate circumstances, received from their medical attendants benefits which no money could repay? In the midst of pestilence, again, the practitioner of medicine is ever at his post; and how many are the heroes who, in administering to the victims of fever and of cholera, have laid down their own lives as an offering to the sufferings of humanity. Many noblemen, prelates, and other distinguished individuals, have already contributed to the funds of the Benevolent College; and doubtless their number might be greatly increased by active and judicious exertions.

In conclusion, I would remark, that the success of this Institution may be regarded as secured; the large sum of nearly £10,000 has been obtained, £1,000 of which are annual subscriptions, and mainly owing to the exertions of one individual. A most eligible site for the requisite building is about being conveyed to the Trustees. A plan combining all the most important improvements in construction, has been submitted by the architect; and a most zealous and intelligent Council, after having prepared an excellent code of laws, will watch over the progress and prosperity of the College. In order speedily and fully to realise the great objects contemplated, all that is now required is an earnest and combined effort on the part of all ranks of the profession. And when it is recollected that, in addition to its other philanthropic objects, this is also

the cause of the widow and orphan, we may, in humble reliance on the Divine blessing, confidently anticipate a happy and triumphant result.

I am, Sir, your obedient servant,

R. D. GRAINGER.

Highgate, June 2, 1852.

## Medical Intelligence.

### DEATH OF DR. ROCHOUX.

This able physician, well known to English readers by his writings on apoplexy, has recently died at the age of 67. His last appointment was that of physician to the Bicetre, where he resided fifteen years. Latterly he lived in the country, and only came to Paris to attend the Academies and visit his friends. He had never any great amount of practice in Paris; but in early life he was a successful practitioner in Guadeloupe, and returned with a small competency, the result of his labours. He died of stone in the bladder, with its complications of cystitis and prostatic disease, for which he was for a long time under the care of Civiale. He was an admirer of the Epicurean philosophy, of which he, at least, offered a favourable specimen, for he "placed his delight in moderation and honesty with the cultivation of science and philosophy." So says his biographer.

### THE ADULTERATION OF BITTER BEER.

[The following letter has been sent to Mr. Allsopp by Liebig, and will satisfy any remaining doubts as to the purity of an article which is now so generally recommended by the profession, that we are bound to consider whether that recommendation is founded in truth. That it is so, there can now be no doubt whatever.—Ed. J.]

The unguarded remark of a French chemist, that the strychnine imported into England, is employed in part as a substitute for hops in the manufacture of beer, has lately spread alarm among the lovers of pale ale. Having been appealed to by you to express my opinion on this subject, which appears to me to be, in a dietetic point of view, one of considerable public interest, I now offer the following brief statement:—

About a quarter of a century ago, a brewer in Westphalia fell into the practice of adulterating his beer with *sus vomica*, from which it is well known that strychnine is obtained. The peculiar morbid symptoms, however, which resulted from the consumption of this adulterated beer, speedily led to the detection of the fraud. The effects produced by *sus vomica* and strychnine are so characteristic, that every medical man will readily detect their origin. The French novelist, Alexandre Dumas, has described them, though with more imagination than truth, in his romance of "Monte Christo." It is possible that the Westphalian case, which from being made the subject of a criminal trial

obtained great notoriety, has given rise to the assumption that in England the strychnine imported is used for the purpose of mixing with beer. But nobody, at all acquainted with the great breweries of that country, could seriously entertain the suspicion of an adulteration of beer with strychnine or any other deleterious substance. It is practically impossible that any operation of a doubtful character could be carried out in these extensive establishments, on account of the large number of workmen employed in them. Any attempt on the part of the brewer to impart qualities to his beer in an illicit manner, which are not to be obtained from malt or hops would necessarily lead to his ruin; as he would be obliged to communicate his secret to too many persons, and to employ too many accomplices. The draymen themselves, as good connoisseurs in beer, would protest against any manipulation of a suspicious character. The case has even occurred of an eminent brewer not venturing to make use of a method suggested to him for the purpose of clearing his beer more effectually, because the addition of a new material to the wort might have induced a suspicion in the minds of his workmen, that it was an illicit proceeding, and this would have endangered the good reputation which his beer enjoyed. He stated to me at the same time that no improvement could be introduced into a brewery, the object of which was not perfectly evident to everybody.

During a sojourn of several days at Burton-on-Trent, I had an opportunity of becoming intimately acquainted with the method pursued in the manufacture of pale ale. I convinced myself that the qualities of this excellent beverage depended mainly upon the care used in the selection of the best kinds of malt and hops, and upon the ingenuity exhibited in conducting the processes of mashing and fermenting. Our Continental brewers have much to learn in these points to come up to the English brewers. I have no hesitation in saying that England possesses the greatest adepts in malting. I know positively that the chief brewers of Munich, who undoubtedly produce the best beer in Germany, have gone through an apprenticeship in Burton. This may account for the predilection entertained by the general public, as well as by medical men, for these varieties of beer; for the instincts of humanity and experience appear to be as good guides in the choice of things that contribute to health and enjoyment as the profoundest philosophy.

Professors Graham and Hofmann, in the excellent report already addressed to you upon the alleged adulteration of the pale ale by strychnine, have indicated a very simple process for detecting the most minute quantity of strychnine contained in beer. I have satisfied myself of the great convenience and accuracy of their method, and have farther assured myself, by an analysis of several specimens of pale ale obtained from London houses, supplied by your establishment, of the utter groundlessness of the imputation that this beer was poisoned with strychnine. I am positive, and am supported in my views by the concordant analyses of all chemists who have occupied themselves with the examination of beer, that the poisoning of pale ale with strychnine has never occurred. I believe I may safely add, that it never will take place; for although an ignorant brewer might be induced from interested motives to add *sus vomica* to his beer, the

word strychnine so forcibly suggests one of the most virulent poisons, that whoever has heard anything about strychnine at all is sure to be aware of this. By adulterating his beer with strychnine, the brewer would be knowingly committing a crime which, in the present state of science, must be followed by immediate detection and punishment.

Mr. E. Merck, of Darmstadt, one of the most extensive strychnine manufacturers in Europe, informs me that this substance is peculiarly adapted to destroy vermin of all kinds. In many parts of Germany it is the popular poison for rats and mice. This fact fully accounts for the large amount of the drug that has lately been introduced into commerce.

The specimens of your pale ale sent to me, have afforded me another opportunity of confirming its valuable qualities. I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage both for the invalid and the robust.

JURATUS LIEBIG.

Gieseen, May 6, 1852.

### COLLEGIATE ELECTION.

The by-laws relating to the election of fellows into the Council appear to have been but little understood, inasmuch as we are informed that only Messrs. Gulliver, Partridge, Shaw, and Tatum, have given notice of their intention to become candidates for the vacant seats in the Council, of which there will be two, viz., the vacancies occasioned by the resignation of Mr. Stafford and the death of Mr. Dalrymple.—*Lancet*.

### CHAIR OF MEDICINE, GLASGOW.

Mr. Secretary Walpole has appointed Dr. John McFarlen to the vacant Professorship in the University of Glasgow.

### APPOINTMENTS.

Mr. Henry S. Gaye was last week appointed House-Surgeon to the Taunton Hospital.

We have great pleasure in stating that at the last meeting of the Council of the Royal College of Surgeons, Mr. John T. Quakett, the resident conservator of the Hunterian Museum, was unanimously elected Professor of Histology in the College. Mr. John Henry Sylvester, of Cheltenham, late pupil in King's College, was appointed student in human and comparative anatomy, in the vacancy occasioned by the resignation of Mr. D. H. Monckton.

MILITARY.—57th Foot: Acting Assistant Surgeon, T. Clark Brady, to be Assistant-Surgeon, vice Jackson, promoted on the Staff. Hospital Staff: Assistant-Surgeon James Jackson, from the 57th Foot, to be Staff-Surgeon of the second class.

### PRIZES AWARDED BY THE ACADEMY OF SCIENCES OF PARIS.

We earnestly solicit the attention of our readers to the following list, which will show in a very impressive manner how extensively scientific labour is rewarded in France, and how certain a man of ability and industry

may be of acquiring distinctions adequate to his labours. We refrain from sketching a parallel with this country in this respect: our professional brethren know but too well how scanty are the rewards of scientific labours in this gifted land.

On the 22nd of March, 1852, the public sitting of the Academy of Sciences was held, under the Presidency of M. Rayer, on which occasion the following prizes were announced:—

1. *Experimental Physiology*.—The prize is awarded to M. Claude Bernard, for his paper "On a Newly Discovered Function of the Liver of Man and Animals," wherein the author has brought to light a function of the liver hitherto unsuspected, and shown that the production of sugar belongs as much to the animal as to the vegetable kingdom. 2. A favourable notice is granted to M. Brown Séquard, for his paper "On the Transmission of Sensitive Impressions along the Spinal Marrow." 3. Another favourable notice to M. Dufour, for his "Anatomical and Physical History of Scorpions." 4. A favourable notice to M. Jobert de Lamballe, for his paper "Researches on the Electrical Apparatus of the Torpedo and Gymnotus."

*On Unhealthy Trades*.—1. A prize of £80 is granted to M. Masson, for having introduced means of preserving vegetable substances, which means are of great benefit to the crews of French vessels. 2. A prize of £80 to M. Sacquet, for the introduction of a process wherewith the unhealthy emanations of dissecting-rooms are neutralized.

*Medicine and Surgery*.—1. A prize of £100 to M. Guérin, for his "Generalization of Subcutaneous Tenotomy." 2. £80 to M. Huguier, for his work, "Researches on the Diseases which may attack the Female Generative Organs, and especially on Abscess of the Vulva." 3. A reward of £80 to Messrs. Briquet and Mignot, for their "Analytical and Practical Treatise on Cholera." 4. A reward of £80 to M. Duchenne, (of Boulogne,) for his "Electro-Physiological Researches applied to Pathology and Therapeutics." 5. A reward of £80 to M. Prosper Lucas, for his "Physiological and Practical Treatise of Natural Heredity in Health and Disease." 6. With a view of favouring and extending the use of physical agents in therapeutics, the Academy awards £80 each to Messrs. Tabarié and Pravas. To the first gentleman for having originally used compressed air in the treatment of pulmonary affections; as well as for trials of the same means in other diseases in which an increase of atmospheric pressure might appear useful. And to the second gentleman, for his "Essay on the Medical Use of Compressed Air," and for having elucidated, by means of actual observation and the most recent physiological inquiries, facts relating, on the one hand, to the influence of compressed air on the organs of respiration, on audition, on hæmatosis, and the circulation of the blood; and on the other hand, for having duly appreciated its beneficial effects on digestion and assimilation. Finally, for having varied and extended the use of this powerful modifying agent of the organism, and for having ever done so rationally and practically, with results which might hardly have been expected to be so successful. 7. A reward of £80 granted to M. Gluge, for his work "On Pathological Histology," wherein he has studied, with the aid of the microscope, a certain number of alterations of the animal textures. 8. A reward of £60 to M. Gosselin, for his "Researches on the Obliteration of Spermatie Canals." 9. A reward of £80 to M. Gariel, for his medical and surgical applications of vulcanized India-rubber. 10. £60 to M. Vidal, for the invention of "Serre fines," (little silver spring forceps to facilitate union by first intention, which should be more extensively tried in this country.) 11. £40 to M. Serres (d'Uzès), for his "Researches on Phosphores." 12. £40 to M. Boinet, for his paper on "The Treatment of Congestive Abscesses by Injections of Iodine." A favourable notice to the

"Compendium of Practical Medicine," of Messrs. Monneret and Fleury, and to the "Treatise on Nervous Diseases," written by M. Sandras.

By offering this list we are rendering no small service to our readers, for therein they will find which are the most esteemed works that have of late been published in France, and what inventions have, within the last year or two, been found deserving of the approbation of so learned and independent a body as the Academy of Medicine of Paris.—*Lancet*.

#### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 4th instant:—J. Clarke, London; Thomas Hillas, Brompton, Middlesex; Edward John Longport, Lancashire; George Nayler, Hon. East India Company's Service; Robert Reynolds, Debach, Suffolk; Charles Royston, Harrow Road, Paddington; Benjamin Simpson, Dublin; William Snell, Neston, Cheshire; Henry Tournay Stiles, Spalding, Lincolnshire.

The following gentlemen were admitted members on the 11th instant:—Josiah Austen, Plymouth; George Church, Listowell, Kerry; John Andrew Clarke, Army; Savill James Coombs, South Lambeth; Francis D. Kelly, Liverpool; Henry Lankester, Poole, Dorset; James Martin, Quebec, Canada; George Mason, Deal; George Selwyn Morris, Wye, Ashford, Kent; John Barry Murphy, Cork; John Smith, Daventry; John Fremlyn Streatfield, Wanstead, Essex; Thomas Wyld, Ramsbottom, Lancashire.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 3rd instant:—Henry James Ellery, Truro, Cornwall; Charles Dudley Kingsford, Wellington Street, Southwark; Benjamin Richard Lawrence, Cheddar, Somerset; William Boyd Musket, Coventry.

Gentlemen admitted members on the 10th instant:—James Balfour Cockburn, Guernsey; Thomas William Damant, Fakenham, Norfolk; Henry Richard Foquett, Newcastle Emlyn, Cardiganshire; Benjamin Lawrence Hawkins, as an assistant; John Henry Hewer, Chobham, Surrey; Joseph Hooper, Milton Terrace, Wandsworth Road; William Price Jones, Bala, North Wales; Ezekiel John Lock, Barton, Norfolk; James Rolph, London.

Gentlemen admitted members on the 27th ultimo:—William Charles Rockett; Clark Armistone Duclet, Quadring Eandike, Lincolnshire; John Edmund, Bangorwood, Flintshire; Charles Harris, Northiam, Sussex; John Hancock Wolstenhouse, Bolton-le-Moor; Leonard Keatley Yelf, Ryde, Isle of Wight.

#### OBITUARY.

June 21st, in Barnsbury Road, William Webber, M.D., surgeon R.N., aged 34.

June 21st, at Star Hill, Rochester, John Lewis, Esq., surgeon, H.P., and in charge of medical stores, Fort Pitt, Chatham, aged 78.

June 2nd, at Bideford, in Devonshire, Henry C. Boisragon, M.D., of Cheltenham, aged 74. Dr Boisragon was one of the oldest members of the Council of the Provincial Medical and Surgical Association, having joined in 1832; he was elected President in 1837, and was subsequently one of the permanent Vice-Presidents, which office he held until the period of his death.

June 18th, at Cambridge, after a few hours illness, Frederick Thackeray, M.D., Consulting-Physician to Addenbrooke's Hospital, aged 78.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### LANCASHIRE AND CHESHIRE BRANCH.

##### IMPORTANT NOTICE TO MEMBERS.

In consequence of the 8 P.M. train from Liverpool having been discontinued, the Sixteenth Anniversary will be held on Wednesday, the 30th of June, in the Medical Institution, Mount Pleasant, Liverpool, at twelve o'clock instead of one, as previously advertised; and the dinner will take place at three o'clock instead of four.

ROBT. BICKERSTETH, Esq., Liverpool, President.

JOHN HATTON,

114, Oxford Street, Manchester, Hon. Sec.

##### SUFFOLK BRANCH.

The annual meeting of the Suffolk Branch of the Association, will take place at the Railway Station Room, Needham Market, on Friday, June 25th,

Dr. BEDINGFIELD, President, in the chair.

JOHN KIRKMAN, M.D.,

Honorary Secretary.

##### SOUTH-EASTERN BRANCH.

The next meeting of the members of the South-Eastern Branch of the Association, will take place at the Pavilion Hotel, Folkestone, on Wednesday, the 30th inst., at twelve o'clock precisely.

THOMAS MARTIN,

Secretary and Treasurer.

##### WEST SOMERSET BRANCH.

The annual meeting of this Branch will be held at the residence of H. W. Randolph, Esq., at Milverton, on Wednesday, the 30th of June. The chair will be taken by the President, S. F. Bridge, Esq., at two o'clock.

F. HENRY WOODFORDE, M.D.,

Honorary Secretary.

Taunton, June 19, 1852.

##### SHROPSHIRE BRANCH.

The annual meeting of the Shropshire Branch of the Provincial Medical and Surgical Association, will be held at the Boreaston Arms Inn, Baschurch, on Thursday, the 8th of July next. The chair will be taken by J. Hickman, Esq., President, at one o'clock. Dinner will be provided at half-past four, for all members who intimate to either of the Secretaries their intention of being present.

T. J. DRURY, M.D., } Hon. Sec.  
J. R. HUMPHREYS, }

#### TO CORRESPONDENTS.

Communications have been received from Mr. Hampry, Dr. Nelson, Mr. Matherson, jun., Dr. Laycock, and Dr. Barker.

In consequence of the great length of the proceedings at the anniversary meeting of the Midland Branch, we are obliged to postpone the insertion of several important communications.

NOTES

ON THE

TREATMENT OF CURABLE DISEASES.\*

By W. S. OKE, M.D.,

*Extra-Licentiate of the Royal College of Physicians, Physician to the Royal South Hants Infirmary, &c.*

OBSTRUCTION OF THE INTESTINAL TUBE, CONTINUED.

IV.—*Incarceration.*

OBSTRUCTION of the intestinal tube may be caused by incarceration—1st, when a portion of bowel is forced out of the abdomen through one of the hernial openings; 2nd, when it is strangulated within the cavity of the abdomen by bands of fibrinous lymph, by the mesentery or the appendix vermiformis cœci, &c.; 3rd, when it incarcerates itself by invagination. The two last will be alluded to in this place. The symptoms of internal incarceration are, in fact, those of strangulated hernia, except that the external physical signs are wanting. The patient, having been previously in good health, is suddenly seized with severe pain in some part of the belly, which is almost immediately followed by vomiting. From a conscious feeling that something serious has taken place within him, he is at once prostrated by alarm and anxiety. Various medicines are given in the hope of relieving the pain by acting upon the bowels; but these all return—nothing passes; the pain is unabated, and the vomiting continues and increases till it becomes stercoraceous; in short the case becomes what is commonly called *ilius* or *iliac passion*; a term which has not the slightest reference to the cause of the disease.

In the treatment of obstruction from this accident, bleeding to syncope, morphia, the warm bath, distending the colon with copious injections—each containing five grains of the extract of belladonna, and mercury to salivation—are all clearly indicated to relax the grasp that has strangulated the intestine. If these means fail—and alas! fail they generally will—gangrene and death will soon release the sufferer from his agonies. But it must be borne in mind that the fatal issue of such a case does not arise from any impracticability or even difficulty of cure; for it may be truly asserted that if we could accurately diagnose this accident soon after its occurrence, a considerable number of those who perish from it might be saved by the operation of cutting through the parietes of the abdomen, and dividing the stricture. I shall, therefore, mention, some diagnostic signs which would indicate internal strangulation:

1st. Previous good health up to the occurrence of the accident.

2nd. Instantaneous and severe pain within the abdomen, caused either by sudden exertion, external violence, or otherwise.

3rd. Vomiting immediately following such a sensation.

4th. Liability to hernia, although there be no existing protrusion discoverable.

These signs would, I think, be sufficiently conclusive in proof of internal displacement to warrant an abdominal exploration after all the ordinary means had failed. To show the value of the second diagnostic sign, there is a case recorded by Mr. Charles Bailey, of Chippenham, in the *Provincial Medical and Surgical Journal* of April 14th, 1852, in which a young man, aged 25, by falling over some large stones, occasioned a rent in the mesentery, through which three feet of the jejunum were found to have been forced and strangulated. Death was caused by mortification of the incarcerated bowel.

There does not appear to be a much greater risk in laying open the cavity of the abdomen to set free an incarcerated bowel within it than in the operation for a strangulated scrotal hernia of an average size. The division of the integuments, of the peritoneum, and of the stricture are nearly of the same extent; and yet it is remarkable how few cases of the former operation are found recorded, compared with the number of internal incarcerations that must have taken place.

On examining Dr. Henneen's excellent "General Index of the Medico-Chirurgical Transactions," I find only one case of internal strangulation, which was relieved by an operation; and this will be found in vol. xxx, p. 50.

When the patient has been subject to inguinal hernia, lest the obstruction might be caused by a small portion of the circumference of the bowel being grasped by the internal ring, it will be right to try to disentangle it by gravitation before any operation is performed. The attempt may be made in the following manner:—The knees of the patient are to be lifted up and flexed over the shoulders of a strong assistant; and in this position the trunk is to be suspended for some minutes, during which it may be suddenly elevated by the assistant three or four times. I saw one instance in which there was reason to believe this practice succeeded. A labourer, past the middle age, was suddenly attacked with abdominal pain, vomiting, and constipation, for the relief of which all ordinary remedies had failed. Being informed that he had been for a considerable time previously subject to a reducible inguinal hernia, the groin was attentively examined, but no trace of hernia could be detected. Supposing, nevertheless, that a small portion of the bowel may possibly be grasped by the internal ring, he was submitted to the above treatment of gravitation, which was soon followed by copious discharges of fecal matter, and a favourable termination.

It must, however, be confessed that we shall not often have distinct diagnostic signs of internal incarceration; and that from the want of these, and from the failure of other remedies, we shall be under the necessity of relying almost entirely on the *vis medicatrix nature* to effect some favourable change; and fortunately once now and then such a change is effected.

In the *Provincial Medical and Surgical Journal* of March 17th and 31st of the present year, two interesting cases of recovery from supposed internal strangulation are recorded; the first by Mr. John Soden, of

\* Continued from page 297.

Bath, after thirteen days' constipation; the second by Dr. Barclay, of the Leicester Infirmary, after an obstruction of eight days; both of which appear to have recovered by the reparative powers of the constitution.

A few weeks ago Mr. Davids, of Cowes, requested me to accompany him to a case of intestinal obstruction, the symptoms of which appeared to be similar to those related by Mr. John Soden in the case above alluded to; but it terminated very differently. A sailor, of middle age, after eating a supper from oysters, was seized the following morning with griping pain of the bowels, which resulted in obstruction, sickness, &c. The seat of the pain was in the right iliac region, which was tender under deep pressure, and tympanitic. He had been judiciously treated by blood-letting, by aperients, by calomel and opium, and by injections thrown into the sigmoid flexure of the colon. It was about the thirteenth day of constipation that I saw him. He had had stercoraceous vomiting for some days; but at this time it had subsided. There was not much inflation nor pain, excepting from deep pressure over the termination of the ileum, and wind occasionally passed from the rectum. His pulse was 84, regular, and of sufficient volume. His aspect was cheerful, and free from anxiety. Under these circumstances, all active treatment was withdrawn. He was supported with glysters of beef broth, in which were a few drops of laudanum, and a reasonable hope was entertained that he might recover; but shortly afterwards an unfavourable change took place, and he rapidly sunk under the symptoms of gangrene.

On examining the cavity of the abdomen, it was found to contain a considerable quantity of serous fluid, mixed with a small quantity of pus and flakes of lymph. The peritoneum was in some measure inflamed, and the small intestines congested, and of a dark mahogany colour. About three inches above the ileo-coecal valve the ileum was constricted with a band of fibrinous lymph, not so as to obliterate the cavity of the bowel, but enough to arrest its peristaltic action, impede the circulation, and destroy its vitality. Betwixt the constriction and the valve the gut was dilated into a blackish pouch, and at two points almost perforated by ulceration.

Here is a case of obstruction, which was evidently caused by internal strangulation; and yet there were no diagnostic symptoms which indicated such a cause. The fibrinous band was the result of sub-acute peritoneal inflammation, set up by the irritation of crude undigestible food.

When a portion of intestine has incarcerated itself by invagination, it may be explained by there being an inequality of peristaltic power between different portions of the tube; thus if the normal vermicular action of one portion cannot be continued along another, from its being incapable of maintaining the same degree of action, the stronger portion forces itself within the weaker, and at once doubles the parietes of the intestine; and this doubling process goes on contracting more and more the diameter of the intestinal tube till it becomes choked and impervious.

It appears that children are more liable to intussusception than adults. In a child of three years old, who died of intestinal obstruction, I found three portions of the small intestines which were invaginated. There are, I believe, no diagnostic signs that can be depended upon to indicate the occurrence of this peculiar accident, except that if by a careful manipulation of the abdomen soon after it is presumed to have taken place, any local hardness can be detected in the course of the intestinal canal, such hardness may be fairly imputed to intussusception, and dealt with accordingly. An early operation to disentangle the invaginated bowel is the only possible means of saving the life of the patient that the medical man can suggest; if this proposal be rejected, death will be the result. It is true that a very few cases are recorded (and two in the second volume of the "Transactions" of a Society for the Improvement of Medical and Chirurgical Knowledge, by Dr. Baillie,) where the mortified portion of the gut was separated, and was passed through the rectum; but these are the barest exceptions to the fatality of the rule.

#### V.—*Impassable Bodies.*

Intestinal obstructions may be caused by impassable bodies, either individually or collectively. By the former, when an indigestible substance is too large to pass the narrow parts of the tube; and by the latter, when a large quantity of crude substances having been swallowed, collect together in some part of the intestinal canal and block up the passage. As there is one part of the tube—the ilio-coecal valve—which is perhaps more liable to this cause of obstruction than any other, I will briefly describe its construction. It is found where the bowel ileum terminates in the sac of the cecum, commonly called the "cecum caput coli." This is not an imaginary but a well-defined termination of the alimentary into the excrementitious intestine. The ileum passes obliquely up on the internal or left aspect of the cecum, and, having reached the upper part of the sac, empties its contents into it. The valvular opening is elliptoid, and about an inch an half long from point to point. It is formed by two membranes—a superior and an inferior. The superior membrane is of a crescentic shape, about three quarters of an inch in breadth over the centre of the aperture, and with its cornua extends transversely across half the circumference of the cecum, forming the boundary of the upper part of the sac. The inferior membrane completes the aperture of the valve by a short semilunar margin, the cornua of which are attached to the superior membrane under and a little behind its crescentic margin, consequently the superior membrane of the valve lies over the termination of the ileum. The use of this valve is obvious. It allows an easy passage of the faecal fluid from the small into the large intestine, and prevents its being impeded by the gravitation of the contents of the ascending colon. The inferior membrane, which is in fact the terminating boundary of the ileum, allows of the former, whilst the superior mem-



brane, acting as a kind of roof over the opening when the cœcum is distended, effects the latter.

The symptoms of this case are characterised by great severity. The pain well deserves the term "dolor atrox," and forces the sufferer to vociferate with agony. The severity of the pain may be explained by the sensitive villous coat being compressed from within by an impacted body, and from without by the vehement action of the muscular fibres in their instinctive efforts to propel it along the canal. The vomiting is incessant, and eventually stercoraceous. The abdomen is more or less inflated and tender over the seat of the obstruction; and any movement of the trunk tends to aggravate the pain.

If any crude matter has been swallowed that could account for the obstruction, the diagnosis would be easy enough; but it often happens that the obstructing body is furnished by the morbid action of the internal functions in the form of concretions, and then the diagnosis becomes exceedingly difficult. There is one symptom only, that I am aware of, which can be relied upon, and it is this:—If the symptoms of obstruction above described should suddenly cease, and be followed by liquid stools, and the pain afterwards return with renewed aggravations in another spot, we may be assured the obstruction has been occasioned by a large concretion, which has shifted its place. I will now adduce two examples of this kind of obstruction. The one where the cause was known from its being swallowed; the other, where it was correctly inferred.

*Case 1.*—A married lady, well formed, aged 26, having just arrived at Southampton from Ireland, incautiously made a hearty meal from stewed mushrooms, and the same afternoon went into a cold bath. Soon afterwards she was seized with most severe pain in the right iliac region, accompanied with constipation of the bowels and incessant vomiting. All the usual remedies—such as bleeding, the warm bath, calomel combined with large doses of opium, and various injections thrown up in the colon were tried; but as these means were of no avail, and as the anxiety for the result became intense, a consultation was held. At this time her sufferings were intolerable; and I well remember how earnestly she implored her medical attendants to perform an operation for her relief. This being considered inadmissible, and everything subsequently recommended having alike failed, she sank and died. Unfortunately permission could not be obtained to examine the abdomen; but there can be no doubt that the mushrooms, which probably had been hastily swallowed and but little masticated, collected *en masse* at the ileo-cœcal valve, obstructed the bowel, and caused her death.

*Case 2.*—A widowed lady, aged 50, of healthy aspect and rotund form, who had been recently exposed to great mental excitement and distress, was seized with vehement pain of the abdomen, below the umbilicus. Her agonies were extreme, and quickly returned in excruciating paroxysms. The vomiting soon became

stercoraceous, and was so incessant that nothing could be kept down for an instant. On this account it became necessary to abandon all remedies by the mouth, and employ them through the rectum; copious injections were therefore thrown up once about every four hours, which at length succeeded in causing the bowels to discharge a large quantity of fluid fecal matter. This gave relief, and of course promised recovery to herself and all around her; but alas! the cheering prospect was soon again to be clouded over. The pain returned; and although still below the umbilicus, it was felt to be in a different spot. It was of equal vehemence, and with all its distressing associations, and she speedily sank under the renewed severity of her sufferings.

In this case the diagnosis was by no means easy during the first attack, but a ray of diagnostic light broke in upon the second; for the sudden and unexpected return of all the symptoms after the bowels had been freely relieved, and the pain being felt in a different part of the abdomen, could only be attributed to some obstructing body which had moved from its first lodgement to become fatal in the second.

On opening the abdomen a nest of large calculi was discovered impacted in the lower part of the ileum, which was the manifest cause of her sufferings and death. Each of the calculi had smooth flattened phases, showing where it was fitted to others. All might doubtless have passed singly; but the whole being nested together, and crusted over by layers of fecal deposit, a mass was formed, which would not pass the termination of the ileum. The calculi were analyzed and found to consist principally of cholesterine, of which a considerable quantity was obtained in a pure crystalline state. It is scarcely possible that these concretions could have primarily formed in the gall bladder, because I never heard that she had complained of the sufferings which they must have occasioned from time to time in their passage through the biliary ducts.

In the treatment of intestinal obstruction from the lodgement of indigestible or extraneous bodies, all will of course depend upon whether the smallest diameter of the obstructing cause be less or greater than the smallest diameter of the intestinal canal through which it has to pass. If the former, some hope may be entertained from large doses of morphia—say a grain of the acetate once in two hours—a full bleeding, the warm bath, and a belladonna plaster over the seat of pain and repeated copious injections; but if the latter, no cure can be effected by any such means, because it is simply an impossibility. There only remains the "anceps remedium" of laying open the bowel and ridding it of its death-plug. And why should not this be done? There is no difficulty in the operation if there be courage to perform it. The surgeon does not hesitate to invade the trachea with the knife and abstract any foreign body that is threatening life by obstructing the respiratory canal; nor to divide the uterine parietes to extract a foetus that is too large to pass through a narrow pelvis; nor to pierce the colon in stricture of the large intestine. Why then should we hesitate to open the intestinal canal in a case of this kind, to

extract obstructing bodies which are sure to destroy life? If we had ventured to perform such an operation in the cases above stated, it is possible that one or both of the sufferers might have been living at this time. When there is the certainty of death in the one scale, and the possibility of life by an operation in the other, there can be no difficulty in the choice; and although it is admitted to be the "*anceps remedium*," it is nevertheless the "*melius quam nullum*."

It was formerly the practice to administer several ounces of quicksilver to remove obstructions of the intestinal canal, and sometimes it was followed by apparent success; but the case about to be related will, I think, show the absurdity and danger of its adhibition.

A tradesman's wife, aged 50, of stout form and healthy aspect, was seized with severe spasmodic pain on the right side of the abdomen, followed by symptoms of obstruction of the intestines. The disease continued with great severity for several days, and various remedies were tried to subdue it, but as the bowels showed no disposition to act, it was resolved to give six ounces of quicksilver, which were readily swallowed. No relief, however, followed its adhibition, except that the character of the pain became in some degree changed; and shortly afterwards she sunk under symptoms of supervening gangrene.

On examining the abdomen, a large gall-stone, the shape and size of the transverse section of a common-sized mould candle, and two-thirds of an inch in length, which had passed the ductus communis choledochus, was found lying in the jejunum; and farther down the quicksilver was detected gravitating in a pouch of one of the convolutions of the ileum, where it had produced mortification of the gut, and thus the intended remedy and not the disease had caused the death of the patient. This must be looked upon as an unfortunate and at the same time an instructive case, showing the great importance of *post-mortem* explorations. It was unfortunate because it appeared that the passing of a large biliary concretion had been mistaken for obstruction of the bowels, the action of which had been merely suspended, whilst an immense gall-stone was being forced into the duodenum. It was instructive because it shows the absurdity and danger of giving quicksilver to remove an intestinal obstruction in quantities that might overpower by its gravity the peristaltic action of the bowel. It might be useful in these cases, if it had run down a continued descent; but as it has often to be propelled against its own gravity by the vermicular force, it is clear that if its gravitating weight be more than equal to the propelling force of the bowel, it must lodge and endanger the vitality of the part on which it lies, as it did in this case.

#### VI.—Organic Disease.

Obstruction from this cause is not of rare occurrence. In my own practice I have met with many instances. Organic disease, especially when situated in the cavity of the pelvis, may cause a total obstruction of the intestinal canal simply by external pressure, an instance

of which I have lately seen terminate fatally in this town, independent of any disease of the bowel; but it more commonly obstructs the canal by involving the bowel in its morbid action. The latter cause is that which will be treated under this head.

Organic stricture is generally met with in the large intestine, and more frequently in the sigmoid flexure of the colon and in the rectum. I have but seldom seen it occur in the small intestine between the pylorus and the termination of the ileum. It is always eventually fatal; for although a patient may survive a few attacks of obstruction, he is sure of being destroyed by the disease as the canal becomes either blocked up by it or perforated. The symptoms are much the same as in other intestinal obstructions, except that the pain is comparatively less spasmodic, and that, if the stricture be situated low down in the colon or in the rectum, the abdomen becomes inflated to an enormous extent, indeed I have so frequently seen extreme tympany in these cases, as to consider it almost diagnostic of this disease.

In some instances, before the first obstruction takes place, there is a sickly aspect and an occasional feeling of illness; whilst in others the general health is unimpaired, so that the patient is not at all aware that so serious a disease exists within him. When this disease is situated in the excrementitious part of the intestinal canal, it does not much atrophise the body; but on the other hand, when it involves the alimentary portion there is great emaciation, as we find in disease of the oesophagus, the pylorus, or of the small intestine. The following case was attended with previous illness:—

Admiral Sir Samuel W., of sallow and unhealthy aspect, aged 70, had felt himself ailing for a considerable time, which he attributed to bilious causes. He was not much attenuated and thought lightly of his complaint. At length he was attacked with severe pain in the left side of the abdomen, associated with obstruction of the bowels and vomiting. Every means were employed that could be suggested to mitigate his sufferings and move the bowels, but without any good effect. The disease went from bad to worse, the transverse arch of the colon and the intestines above it became enormously inflated, and he rapidly sunk. On examining the intestinal canal no obstruction was found till we came to the descending portion of the colon as it passes over the left kidney. There a carcinomatous stricture was discovered, which involved about two inches of the length of the bowel; and at this point the aperture was so contracted as not to admit the end of the little finger. The crown of one of the molar teeth was lying upon it.

The next case will show that an extensive scirrhus stricture might for a long time coexist with the possession of apparent good health.

A lady, aged 55, of fair complexion, plump form, and remarkably healthy aspect, who had been long accustomed to daily walking exercise, became at once affected with pain of the lower part of the abdomen, and

all the sufferings of obstructed bowels. These symptoms took her by surprise, as she had always enjoyed uninterrupted good health and had rarely occasion to resort to aperient medicine. Various means were tried to relieve her, but as they did not succeed it was deemed necessary to explore the rectum, when its upper part was found almost impervious by indurated masses of scirrhus disease. She was at length relieved principally by the introduction of a wax bougie and diluent injections; but a few months afterwards, when residing near London, she died of a second obstruction.

In the case also about to be related the general health was not previously impaired, and it will be found interesting from a trocar having been used to lessen the inflated distension of the colon.

A lady, aged 35, of fair complexion and well nourished, but of delicate constitution, was attacked with the symptoms of severe colic, the pain of the abdomen returning in vehement paroxysms. The case was obstinate, and resisted the remedies employed in the way of sperients, calomel and opium, enemata, the warm bath, &c. After some days the colon had become inflated beyond anything of the kind I had ever witnessed, so much so that the inaction of the bowels was reasonably attributed to the loss of peristaltic power from overdistension, and in consultation with Dr. Wood and Mr. Simpson, it was agreed that the transverse arch of the colon should be perforated by a fine trocar, and the rectum injected with cold water at given intervals. The first was done at once by the latter gentleman, and a large quantity of foetid gas escaped by the cannula; this caused the volume of the abdomen to subside, and by the repeated injection of cold water, a considerable quantity of liquid fecal matter passed the bowels. This was highly encouraging, but the improvement was only temporary. The symptoms of obstruction returned, the colon became again inflated, though in a less degree, and in about twenty days from the commencement of the attack she died.

The body was examined, and at the inferior termination of the sigmoid flexure of the colon, where the gut is about to enter the cavity of the pelvis, an organic stricture was detected, of a carcinomatous character, which, although it did not involve more than an inch of the length of the bowel, had almost closed the tube.

By an attentive examination of the symptoms, the diagnosis in intestinal obstruction from morbid stricture will not be difficult. The rectum should always be explored, either by the finger or a bougie, and if there, the disease will at once be discovered. If the rectum be found free, then, if the aspect of the patient have been for some time sallow and sickly,—if there be want of nutrition and wasting,—if the abdomen has been occasionally affected with darting pains, and be resonant under percussion,—if the stools have been previously relaxed, unhealthy in appearance, and mixed with blood and mucus,—and, in addition to these signs, if there have been previous obstruction, an organic stricture is clearly indicated.

In the treatment of this case all harsh measures are to be carefully avoided; and with a view to overcome any spasmodic or inflammatory action which the irritation of the stricture might have induced, it will be right to give half a grain of opium, and two grains of calomel, every two hours, whilst the pain remains, after which the draught (1) should be given every three hours till the bowels are acted upon:—

1.—R. Magnesie Sulphatis,  
Mannæ Optimæ, utrq., dr. ij.  
Misturæ Amygdalæ, dr. x.

Misce fiat haustus.

If there be no action from these means in four or six hours, it will then be necessary to throw up into the sigmoid flexure, once in four hours, a copious gyster of warm water, with four grains of the extract of belladonna, in the hope of dilating the constriction sufficiently to let the fecal discharge pass through it.

This treatment may succeed once or twice, but eventually, as the intestinal canal is more and more filled up by the morbid growth, all remedies of this kind must fail. To save life under such imminent danger, M. Amussat, a French surgeon, in 1839 introduced the practice of perforating the colon above the stricture at some point where the wounding the peritoneum could be avoided, i.e., through the lumbar region. This operation since that period has been performed many times by English surgeons, and sometimes also through the peritoneum; and it is probable that the latter has been occasionally preferred on account of the difficulty of maintaining an artificial anus through the depth of the lumbar muscles.

At a recent meeting of the Royal Medico-Chirurgical Society, Mr. Caesar Hawkins read an important paper on this subject, and having related a successful case in his own practice, he brought forward tables showing the results of this operation, in various points of view, which occurred in 44 cases. In one of these tables it appears, that of 43 cases 21 had died within the first five weeks, and of these that ten had died within forty-eight hours; that 22 only could be fairly stated to have recovered from the operation, that of the 22 six had died in about six months from the time of the operation, and that only nine patients were at present known who had survived it more than one year, one of whom (Mr. Clement's case,) lived three years, and another (Mr. Maitland's,) lived seventeen years.

This statement is certainly discouraging; but when neither scirrhus nor carcinoma is known to characterise the stricture, when the obstruction is in the large intestine, and when the constitution does not appear to be much exhausted, the operation is justifiable, and if it can be performed without wounding the peritoneum, there will be a greater probability of success.

The constitution appears to sanction this mode of proceeding by sometimes taking the same course. Although the following case would in nowise have justified the operation for its own relief, still, as it will show the ulcerative process by which a communication was effected between the cæcum and the external part of the abdomen, and, as it is interesting in other points

of view, I will briefly relate it, and conclude the subject:—

J. J., of tender age, quick intellect, slight conformation, and delicate constitution, became gradually ailing with symptoms of mesenteric disease. The abdomen was swollen and painful, he lost flesh, and his general health declined. On this account he was placed under the care of eminent medical men in London, who sent him for a time to the sea-side; the disease, nevertheless, steadily though slowly advanced, and whilst the enlargement and tenderness of the abdomen increased, the rest of the body became attenuated. At length the quantity of the alvine discharges, which were of a pale-white colour, was observed to decrease, and as the quantity became less and less, an abscess was discovered to be forming externally on the right side of the abdomen, below the umbilicus. When it broke the faecal smell of the discharge at once proved that it came from the cavity of the intestine, and very soon afterwards a calculus, of a whitish colour, and about the size of a nutmeg, was found on the poultice. This abscess was succeeded by another more posteriorly; and through these openings several more calculi, of nearly the same size and colour, were from time to time expelled with the faecal matter. The expulsion of these concretions gave some hope of recovery, and every effort to effect it was redoubled, but no improvement took place. All the stools continued to pass through the abdominal openings, he became colourless and atrophied, the peritoneum infiltrated, his lower extremities anasarctous, and he gradually sunk from exhaustion.

On examining the abdominal viscera, the omenta and peritoneum were found studded with a multitude of small tubercles; and the mesentery, from the quantity and size of the tubercular masses it contained, was like a net bag full of white marbles. The external openings communicated with the cavity of the cœcum, which had become the seat of an abscess, extending almost as high as the transverse arch of the colon. The involved portion of the gut was fixed by peritoneal adhesions superiorly to the acute margin of the large lobe of the liver, laterally to the omentum majus and small intestines, and inferiorly to the fundus of the bladder. The cavity of the cœcum at its inferior extremity was freely open to the ileum; but its superior part was so blocked up by a fungoid growth that it would scarcely allow of the small end of a blow-pipe being passed into the transverse arch of the colon. The internal surface of the bowel presented a mass of chronic and irregular granulations of a dark red colour, some of which were elevated into nipple-like processes. The same dark colour pervaded the villous coat of the intestinal canal at either end of the disease, and that of the ileum, close to the ileo-cœcal valve, was extensively ulcerated.

The *rationale* of this interesting case may be summed up in the following order:—Debility of constitution; tubercular diathesis; tubercles of the mesentery more actively developed; atrophy; softening of the tubercular matter in the villous coat of the cœcum; super-

ficial ulceration of the same, extended and kept open by the irritation of faecal matter; granulations shooting up, and by degrees obstructing the passage of the colon; formation of concretions by the gradual deposit of the phosphates upon indigestible nuclei, namely,—orange pips, apple pips, &c., which were found in their centres; and lastly, ulcerations through the abdominal parietes, to expel the calculi, and serve as an outlet for the faeces.

[To be continued.]

Southampton, May 17, 1852.

## REMARKS ON THE TREATMENT OF BURNS AND SCALDS.\*

By W. J. MOORE, Esq.,

*Resident Surgeon to the Queen's Hospital, Birmingham.*

BURNS or scalds involving the neck and upper part of the chest, are undoubtedly to be dreaded more than those of other parts of the body; first, from their tendency to terminate fatally, either by laryngitis or pneumonia; and secondly, from the great difficulty of preventing the deformity so liable to occur in such a situation during the healing process. Bandages and splints are here not easily applied; and it likewise requires much firmness, both on the part of the patient and surgeon, to prevent the head from inclining downwards. If a patient, severely burned, does not die of the collapse consequent on the accident, there are still other grave causes of danger, most frequently, perhaps, having reference to the respiratory organs, congestion of the lungs, sometimes complete pneumonia, and more rarely laryngitis, coming on. Sometimes, however, there is no collapse present, and the patient goes on well for one, two, or three days, when suddenly the breathing becomes difficult, the pulse perhaps being increased in volume, and countenance flushed; in a short time, however, (an hour or two,) the extremities become cold, the pulse intermittent, and the patient rapidly dies by asthenia; at other times he seems to rally from this state, and then the lungs certainly become affected.

When a patient is seen thus, the difficulty of breathing having come on suddenly, it is often a nice point to diagnose the probable termination, and therefore to determine with certainty the proper treatment. Supposing the case to terminate by asthenia, wine and brandy should certainly be administered; but if given, and the patient should survive and have pneumonia, they will without doubt do injury. Leeches, with antimony, are here called for; and with children the application of two or three to the spine, and the exhibition of small doses of antimony, combined with tincture of cardamoms, has often been followed by success.

Amongst the numerous affections which may arise after a burn, I may mention the phenomena of epileptic convulsions. These probably depend on irritation of the periphories of the nerves, and may be relieved by immersion in warm water, or sometimes by the exhibition of full doses of tartar emetic, to produce vomiting. In this latter case, however, it will generally be found that the stomach has something to do with the convulsions; and it will be likely that the child has been eating some rather indigestible substance prior to the burn, which the stomach, sympathizing, as it necessarily must do, with the disturbance of the whole system, is unable to digest, although in a state of health it would have done so with ease. I therefore always inquire if anything likely to disorder the stomach has been taken latterly, and then (*ceteris paribus*) act according to the information obtained. Relief frequently follows vomiting, just as we find the same thing happen in convulsions from a similar cause, where there is no complication of burn. In our inquiries it is well to bear in mind that an article which would not cause irritation in a healthy state would do so after a scald or burn.

Another cause of death, but one which happily occurs rather seldom, is tetanus; sometimes partial, sometimes involving the whole muscular system. If this complication happens the case must be considered all but hopeless; and it is therefore good that it does not more frequently occur, particularly as the suffering then experienced must be of a horrible description. One case of lock-jaw, following a superficial burn of the chest, just now occurs to my recollection, where it was with the utmost difficulty that any sustenance at all could be administered. The trismus came on gradually, commencing on the fifth day, and the girl died on the thirteenth in an asthenic condition. Such a case, although bad, does not strike the beholder with such horror, as others were opisthotonos or the other forms of spasms are present. A friend of mine, who holds large colliery appointments, and often has occasion to treat burns, informs me he some time back had two cases where opisthotonos was observed; and, what is strange, they occurred both within a very short time of each other. The treatment in the one case was stimulating, in the other the reverse; but both were equally fatal in their termination.

When we consider the numerous complications which may arise and endanger life during the progress of a burn, we naturally turn to *post-mortem* appearances, as a means of elucidating some fact, and throwing some light on a sufficiently dark subject. But here we are defeated; for it often happens, particularly in cases such as those last mentioned, that morbid anatomy adds nothing to the subject. It is true there are certain appearances often met with after death from burning; and it is likewise true that inflammation and congestion of various organs show their presence by their appropriate signs—serous effusions and the like; but when the nervous system has to be searched, we in vain look for the causes of convulsions—epilepsy, tetanus, &c. In the case referred to above, where trismus resulted, there was no evident cause for such

affection. The brain was but little congested, and apparently healthy in structure, and the medulla spinalis was also free from morbid appearances. I regret I have no account of a *post-mortem* on the other cases; but from a consideration of the morbid appearances usually found in tetanic cases, I do not apprehend much would have been elucidated.

After a burn has healed, and a cicatrix formed, it often happens that it becomes a question if any operative interference will relieve the state of contraction too often present. Much depends upon the depth of the burn in the first instance, as should the muscular structure be destroyed, no good can possibly result from any interference whatever; thus in a case latterly brought under notice, the whole of the triceps muscle on the posterior part of the humerus was destroyed, and the integument and periosteum of the bone firmly united for some distance up the arm; the forearm was extended, and of course could not be flexed, there being little or no motion of the elbow-joint. The deformity is irremediable.

Sometimes, however, when the cicatrix and contracted portion is not very firm, and cartilaginous, some good may be done by the use of the knife, either dissecting off the cicatrix, or dividing the prominent bands resulting from it. This, however, frequently fails, as the new granulations have the same tendency to contract exhibited by the old wound. I have never seen subcutaneous section tried for the cure of such deformities, but am of opinion that good would result from its adoption; the hardened tissues beneath the integument being divided, and the integument stretched, which it would allow of when the resistance beneath was gone; the integument, although newly formed, and perhaps but partially organized, evidently retaining more elasticity than the condensed fibro-cartilaginous structure found in these cases beneath it.

Sometime ago I had occasion to treat a case of very bad contraction following a burn, of which the following is a brief account:—A lad about twelve years old, had the misfortune to get severely burned about the back, left axilla, left arm, and side of the chest. In the course of time the wound had almost healed, but the arm remained nearly touching the side from the contractions which had taken place, and therefore motion was almost lost. Under these circumstances screw splints and other contrivances of the kind were brought into requisition, but with little, and only temporary benefit to the arm. One morning while attending to the case, I was inducing him, as was my habit, to move the arm as much as possible, and to aid him in the attempt applied my hand to raise the elbow from the side, exerting but a slight degree of force. That force, however, was sufficient to rupture much of the newly-formed material and a gaping wound resulted, some five inches in extent, and passing horizontally round the chest, about two inches below the axilla. It was not in a line but very zig-zag in direction, which, as afterwards proved, was a great means of procuring a better medium of union. The dressings were lint and water; and presently, from the numerous promontories of integu-

ment spoken of, fresh skin began to form, so that when it was again healed, there was very tolerable motion of the arm.

I have not had many opportunities of trying rupture of contracted parts, but in one other case where the contraction occurred in front of the elbow-joint, the same means were adopted, and with much success. Should I have cases of a like kind to treat, I should feel disposed to follow out the plan; at the same time I would, for two or three obvious causes, limit its employment to recent cases. There also seems to be no reason why the same principle should not guide the knife in cases of this description. Instead of dissecting the cicatrix, or dividing it, as is usually done, I would make incisions in different directions, and even leave small detached portions of integument, and thus imitate what occurs when the parts are ruptured by force. Each promontory or isolated portion of integument becomes as it were a spring, from which new matter is formed. This suggestion, however, requires to be practised, ere its efficacy can be fully established, and I probably shall practise it in a case now under my treatment, and give the results to the profession.

#### CASE OF WOUND OF HEART BY A NEEDLE.

By FLOYD PECK, Esq., NEWMARKET.

*Read at the St. Ives Meeting of the Cambridge and Huntingdon Branch,  
June 16th, 1852.*

ELLEN PAVIS, aged 6, a healthy child, was observed to come home crying about eleven A.M., on Friday, August 1st, 1851. She complained of pain in her chest till about one o'clock, when some tea was given her and she became better, and played about till evening, when she became sick and continued so all night. About two P.M., she brought up worms, and at eleven A.M., on Saturday, she became worse, and the Union Medical Officer was applied for. The Relieving Officer came to see her, but finding her asleep did not think the case sufficiently urgent to require a doctor, consequently she had none. She complained of pain sometimes in the belly, sometimes in the chest, till she died, at eight, P.M. on Saturday.

I was requested by the coroner to examine the body, which I did forty hours after death.

The abdomen was first examined, but all the organs in it being healthy, the chest was next inspected. In separating the sternum from the anterior mediastinum, the scalpel struck against a metallic body, which proved to be a stout and strong needle, which had been thrust through the junction of the sternum with the cartilage of the third rib, and broken off short externally. A corresponding small spot was then noticed on the skin of the chest, but which, under ordinary circumstances, would have attracted no attention. The part projecting inwards measured about an inch, and had wounded one or two mediastinal veins, and made a small opening into

the pericardium, which was full of blood. There was considerable bloody infiltration into the tissues around. The lungs were congested. The external wall of the right ventricle of the heart was frayed as it were by the point of the needle, in a peculiar manner. On making closer inquiry, some complaint had been made by the child of a needle she had in her pinafore having been broken and pricked her. The points of interest in the case seem to be the unsuspected existence of so serious a lesion, and the absence of any detailed symptoms which might have led even a medical man, had she been seen by one, to have inferred any injury of that nature. The situation of the injury to the heart would indicate with much precision the movements of that organ to be two fold—up and down, and over from right to left.

#### TWO CASES OF VITILIGOIDEA.

By W. FOSTER, Esq., HUNTINGDON.

*Read at the Meeting of the Cambridge and Huntingdon Branch,  
St. Ives, June 16, 1852.*

ABOUT twelve years ago I saw a young lady with a curious affection of the skin of the neck, traversing the left side diagonally from the ear towards the sternum, about one inch in width. At first sight it appeared as the scar of a burn, or skin removed from some superficial cause, not unlike a prolonged scar from the pustule of vaccination, but at the lower part the skin was elevated for a short distance, smooth, and of a colour something like a permanent wheal of urticaria; it seems that it spread by this elevation, which was succeeded by the scar-like appearance; there was no pain or uneasiness; the general health good. The appearance was anything but prepossessing, but as no indication of treatment presented itself, the case passed away with the impression on my mind "that I knew nothing about it." I saw the young lady the other day; there is a very slight elevation just above the collar bone, and the scar-like appearance is much more superficial, and has now nothing more than a dirty appearance.

I saw no other case until last autumn, when a young gentleman, just about to enter Oxford University, showed me what I recognised as the same disease. It appeared in his case after suppressed perspiration, as he supposed; it shewed itself just above the left eyebrow on the forehead in one or more patches. I recommended him to try collodion and *live well*. I could not give him the name of the disease, nor say more about the treatment. I heard from him soon after, when he stated the same affection had all at once darted up his head for about an inch and a half in length, and one in width, entirely destroying the hair at the roots. He applied the collodion assiduously, took more animal food, and a few weeks since I saw him, the disease was evidently stayed on the head, (but the hair had not grown in the least,) also on the forehead it was healed,

but just on the eyebrow it was not gone. He complained of a sense of stiffness over the parts affected, and expressed himself very anxious as to the results. Very soon after this latter case presented itself, I found this disease described by Dr. Addison and Dr. Gull, in Guy's Hospital Reports, vol. vii., p. 2, under the name of "Vitiligoidea."

## Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

### CASES

*Reported under the terms proposed by the Association.*

By SCRIBTOR.

*Fractured Skull; Depression of Bone; Laceration and Loss of a portion of the Brain; Removal of Depressed Bone; Death.*

HENRY HOLLIES, aged 16, admitted November 21st, under the care of Mr. Parker. It was stated that he had just been knocked down and kicked by a boat horse. There was shivering, paleness of the features, and cold extremities; the pupils were contracted, the pulse intermittent, and the heart's action feeble and irregular. There was a wound in the scalp above the right ear, and somewhat profuse bleeding from the arterial branches situated there. On examining the wound, there was found a depressed fracture of the skull, the depressed portion of bone seeming to be about the size of a shilling. It was situated obliquely, one portion projecting from the wound, the other evidently having entered the cerebral substance for some distance. There was also another portion of bone depressed, triangular in shape, and as much as an inch in length, the base of the triangle being applied to the posterior surface of the rounded depressed portion. There was also considerable escape of the cerebral substance itself, as much as a teaspoonful having found its way through the wound. There was a bad cut on the forehead, and another over the occiput.

When seen by Mr. Parker, a short time after admission, the surface had become much warmer, and the pulse of better calibre. He was also sensible, and would answer any question put to him, lying in the meantime perfectly still, and evidently much disinclined to any mental exertion. Mr. Parker determined to raise that portion of bone which was lacerating the cranial substance, and in order to accomplish this was obliged to enlarge the opening in the scalp. This having been effected, several loose portions of bone were readily removed by the forceps, the largest of them being the round portion before mentioned as tilted inwards. During the operation some more of the substance of the brain escaped, but the boy still continued perfectly sensible, and could tell the number of fingers, or any object held before him. Wound to be dressed with plasters.

*Vespere.*—Still continues sensible; surface is hot; pulse counting 90; countenance slightly flushed; has made water, but bowels not open.—Hab. Ol. Croton, gr. j.

22nd.—Bowels have been moved during the night; he is still sensible but appears stupid, and answers very deliberately, and with evident exertion; pulse counts 96, and is intermittent; head is somewhat hot, and countenance slightly flushed.—To have an injection of castor oil.

*Vespere.*—Pulse 100, full; head hot; countenance flushed; restlessness; surface dry; bowels not moved.—Mittatur Sang. ex brachio ad, oz. xvij.

23rd.—Has passed a very quiet night, and appears going on well. He is perfectly sensible; pulse counts 90; surface moist; bowels open; tongue moist.

*Vespere.*—Going on well. To have effervescing draughts.

24th.—No bad symptom present. Strong beef-tea. Wound to be poulticed, as it had put on rather a sloughy appearance.

25th.—Still going on well.

26th.—About the same. No prominent symptom; pulse 90, and moderate as regards force; tongue clean; quite sensible. Takes broth and beef-tea with readiness. Bowels confined.—Hab. Haust. Purgant, oz. ij. statim.

27th.—Does not appear so well this morning, being somewhat hot and feverish; he has been restless during the night, and several times wished to get out of bed, &c. Pulse does not exceed 90, but the tongue is slightly furred.

28th.—Although sensible this morning, he has been delirious during the night, trying to get up, and talking about his friends and employment; pulse counts 90, and is soft; bowels open; tongue furred. On examining the wound there is a slight protrusion of the cerebral matter, which it is stated was first noticed yesterday; it pulsates regularly, and appears likely to become a large hernia cerebri. The edges of the scalp-wound are granulating.—R. Ant. Pot. Tart., gr. ij.; Liq. Opil. Sed., dr. j.; Aque, oz. viij. Fiat mist. sumat. oz. j. quartis horis.

*Vespere.*—Has had two doses of the medicine, and is now much less restless; pulse counted 90, and is reduced in volume; appears inclined to sleep, but makes no complaint, although he continues quite sensible.

29th.—As before in every respect. Takes his beef-tea, broth, &c., well.

30th.—Appears weaker to-day, and the pulse is not so strong as before; the tongue is also brown and dry, although sensibility is perfect. To continue beef-tea with wine in addition.

Dec. 1st.—Is evidently growing weaker, and lapsing into a typhoid state. Continue aliment.

2nd.—Died: having gradually become comatose, with dilatation of the left, and contraction of the right pupil for some hours before death. The wound the last day or two has assumed an ashy pale hue, but without further protrusion of the cerebrum.

*Post-mortem.*—There was extensive wound of the brain, which appeared to communicate with the lateral

ventricle. The hole in the bones of the skull was found to correspond with the pieces taken away, and there was also an extensive deposition of lymph over nearly the whole surface of the base of the skull.

MARY HALL, aged 6, was admitted as an out-patient under Mr. Sands Cox, in February last, having a portion of the skull, the size of a crown piece, depressed to the depth of the one-sixth of an inch. The fracture was situated at the superior part of the occipital bone, and the depressed portion was perfectly sound. It appeared the child had been thrown down four days before on some hard stones, a large swelling on the head immediately forming afterwards. The tumefaction had now in a great measure subsided, and the depression was very evident both to the sight and touch. The child had complained of headache, but no prominent symptoms had been present, and when brought to the hospital, sight, hearing, and every other faculty were perfect. She was ordered a few calomel and jalap purges, and attended several times. She is now quite well, never having made any complaint. The depression remains.

Wounds of the brain are certainly amongst the most dangerous injuries to which the human frame can be subjected, and are popularly supposed always to be fatal in their results; but it is now well known that occasionally such lesions are recovered from; and instances of such a nature may be found, in most surgical works, and moreover, are frequently recorded in the medical journals of the day. Fracture and laceration, with loss of a portion of cerebral matter, as exemplified in the first case reported, are not of necessity attended with loss of life, and even may exist without the occurrence of any bad symptom; there being instances of recovery from such state. This is not only interesting as a physiological fact, but is also important in a medico-legal point of view; as ere now it has been questioned if a person could commit any act requiring the exercise of the mental faculties, with the brain injured to such a degree. Dr. May mentions a case where the man walked two or three miles with fractured skull, lacerated brain, and ruptured lateral sinus,\* and Cooper also mentions another of the same nature.†

Regarding the treatment of these cases it has now become the established practice of all experienced surgeons to "leave well alone," that is to say, although depression of bone be present, not to attempt elevation unless there be some urgent symptoms of coma or pressure. This is certainly correct, there being no external scalp wound; but the integument already being open, authorities differ concerning the exact line of practice to be followed. If, however, it can be ascertained as in the case reported, that any portion of bone has penetrated, and remains undoubtedly irritating the cerebral substance, there seems to be no question of the propriety of removing that which is to all intents and purposes then a foreign body. The symptoms observed

during the progress of the case were oftentimes similar to those of delirium tremens. One fact is also worthy of notice, that the tendency was to a typhoid condition, which would seem to point to the propriety of keeping up the *vis vite* by nourishing diet, and not applying antiphlogistic remedies to too great an extent in such cases.

The second case reported exemplifies the tolerance of pressure the brain sometimes shows. At such an age the diploe of the bone would be so small that the pressure would be exercised directly internally. Probably, however, from the situation of the fracture, the cerebral substance has somewhat escaped, the depression being directly over the base of the superior longitudinal sinus, and the upper part of the torcular Hierophili.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, JULY 7, 1852.

WE may remind our Associates that the Twentieth Anniversary Meeting will be held at Oxford, on the 21st and 22nd of the present month, when those who have not already visited that University will have an opportunity of inspecting all those local features which must be so well known to them by report; whilst others will be able to renew their acquaintance with them, to which the interval can only add fresh zest and relish. In addition to the interest attached to the locality, may be mentioned that connected with the ceremony of conferring the degree of D.C.L. upon our distinguished Associates, Sir CHARLES HASTINGS, Dr. FORBES, and Dr. CONOLLY, a compliment equally deserved by the individuals, and due to the Association.

The questions which may be expected principally to take up the attention of the meeting, are those of Medical Reform, and the management of the publications of the Society. The former, we think, is in such a train as to give unmixed satisfaction, and the only point at all likely to lead to discussion is the apportionment of the sum to be devoted to the further superintendence of the Bill, which having already been approved of by the District Branch Meetings, will, we have no doubt, receive the assent of the assemblage at Oxford. With regard to the publications, we have already adverted to them, except upon one or two points, upon which some of our readers have required explanation, and which will be alluded to below. It is proposed by the Worcester Council that the consideration of this question should be referred

\* *Provincial Medical and Surgical Journal*, Jan. 9, 1850. p. 10.

† *Cooper. Med. Dic.*



to a Committee, but we are inclined to think that it would lead to a more satisfactory result if the discussion moved for by Dr. COWAN should be allowed to take place in the general meeting, since it is one in which all the members are equally interested, and equally capable of forming a correct opinion.

*We are requested by the LOCAL SECRETARY at Oxford to call the attention of the members of the Association to the notice put forth in the programme of the proposed proceedings at the meeting to be holden in Oxford on the 21st and 22nd inst. :—"Local circumstances make it indispensable that for securing suitable accommodation, gentlemen who purpose to join the Breakfast or the Dinner Party on Thursday, the 22nd inst., do make intimation of such intention to the Honorary Secretary, R. HANSARD, Esq., 31, High Street, Oxford, on or before SATURDAY the 10th inst."*

*Members who intend to visit Oxford on the occasion are particularly requested to call at the TOWN HALL IMMEDIATELY ON THEIR ARRIVAL, where all necessary information respecting the Meeting will be supplied to them.*

*On WEDNESDAY, July 21, a table d'hôte BREAKFAST will be provided at the STAR HOTEL, from 8 till 11 o'clock, Tickets 2s. 6d. There will also be a table d'hôte DINNER at the STAR HOTEL, at half-past five, Tickets 4s., exclusive of Wine and Dessert.*

*On THURSDAY, the Members and their Friends will BREAKFAST together at the STAR HOTEL, at Half-past Eight o'clock, Tickets 2s. 6d. each; and on the Evening of the same day, they will DINE together at the TOWN HALL, at Half-past Six o'clock, Tickets One Guinea each, including every expense.*

*Beds at the several Hotels, 2s. 6d.*

In connection with our remarks on the conduct of this journal, we have received several letters, some for our private perusal, and one signed "W.," for insertion in the present number. Most of them contain a demand for an explanation, which will be found in this article, relative to the items of expense in its printing, editing, &c., together with other observations to which we will also allude, and to which this notice we hope will supply a full and satisfactory reply.

Our correspondent, "W.," in comparing the expense of the publications of the Society with that of the *Medical Times*, estimates this journal at 19s. 4d. per year. Now, so far from

this being the case, according to the following calculation, it costs each subscriber, in round numbers, 10s. only. The charge for printing amounts to £700 per annum, which, together with the expense of editing, after deducting the receipts for advertisements, sale of extra journals, &c., average as near as may be £800 yearly. This expenditure we believe to be as low as it is possible to reduce it, if conducted in the usual way of employing a respectable printer and publisher, and instead of exceeding that of the *Medical Times and Lancet*, is beneath them by more than one-third, since the sum named by "W.," is only the subscription for the unstamped paper, whereas the charge for the *Journal* includes that important item. The *Lancet* is furnished, stamped, for £1. 14s. 8d. per fifty-two copies, making the charge for twenty-six numbers—the number furnished by us—17s. 4d. Thus we think we have shown to the satisfaction of every one, that in a commercial point of view the Association cannot be said to have been supplied with "a bad article at a high price," which has been the remark of one of our private correspondents. We may thus dismiss the subject of the cost of the article, which, as we before observed, we believe to be reduced to the lowest possible price, unless printed by the Society on its own account, when of course the fair and reasonable profit of the printer might be retained by the Association, but which it has hitherto declined to interfere with.

Now, as to the reasons which may be alleged why the Editorial matter has not what our friend "W." requires—"more spirit in it," our readers are probably aware that on more than one occasion cold water has been thrown upon any discussion of medical politics, and that any unfavourable opinion awarded to any book in its review, has been thought to be prejudicial to the interests of the Association; so that we think that it must be evident to any unprejudiced mind that the subjects upon which to exercise our ingenuity are materially limited, and that we are somewhat in the position of a man thrown into the water with his hands tied, who is abused for not readily swimming to shore. We can assure our correspondent that there is more difficulty in reducing the "spirit" of our effusions to the desirable standard than there would be in instilling enough to satisfy even him.

We have before alluded to the importance of our Associates supporting our efforts by their

contributions, but here again there is no little difficulty in avoiding both Sylla and Charybdis, since we have found on more than one occasion that fault has been found, (and we have no doubt arising from real injury in a limited circle, to the extension of the Association,)—with our refusing admission to articles unfit for the pages of a medical periodical or in some cases for any periodical at all. We are well aware that it is impossible to please all parties, and that in the exercise of our duties we cannot possibly avoid wounding the *amour propre* of some, but we can conscientiously affirm that we never exceeded what we thought our duty, and we can with thankfulness recal many instances in which the contributors themselves have most handsomely admitted the truth of our objection. Still there are reasons for the admission of many articles, which perhaps the Editor of an independent *Journal* would reject, but when it is considered that the promotion of journalism is not the sole object of the Association, but that it can only be usefully carried on by making all its several purposes run on smoothly, *pari passu*, we think we have exercised a sound discretion in sometimes sacrificing the interests of the *Journal* to those of the Association at large, and from many years' experience of the working of the two, we are quite confident, that whoever conducts the one without reference to the other, will irreparably injure the whole cause, and put a stop at once, not only to the progress of the *Journal*, but to the Association itself.

## Proceedings of Societies.

### YORKSHIRE BRANCH.

THE annual meeting of the YORKSHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION was held at the Medical School, Leeds, on Thursday, June 10th. There were present—Dr. Chadwick, of Leeds, President; Mr. Hey, Mr. S. Hey, Mr. T. P. Teale, Mr. S. Smith, Mr. Garlick, Mr. Price, Mr. Nunneley, Dr. Heaton, Dr. Mayne, Dr. P. Smith, Dr. Castle, Mr. Ikin, Mr. Reynolds, Mr. Baker, Mr. Scattergood, Mr. Wheelhouse, Leeds; Mr. Hemingway, Dewsbury; Mr. Hill, Knottingley; Mr. Hornby, Pocklington, Mr. W. Matterson, York.

Dr. CHADWICK, the President, then addressed the meeting as follows:—

GENTLEMEN,—I have to thank you, in the first place, for the complimentary and high honour which

you have conferred upon me by placing me in this chair; and to assure you that, in return for your kindness in so doing my best endeavours shall be exerted to render the year of my official tenure as successful as any of its predecessors. I cannot hope to equal the efficiency of the gentleman who this day vacates the office, and many others who have on former occasions occupied the post; but to none of them, I may venture to assert, am I inferior in the strong desire which I entertain of rendering these meetings efficient to the objects for which they were commenced; and I am induced to hope, from the communications which I believe are to be brought forward to-day, that the present meeting may prove as profitable and as interesting as any other previous annual assembly.

I have another preliminary duty to discharge, and that is to welcome those of you who come from a distance once more to Leeds. Whilst I am warranted in expecting that we shall offer you something of novelty on the present occasion, we still regard ourselves in the position of recipients, in a double sense—of yourselves as visitors, and also of the professional information you are willing to communicate. For, after all, gentlemen, this is the grand object we should ever have in view in thus meeting together,—to benefit each other by the mutual interchange of ideas. To this end may I venture to detain you from the more useful business of the day, by devoting the few minutes ordinarily given to the Presidential Address to a few desultory remarks.

The year that has passed over since our Sheffield meeting cannot, in any professional sense, be regarded as eventful. Ours is a profession rarely marked by the occurrence of convulsive or organic changes; yet it had well nigh proved so in regard to the first subject which I have to mention, and which for the past few years has formed the staple of many similar addresses.

During the present Parliamentary Session, the almost tedious subject of Medical Reform might, but for the occurrence of a remarkable political *contretemps*, have received its final quietus. The late Home Secretary, it is well known had given much attention to this subject; and had rendered himself, it is believed, thoroughly conversant with the wants and wishes, as well as the multiform requirements of the profession; so that, had it continued his duty to deal with the measure emanating from the Council of our own Association, we might reasonably have anticipated a termination of this long-debated question. I speak, gentlemen, merely as a chronicler of passing events of professional interest, and not as one who has ever been sanguine as to the results of legislative interference with us; but I must admit that the propositions of our Central Council, which have formed the basis of the new Bill, and upon which we, as a Branch of the Association, have passed our general approbation, have unquestionably been more favourably received by the entire body of the profession than any previous proposal. It combines in its enactments all that, in my belief, can be effected by legislation in favour of the profession. It avoids all extreme, and therefore objectionable, interference with

the rights of the existing *strictly-professional* corporate bodies. It leaves the present professional distinctions intact, whilst it provides for the efficient education of all classes. It resorts as little as possible to pains and penalties for illegal practice, whilst it secures the legitimate practitioner all the protection the law can afford him, in the least objectionable manner, by an admirably devised system of registration. The measure, therefore, whether regarded as a positive or negative good, secures our approval; and had not the political event to which I have referred transpired—with which, however, in *this meeting*, except as it bears upon the matter now noticed, we have no concern—we might have attained, in the passing of this Bill and the simultaneous production of the new and liberal Charters of the Colleges of Physicians and Surgeons, that consummation we must all agree is so devoutly to be desired—the final settlement of Medical Reform. We must never, however, gentlemen, forget that the primary and most effectual element of Medical Reform is personal; and unless we all of us act on this belief, legislative enactments and corporate enfranchisement will alike prove futile. In justice to myself, however, it is right, before quitting this subject, that I observe, in reference to the Charter of the College of Physicians, as at present propounded, that it will, I apprehend, require some material alterations before it meets with the general approval of the provincial physicians.

Medicine is a progressive, and consequently, to a certain extent, an ever changing science; but the contrary is frequently urged against us, that we, as a profession, are so wedded to our fixed and antiquated notions, that we can neither admit nor tolerate anything that is new. This assertion, I maintain, is as calumnious as it is untrue, for I know no set of men more open to conviction, more ready to receive and investigate new propositions, than the members of our profession; indeed, as regards the trial of new remedial agents, and the admission of, and inquiry into, the value of proposed theoretical and practical improvements, the fault lies in the opposite direction, that we are often too open to admit as possibilities those things which too frequently disappoint our expectations. But when we are called upon, by those who thus assail us, to ignore the accumulated and growing experience of ages,—when we are required to subvert the principles upon which the noblest minds that from time to time have adorned our profession have based their conclusions,—and when we are expected to abandon the guidance of common sense, in admitting the crude and unphilosophical vagaries of any upstart theorist, the rational scepticism which, under these circumstances, we are justified in exercising is, I firmly believe, in the present day, the grand safeguard of our science. Not to dwell further upon this tempting topic, I would remind you of the dignified rebuke administered to the more glaring forms of empiricism, by the splendid resolutions of our Parent Association at its Brighton meeting.

In returning from this digression, I would attempt to illustrate, by a reference to a few of the more prominent topics of the day, that active spirit of investi-

gation, that eager inquiry after truth, which, I maintain, as distinctly characterises us as a profession in the present day, as at any other previous date.

Many important and laborious investigations, now conducted by the members of the Epidemiological Society, into the efficiency and true value of vaccination, as a preventive of small-pox, will, I am satisfied, lead to important practical results, and will, I trust, re-establish the professional and public confidence in this simple means, whether by prevention or modification, of diminishing the mortality of this once fatal malady. The stirring of this very important question suggests many grave reflections which time will not permit me to pursue. Knowing, as we do, the readiness with which the public omit all precautionary and preventive measures, unless the disease against which they should be adopted be actually at their door, and the aptitude with which they avail themselves of any doubt as to their efficiency, particularly when that doubt is propagated by the profession as an excuse for their own neglect, we cannot fail to regard the statements which have thrown a suspicion upon the efficiency of vaccination as most unwisely made, unless the evidence supporting them be better established than I am willing to admit. I contend, then, that the inquiry, by this important society, is fully justified by the circumstances of the case, and we owe to it, as a profession, a deep debt of gratitude for its spirited conduct in the matter.

The splendid application of Dr. Marshall Hall, of his truly philosophical views of the physiology and pathology of the nervous system, to the alleviation and possible cure, in some cases of epilepsy, claims at any rate our admiration; and, should further experience confirm his statements, a great advance is unquestionably made in the management of this almost intractable disease.

The former discussions as to the nature of continued fever, and more particularly its supposed varieties, have recently been revived, and still occupy the attention of those members of the profession enjoying more extended opportunities for observation. A marked tendency has become apparent, at any rate in the London schools, to divide these forms of fever into several varieties, with the more important of which—typhus and typhoid, we have long been familiar. It is contended, that by many marked symptoms,—by a peculiar rash, almost invariable in its occurrence,—by a particular morbid condition of the mucous membrane of the intestines,—by its almost constant mode of origin and duration,—and by a vast variety of subsidiary phenomena, the form of continued fever, denominated typhoid, is distinguished, and at any period of its course distinguishable from another variety known as true typhus. This is said not to be so commonly marked by an eruption (which is of a different character when it does occur) to be free, or nearly free, from the peculiar intestinal morbid changes, and to have a different origin and course.

The result of my own experience in the observation and treatment of fever, has led me to very different conclusions. We constantly find in the fever hospital

in this town, that the ulceration of the mucous surface exists along with the dark-coloured rash of typhus, or with no rash at all,—that the typhoid rash occurs in cases where the mucous membrane is not affected,—that this condition is by no means necessarily marked by a diarrhoea,—that the two forms of eruption sometimes occur simultaneously in the same case,—and that, in every conceivable form, the symptoms said so strongly to mark the special forms of fever, are mixed together in the same individual. This active spirit of inquiry, the existence and operation of which I am thus attempting to prove as directed in the above channel, must eventually lead to an improved pathology and treatment of this very frequent disease.

I would claim, too, as efficient to my argument, the valuable results obtained from the analytical and microscopic investigations into the purity of various articles of food, of common consumption, so successfully promoted by the proprietors of the *Lancet*. Should these investigations, as I think has been promised, be carried on to the examination of drugs, and the consequent exposure of the adulterations to which they are subjected, a still more weighty obligation will be conferred upon the profession by the spirited conductors of that journal.

How rarely we find that the satisfactory results obtained from the first trial of any new remedy are realized in its continued employment. We must all of us have instances fresh in our remembrance illustrating this fact; and although the adulterations to which it may be subjected, as soon as it acquires popularity, will not alone account for the discrepancy, yet I am satisfied that not unfrequently they have much to do with its explanation. The general employment of the microscope in recent years, has aided materially in the improvement both of the science and art of medicine, and the zeal with which its revelations have been pursued, furnishes most important indices of the zealous activity of the professional mind, which, I am contending, still continues to operate. A reference to this instrument, however, becomes highly suggestive of a prudent caution in its use, lest it should be abused, as it is liable to be, by its too enthusiastic advocates and admirers, or to serve the purpose of unscrupulous empirics. Speaking of medicine in its double character, as a science and an art, I have no hesitation in affirming that the microscope is more really valuable in the study of the one than the practice of the other: in other words, the physiologist, the general anatomist, and the pathologist, will derive more aid from the use of the microscope than the practising physician, who, although he may be aided in his diagnosis, by the employment of this instrument, will not find it particularly suggestive of remedial measures. Far be it from me to decry or limit the employment of this instrument, when used with proper and strictly scientific intentions; all that I desire is, that it should be placed upon its proper footing—that it should be regarded merely as one of the many valuable adjuvants to the successful prosecution of our work. Instruments like this, have, I contend, like newly-introduced remedies, two severe

crudeals to undergo—first, the enthusiasm consequent upon the introduction; and, secondly, the temporary neglect following their early and indiscriminating popularity. The stethoscope has survived both these trials. The microscope and the speculum are still, in my opinion, contending with the first. Time warns me, however, that I must not detain you longer from the more instructing as well as more necessary duties of the day. I have said sufficient, at any rate, to establish my position, that, contrary to the statement of interested parties, we of the “old school” are still actuated by an active and willing spirit of improvement, and I trust that the reflections I have engrafted on each of the employed arguments for the purpose, may not prove destitute of interest.

Mr. W. MATTERSON, the Secretary, then read the

#### *Report of the Council.*

“Your Council, in presenting their Annual Report, would congratulate the Branch upon again revisiting Leeds, where so many of its members have always taken an active part in furthering its interests, and where so much has been done in elevating the character and rank of the Provincial Medical and Surgical Practitioner.

“The long and much-agitated question of Medical Reform, has again been brought forward by the Central Council at Worcester, who issued the draft of a bill for the consideration of the different branches, and at their request, as the members are aware, a special meeting was held at Leeds, at which the details of the proposed Bill were fully discussed. The meeting was of opinion that the Bill represented the principles previously entertained and advocated by the Branch, but that several modifications in its details were required. It is unnecessary to enter fully upon the alterations suggested at the meeting, as they have been already laid before the members in the journal of the Association. After receiving the different reports of the various Branches the Central Council conferred with the late Secretary of State, who expressed his readiness to assist them, and had fixed a day for that purpose, but a change of Administration rendered it impossible to introduce a Bill during the present session.

“The Central Council have, however, issued an amended Draft, which your Council earnestly recommend for your consideration. Some of the suggestions adopted at your special meeting have been introduced into the Bill—as for instance, the appointment of the Medical Council is vested in the Secretary of State, instead of the Apothecaries’ Company. Another important alteration is, that after the student shall have passed all the Examinations appointed by the General Licensing Board, and before taking advantage of his licence, he shall obtain the diploma either of the College of Physicians or that of the College of Surgeons. Upon the whole, the proposed changes are certainly a great improvement, and since the Colleges of Physicians and Surgeons necessarily exercise a considerable influence in any changes that may be made, it will be most conducive to our interests to make the best use of the materials offered by these two existing bodies.

“Your Council would also draw your attention to the contemplated changes in the Royal College of Physicians

The Draft of a Charter has already been issued, the object of which is to enable all physicians, from whatever College they may have derived their diploma, to become members of the College which is to be designated the Royal College of Physicians of England, and of which members will become fellows by examination or election.

"The College of Surgeons has now received a new Charter, identical with a Draft issued last year, by which, with some other important changes, the members of the College fairly entitled to the Fellowship are to receive it; surgeons are to be examined in midwifery, and provincial surgeons may henceforth enter the Council, but have not had conceded to them that which was held out to us,—the privilege of voting by proxy at the election of the Council; an omission which this Association cannot but regret. Imperfect as these changes may be, still your Council would view them as steps in the right direction, and would hope that ere long every member of the profession will enjoy that right and protection to which he is justly entitled.

The Council would suggest to the meeting the propriety of the expression of its general accordance with the admirable resolutions adopted at the Brighton meeting for the suppression of quackery, and its condemnation of those medical practitioners who pander to the popular delusions of the day.

"Your Council have pleasure in informing you that the Branch has increased in the number of its members, which now amount to 127; and in resigning their trust would urge upon you the necessity of a fuller attendance at its meetings, as nothing could more seriously impair its interests than the diminution of spirit consequent upon the falling off in the number of members attending its annual reunions, assured as it is that occasional exchanges of hospitalities, no less than interchanges of professional knowledge, tend to increase our sympathies for each other, and make us more useful to our fellow-creatures. In explanation of the deficiency of attendance it has been suggested that the time of meeting hitherto adopted interferes with the meeting of the parent Association and other kindred institutions. It will, therefore, be proposed that in future we shall hold our Anniversary during the first fortnight in May, which period we hope will be more convenient, and thereby secure a better attendance."

The following resolutions were then unanimously adopted:—

Moved by Dr. HEATON, seconded by Mr. HORNBY,—  
"That the Report of the Council just read be received and adopted."

Moved by Dr. P. SMITH, seconded by Mr. HEMINGWAY,—  
"That the following gentlemen be appointed the Branch Council for 1853-53:—Mr. J. Allen, H. S. Belcombe, M.D., Mr. B. Dodsworth, Mr. R. Hey, T. Simpson, M.D., Mr. C. Williams, Mr. W. D. Husband, Mr. W. Matterson, York; C. Chadwick, M.D., Mr. G. F. Garlick, Mr. W. Hey, Mr. T. P. Teale, Mr. T. Nunneley, Mr. S. Smith, Leeds; F. Branson, M.D., Mr. H. Jackson, M. De Bartolomé, Mr. W. Jackson, Mr. G. Turton, Mr. G. Reedal, Sheffield; T. Sandwith, M.D., Beverley; H. Y. Whythead, M.D., Craike; Mr. J. Ness, Helmsley."

Moved by Mr. S. SMITH, seconded by Mr. GARLICK,—  
"That Mr. W. Matterson be reappointed Secretary."

Moved by Mr. T. P. TEALE, seconded by Mr.

PRIDGEMAN,—  
"That the meeting of the Branch for 1853 be held at York, and that R. Hey, Esq., be the President-Elect."

Moved by Mr. GARLICK, and seconded by Mr. S. SMITH,—  
"That in future the time of meeting be during the first fortnight in May."

Moved by Mr. NUNNELEY, seconded by Mr. S. HEY,—"That this meeting desires to express its general accordance with the admirable resolutions adopted at the Brighton meeting for the suppression of quackery, and its condemnation of the conduct of those medical practitioners who pander to the popular delusions of the day."

The following communications were then presented to the meeting:—

"Cases of Chronic Affections of the Stomach, accompanied with Vomited Matters in which Sarcinae were Detected," by T. P. Teale, Esq. Illustrated by drawings and the microscope.

"On the Foramen Centrale of the Retina, &c.," by T. Nunneley, Esq. Illustrated by drawings.

"On Tracheotomy," by Samuel Hey, Esq.

This concluded the business of the meeting. Thanks to the President for his conduct in the chair were proposed and seconded, and carried unanimously.

The members then adjourned to the White Horse Hotel, where a most excellent dinner was provided and a pleasant evening spent, under the able Presidency of Dr. Chadwick.

## NORTH WALES BRANCH.

THE annual meeting of the NORTH WALES BRANCH of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION took place on the 15th ultimo, at the National School, Conway. There were present—Dr. E. HUGHES, of Mold, President; Dr. Edwards, Benarth; Dr. O. Roberts, St. Asaph; Mr. H. Williams, Llansaintffraid; Mr. H. A. Roberts, Penrhyn Hospital; Mr. John Lloyd, Mr. D. K. Jones, Langefni; Mr. D. Hughes, Bangor; Mr. J. W. Pring, Llandudno; Mr. G. T. Jones, Denbigh; Mr. Owen, Abergelle; Mr. Salusbury, Conway; and Dr. Hughes, Rhyl.

Letters were received from Dr. Cumming, Dr. Edward Williams, Mr. H. Williams, of Llanrwst, &c., &c., regretting their inability to attend the meeting from urgent professional engagements.

THE PRESIDENT said he was sorry that they were deprived of the services of the retiring President, Dr. Lloyd Williams, and was sure that they would all join with him in sincere regret that illness was the cause of his absence. They were also deprived of the pleasure of offering their thanks to him for the very able and courteous manner in which he had presided at their last meeting. Might he soon be able to resume the duties of the profession in which for years he had served so eminently, and with such distinguished success. He knew this was the sincere and earnest wish of all who had the pleasure of his acquaintance, and of none more so than of those amongst them who were wont to recognise

his valuable services in consultation. Would he permit him to thank them for the honour which they had conferred upon him in electing him President, and allow him to assure them that it was ever his most anxious desire and endeavour to promote the honour of the profession, and further harmony and good feeling amongst its members. Such were some of the avowed purposes for which this Association had been established. Its other objects were so well known, that by recapitulating them he should only be repeating an oft-told and well-remembered tale. He would detain them but a short time while he briefly referred to those subjects which had specially engaged the attention of the medical profession since their last meeting. The prospect of Medical Reform, blighted by the adverse opinions as to its attainment which had confounded and set at naught the good intentions of Sir George Grey, in 1850, had again been revived, under the auspices of a Committee of their own Association. The proposed measure had been for some time made public; it had received great consideration, both from their own and other medical associations, and they were unanimous in recording their opinions that it was the best which had been submitted to them. At the coming anniversary at Oxford the Bill would be further discussed, and every means taken to forward it. The medical corporations had held silence so far on the matter, but it was to be feared that this was merely the precursor of a storm. It was hard to imagine how the medical colleges would allow duties to be thrust upon them, which it had long been in their power to have undertaken. The Apothecaries' Company, too, would not willingly resign functions which they had so long exercised, unless they were assured that the charge passed into equally efficient hands; however, they could only wish the measure good luck, and that these opposing parties, if they should turn out to be opponents, would be propitiated, and the Bill carried. While these matters were exciting the anxious interest of the profession, it was a great necessity that they should repudiate all connection with those members who deserted the truths of science for the mummeries of mesmerism, and the charlatanism of homoeopathy and hydropathy. He believed it would be found that of these, those who practised what was called homoeopathy set forth the loftiest pretensions, and broached the greatest absurdities. Nobles and divines, good, and perhaps in other matters learned men, but whose knowledge of medicine appeared to be wonderfully akin to the skill of Falstaff's honour in surgery, had claimed for their imaginary doses superhuman perfection, and enforced their arguments in language as visionary as the principles they vindicated. How truly did this illustrate the remark of a lately-deceased physician:—"Talk of the gullibility of the lower orders of society, when listening to the harangues of political quacks! Their credulity is not half so great as that of their superiors, when swallowing the matchless absurdities of the most unprincipled charlatans." He trusted, however, that in no part of the day's proceedings they should be more unanimous than in recording their opinions of the matchless absurdities

of homoeopathy. He then wished to draw their attention to a leading article in the last number of the *Journal* relative to a proposed notice of motion given by Dr. Cowan, of Reading, to the effect that the *Journal* should be hereafter printed and published in London, and issued once a week. The editor spoke of this as a great alteration, and invited all the members of the different Branches of the Provincial Medical and Surgical Association to duly consider the matter before coming to any determination. If any of them thought proper, it was quite possible for them to entertain the subject at their present meeting, and if they chose, to depute one of their members to attend the Oxford anniversary, shortly to be held, and there express their own views. He would now no longer detain them from the more important business of the meeting.

The annual report was then read by Mr. D. K. JONES, Llangeftni, one of the Secretaries, as follows:—

"The Report of the affairs of the 'North-Wales Branch' may be briefly noticed. This Society is steadily advancing in the good opinion and support of the medical profession of the principality, and some new members have been added to our ranks since our last meeting. When we view the principles upon which our noble Institution is founded, and dwell upon the many advantages it affords, it gives us hope that ere long many more will enrol themselves under its banner.

"The state of the funds of this Society is—as it always must be—an important feature in the transaction of business. The expenses incurred in its establishment, and in conducting its proceedings up to the present time, have been defrayed by the usual allowance of one-seventh part of the guinea paid by each subscriber during the first year, which was sanctioned by the Council of the Parent Association, and by the kind and liberal donations received from many of the members. The balance in the Treasurer's hands is 12s. 1d., a sum inadequate to meet the demands."

Dr. EDWARDS proposed, and Mr. WILLIAMS seconded the adoption of the report. Agreed to.

Dr. ROBERTS proposed—

"That Dr. Peter Williams, of Holywell, be President-Elect for 1853, and that Holywell be the place of next anniversary."

Mr. OWEN, of Abergele, seconded the resolution, which was unanimously adopted.

Mr. G. T. JONES, of Denbigh, moved, seconded by Mr. D. Hughes, of Bangor,—

"That Dr. E. Williams, of Wrexham, Mr. D. Kent Jones, of Llangeftni, Honorary Secretaries, and Mr. J. Lloyd, of Llangeftni, Treasurer, be re-elected; and that the following gentlemen be named for the District Council for the next year:—Mr. T. T. Griffith, Wrexham; Dr. Roberts, St. Asaph; Dr. J. Roberts, Bangor; Mr. W. P. Jones, Holywell; Dr. Edwards, Benarth; and Mr. Hamilton A. Roberts, Brynmeurig, Bangor."

Mr. HAMILTON ROBERTS proposed—

"That the members of the 'North Wales Branch of the Provincial Medical and Surgical Association,' assembled at their annual meeting in Conway, having taken into consideration the 'Amended Draft Bill of Medical Reform,' as put forth and adopted by the Council of the Parent Association, do (with the exception of the 35th clause) approve of the measure as one more eminently calculated to heal the distracted state of the profession than any that has been hitherto proposed."

The motion was seconded by Mr. D. KENT JONES, and unanimously passed.

Dr. ROBERTS, of St. Asaph, moved—

"That this meeting considers that it is imperatively necessary that 'chemists and druggists' should be prohibited from pursuing counter practices, and visiting the sick and prescribing for them; that it is an anomaly which should be immediately and effectually put a stop to by a Legislative enactment; and that with this view, a more stringent clause be inserted in the "Amended Draft Bill of Medical Reform," than the one which is alluded to therein."

Mr. G. T. JONES, of Denbigh, seconded the resolution, which was adopted.

Mr. J. LLOYD, of Llangefni, moved—

"That it is the opinion of this meeting that the doctrines of 'Homoeopathy' are based upon most erroneous and false data, and are propagated through ignorance and imposture. That the system of homoeopathy is prejudicial to the cause of science, and dangerous to the public health; and that this meeting, therefore, considers that it is the imperative duty of all regularly-qualified members of the medical profession, on no account, directly, or indirectly, to meet *homoeopathic* or other *irregular* practitioners in consultation."

The PRESIDENT had already referred to this subject, and to his remarks he had little to add. With reference to the latter part of the resolution, however, he had an observation to make. Besides homoeopaths it spoke of other irregular practitioners. He thought the terms of the resolution were such as seemed to include in its strictures a class of members of the profession who had commenced practice before the passing of the Apothecaries' Act. A few years ago in Liverpool there had been only one medical practitioner who was both a member of the College of Surgeons, and a Licentiate of Apothecaries' Hall. Since then the advancement of the science had been very rapid; and there were still many medical men whose only legal title to practise consisted in their having been members of the profession before the passing of the Act. [The President here explained that the resolution was not intended to have any reference at all to these parties.] With respect to homoeopathy, he could not help making a few observations. He most heartily concurred in the remarks of the President on a system so utterly absurd. It was as much opposed to logic as it was to medical science, and equally belied the conclusions of ordinary reason as it did the universal results of professional experience. He was clearly of opinion that it formed a part of an attempt to begin to oppose the great and true doctrines of philosophy, on many points—matters connected with general science, as well as those specially relating to medicine. Even those scientific facts which had been demonstrated by Newton had been called in question. It was evident that parties figuring as patrons, who strongly recommended homoeopathy, were endeavouring to oppose and controvert the very best established doctrines of philosophy. It behoved them all, as members of that Association, to set their faces not only against the innovations and ridiculous pretensions of homoeopaths, but against a set of men who had made up their minds to oppose everything great in science and philosophy.

Dr. HUGHES, of Rhyl, seconded the resolution.

Dr. EDWARDS said he begged to be allowed to make one or two observations on the subject which was before them; but after the able manner in which it had been alluded to by the President and the mover of the resolution, he would not long occupy their time. He did feel strongly on the subject of the mockeries and delusions of the day. He felt that it was a melancholy reflection that in the age in which they lived these doctrines should have obtained credit so extensively as they had. He did feel that it was one of the most melancholy views which the present aspect of society presented; and hoped and trusted that all of them would be determined to hold no intercourse whatever with those backsliding members of the profession; they were members of their body certainly, but they had gone out from them. If they were to countenance these men, either by meeting them in consultation, or in any other way, it would be wrong. Even if they were called in to assist in any case, they should rather decline all interference, unless the case was given up wholly to their management. It was in this way—by meeting these men in consultation—that the error had already spread so widely. It had been by their own lukewarmness, and their continued friendship and intercourse with the men who had embraced these fallacies, that the doctrine had obtained the standing which it had. They ought to have cast them off at once, and disclaimed all connection with them, as the physicians of Edinburgh had done, and in doing so set them a right example. He felt that it was impossible for any one of them to meet homoeopaths in consultation without tarnishing their individual character, and casting an odium on the profession. He was very glad that the subject had been brought before them, and felt that they should be only doing their duty in decisively recording their adverse opinion.

Mr. H. A. ROBERTS said he very strongly coincided with the remarks which had been made on homoeopathy and other similar delusions. He thought that great blame attached to their own medical institutions for not more promptly and decisively publishing their estimate of them. Abroad, when any new doctrine was broached, there was always a public and authorized inquiry made as to its intrinsic merits. In such cases the Institute of France always appointed a properly qualified body of men as a commission of inquiry. The new professor had a certain number of patients in the hospital placed under his charge, and these men watched his operations upon them, and their effect. Such had been the case with homoeopathy and other things, and the consequence was, that after an inquiry of this sort, and an adverse report, the system has died away there, and taken refuge in England, where but too many other delusive doctrines found a field of action.

Dr. EDWARDS proposed a vote of thanks to the retiring President, with sincere regret for the cause of his absence.—Passed unanimously.

The PRESIDENT said they had now completed their preliminary business, and should be glad to hear any papers or statements relating to medical science which any of them might be disposed to give.

Mr. H. A. ROBERTS said, that before proceeding further he wished to ask—Was it the general wish of the meeting that any medical or surgical papers which might be read, or cases which might be brought forward, should find publicity in the local papers? He certainly thought that discussions on purely medical and surgical topics should not go beyond themselves.

Mr. LLOYD said he was at a meeting of the Parent Association held two or three years ago at Derby, and their idea was that a slight sketch of the proceedings was not at all inappropriate. It appeared to him that they considered that these meetings were intended to interest the public generally in the profession, and that that was a proper mode of doing so. He did not think there was any great danger of unfit details being published, and as to a slight sketch he thought there could be no objection to such being given.

Dr. EDWARDS said there were so many objections, and those insuperable ones, to medical reports being published in the provincial newspapers, that he thought they should at once determine not to allow it to be done. It more became them that these matters should remain with the profession.

The subject then dropped for the time, and

Dr. EDWARDS originated a discussion on that portion of the President's Address relating to the proposal of Dr. Cowan, of Reading. He stated in his notice of motion "that the *Journal* be published weekly instead of fortnightly, and henceforth be edited, printed, and published in London." As a very old member of the Parent Association he had had an opportunity of feeling the pulse, as he might say, of the members generally with regard to the position of the Association. He could not but look at it in prospective as well as in its present state. Their great anxiety should be to extend their boundaries. He felt bound to state what he knew to be the very general feeling of the members, and also his own individual feeling on this matter,—it was, that they ought to have a journal, an organ of the Association, more worthy of them than they now had. Without at all disparaging the efforts of their friend at Worcester, no gentleman in the provinces could give that journal the value and position which it ought to have as the organ of the Provincial Medical and Surgical Association. He did know that the character of the *Journal* had, to a certain extent, a damaging effect upon them. He did not say that it was not what it could be as long as it was issued in Worcester, but it was not what it ought to be as their recognised organ. He thought it only fair that the editorial notice of Dr. Cowan's intended motion should be read at that meeting, as they were invited duly to consider the proposed alterations. [The speaker then read the leading article in the *Journal* which referred to this matter. In this the Editor maintained the advisability of allowing the affairs of the *Journal* to remain in their present state, rather than attempt any alteration.] He must say that he could not see any weight of argument in this article. There was a free admission that the change would be for the better, and the only question the Editor urged was, whether the funds of the Association could afford

to remove the *Journal* to London, and bring it out weekly instead of fortnightly. Now, when he maintained the propriety of these alterations, he cast no reflection whatever upon the gentlemen who now had the management of the *Journal*. It was all that it could be in their hands, but at the same time not that powerful organ of the Association which was to be desired.

Dr. O. ROBERTS, St. Asaph, said he felt a great objection to removing the *Journal* from Worcester. The fault of its not being so efficient an organ as it ought to be was not at Worcester, but with themselves. They were the parties to blame. The *Journal* was published for the purpose of affording an opportunity to the members of the Association of recording their experience in general practice, and if that opportunity were not taken advantage of, the members themselves were at fault. If the *Journal* was moved to London, it would no longer have the character of a provincial journal, but become a second or third-rate London journal.

Dr. EDWARDS said the *Journal* was first issued in London, and the leading articles sent up from Worcester. He was far from wishing to destroy the provincial character of the *Journal*, but he thought that that would not be at all lessened by its being published in London. He should not have said a word upon the subject, but he did know the effect which the *Journal* now had upon them, and the general opinion with regard to it. He felt extremely interested in the efficiency and progress of the Association, and he thought nothing would tend more to promote this than the proposed change in the publication of their organ.

The PRESIDENT said he was glad they happened to differ on the subject, as then the arguments on both sides would probably be brought forward. Whatever might be the opinion as to the desirability of removing the *Journal* from its present place of publication, and issuing it oftener, there was a very general complaint that it was not what it ought to be. The discussion of this matter at the general meeting would, he hoped, result in improvement one way or other. At any rate the present notice at Worcester would have the effect of making them do their best there.

Mr. LLOYD said, unless there was some chance of improving the *Journal* by the alteration of its place and time of publication, he felt strongly inclined to allow it to remain as at present. He thought the removal to London would be altering the character of the *Journal* and making it a metropolitan instead of a provincial publication; though if they chose they might certainly alter its title at the same time, and call it the *London and Provincial Journal*.

Mr. H. A. ROBERTS said, as to altering the title of the *Journal*, there would be no necessity for that, as the removal to London would not affect its character as a provincial journal in the least. It might be printed at London or Worcester, or any where else, and still be a provincial journal—the organ of the Provincial Association.

The subject then dropped.



The meeting then proceeded to the discussion of professional topics, the reading of cases, &c., and was so occupied the remainder of the afternoon.

Mr. Robert Jones, of Carnarvon, sent a preparation of "Intussusceptio" for the meeting. It was taken from a man who was attacked with severe pain in the abdomen after having taken a dose of Pulv. Rhei, which operated inefficiently, and from which time he had no alvine evacuation. He lived for about ten days, having had stercoraceous vomiting for many days. The lower part of the ileum was invaginated into the caput coli. There was considerable inflammation of the lower part of the ileum, for about six inches of its length, but none elsewhere. The man had been leeches and had taken a considerable quantity of calomel and opium.

Mr. Hamilton A. Roberts read a "Case of severe Injury of the Elbow-Joint, where portions of Humerus and Radius were divided by a large Chaff-cutting Engine." The patient was a lad about 17, and the case was successfully treated without amputation. The bones were shown to the meeting and handed round for inspection. Further particulars of this interesting case will be found in the *Lancet* for January 27th, 1849.

Mr. Lloyd, of Llangefni, communicated a "Case of Purpura."

Dr. Hughes, of Rhyl, also related a "Case of Purpura."

Dr. EDWARDS, of Benarth, moved a vote of thanks to the worthy President for his very excellent address and conduct in the chair, which was carried with acclamation.

At five o'clock the members of the Association adjourned to the Castle Hotel, to partake of

#### THE DINNER

which had been there provided for them. Here they were joined by the Rev. Mr. Morgan, Vicar of Conway; Dr. John Roberts of Bangor; and Mr. Jones of Carnarvon. Dr. Hughes, of Mold, President; Mr. D. Kent Jones, Llangefni, Vice-President. The repast was everything that could be desired and was done ample justice to by the guests.

On the removal of the cloth,—“The Queen,” and “Prince Albert and the rest of the Royal Family” were proposed from the chair.

The PRESIDENT then gave,—“The Bishop and Clergy of the Diocese,” connecting with the toast the name of their guest, the Vicar of Conway. Their respective professions were frequently associated, and no class of men could bear higher testimony to the zeal, assiduity, and fearlessness the clergy evinced in the performance of their various duties than the medical profession. He begged also at the same time to thank Mr. Morgan for the use of the National School, and he wished they could have filled it better.

The Rev. Mr. MORGAN said, they—the medical profession and clergymen, were frequently called upon to meet on sad and solemn occasions, and therefore he was all the more gratified to join them on this pleasant

occasion—a meeting, allow him to say, not only for social and convivial enjoyment, much as they might delight to attend, but productive of permanently beneficial consequences; inasmuch as by holding friendly intercourse with one another on matters connected with their profession, and frankly conversing together, they not only advanced the progress of medical science, but in the same degree in which they did that, contributed to diminish the amount of pain and suffering around them. Perhaps they would allow him to observe that there was only one cloud which cast a shadow over that meeting. In saying this they would at once anticipate that he referred to the absence of their retiring President and Mr. Hope Jones, a very respectable practitioner, he need not say, but also well known for his habits of the greatest benevolence and highest moral worth, always the first to suggest, and the most active to carry out any measure for the physical and moral improvement of the neighbourhood in which he lived. The loss to him of Mr. Jones's co-operation was great at the present time. Might it please God—whom he did not hesitate to name in that assembly—to bless and reward him for his efforts. And now he most heartily thanked them, in the name of the bishop and clergy, and begged to drink the health and prosperity of them all. They were frequently called upon to meet in the exercise of their several duties, and none could so well appreciate the advantage of co-operating with good professional men, as clergymen. He considered that their profession and his own were inseparably connected. It was too often their lot to meet in cases which were more fitted to the care of a medical man than of a clergyman, and which the latter was not called upon to attend through any appreciation on the part of the sufferer of the fundamental principles of religion—cases which were much better suited to the physician of the body, than to the physician of the soul. He begged to drink to their very good healths, and that they all might experience that solid satisfaction which only a faithful discharge of their duties would carry home to their hearts.

The PRESIDENT said, having now disposed of the toasts, which on all festive occasions they delighted to honour, he came to that which more immediately applied to the events of the day. Twenty years ago the founder of their institution and about twenty other gentlemen met at Worcester, to try to connect in one bond of union the disjoined members of the medical profession scattered throughout the provinces, and give them that influence to which singly it was impossible for them to attain. It was a matter of great congratulation that an association of so much consequence had been formed,—one which had offered to legislate on one of the most difficult matters connected with the profession, namely, Medical Reform, and in which every important and useful measure had hitherto failed, through the different views of professors. This was the case in 1850. He begged to give “Success to the Provincial Medical and Surgical Association,” and to couple with the toast the name of its distinguished founder, “Sir Charles Hastings, with every good wish that he may live long to enjoy the title conferred on him by Royalty, the honours which learned men were about to bestow upon him, and what, he doubted not, would be treasured by

him more than either, the high esteem in which he was held by his professional brethren."

The PRESIDENT said he had now to propose a toast which was particularly interesting to themselves, and was in fact their own healths,—*"Success to the North Wales Branch of the Provincial Medical and Surgical Association."* He only wished he could congratulate them on a better attendance; but they all knew that medical men were often called upon to fulfil duties of which they could have no previous intimation, and which imperatively demanded their immediate attention. And he was sure there were some friends absent to-day whom it would have taken a great deal to keep away, and therefore they must not look upon that paucity of their number as any indication of the decline of the Association. This Association had already been productive of great good, as it had brought its members into more courteous and familiar intercourse than would otherwise have subsisted between them. He had great pleasure in welcoming the new members which had joined them since their last annual meeting. There were still other members of the profession of no mean standing in North Wales, who held aloof from them; he trusted, however, that a good time was coming when they also would attend their gatherings, and see that they were not only festive meetings, but meetings held for the purposes of mutual instruction, and in which individual members might ask the advice of their more experienced brethren on cases which might come under their notice. He connected this toast with that of a gentleman who was prevented from being there that day,—the first President, Mr. Griffiths, of Wrexham, of whom they might all be proud.

Dr. EDWARDS said, it devolved upon him to propose a toast which could not precisely be pronounced with decorum from the chair, and having made this remark, they would all understand to what he referred. When the President proposed *"Prosperity to the North Wales Branch of the Association,"* he waited to see whether he would sit down without uniting that toast with the name of any individual. Had he not done so, however, he was prepared to rise and propose a rider to that toast, namely, the health of the President himself, but as he had not an opportunity of doing so, he had greater pleasure in proposing the President's health in this way. A more valued friend, and a more honest practitioner, did not exist. He must avail himself of that opportunity of thanking the President for the able and excellent address with which he had opened their meeting that day.

The PRESIDENT said, he assured them that it was his most anxious wish to stand well with the whole body of professional men. He believed that from their increased intercourse and improved knowledge, resulting from their being members of this Association, there would be daily less and less of those petty jealousies which had disgraced the profession, and disgusted its members. He thanked them for the compliment, and at the same time for the attention with which they had listened to the address which he had the great privilege of delivering to them in the morning.

Mr. R. JONES, Carnarvon, proposed the health of Dr. Lloyd Williams, much regretting the great affliction which he laboured under.

The PRESIDENT proposed the health of the President-Elect for 1853. Might they have a jolly good meeting under his Presidency.

Dr. WILLIAMS responded to the toast.

The PRESIDENT proposed the health of the Honorary Secretaries, and Mr. Lloyd, the Treasurer.

Mr. D. K. JONES, Vice-President, said, as one of the Secretaries, he begged to return them his sincere thanks, and much regretted that his colleague was absent, though he knew his heart was with them. He assured them that any small services which they (the Secretaries) could render, always were and always would be done with very great pleasure. He was sorry that there were so few present, but he hoped for better things at their next meeting. They had heard that day, and with very much gratification, the relation of some extremely interesting cases connected with the medical profession, and to the gentlemen who had communicated them they were greatly indebted; but he wished more particularly to propose the healths of the new members, Mr. H. A. Roberts, Dr. Hughes, of Rhyl, Mr. Salusbury, and M. R. Jones, and, with the President's permission, he gave this toast.

The gentlemen whose healths were drank severally responded.

Mr. LLOYD proposed the health of Mr. H. Williams, of Llansaintffraid, who acknowledged the compliment.

Mr. SALUSBURY proposed the health of Dr. Edwards of Beaarth.

Dr. EDWARDS, in responding, observed that he had been sometimes the sole representative of this district in the annual meetings of the Parent Association, but as several of them had promised to accompany him next time, he hoped he should not be so again. He was one of the oldest members of the Parent Association, and he thought he might say one of its most constant attendants, but he had never attended one of their meetings without being amply compensated for his expense and loss of time.

The PRESIDENT next proposed the health of Dr. John Roberts, a gentleman who had been very instrumental in originating the North Wales Branch of the Association.

Dr. J. ROBERTS, of Bangor, in replying, expressed his regret that an accident had prevented his attendance at the morning meeting, and proposed the health of Mr. R. Jones, of Carnarvon.

Mr. R. JONES responded, and proposed the health of Dr. Owen Roberts, of St. Asaph.

Dr. O. ROBERTS, of St. Asaph, replied, and proposed the health of Mr. Owen, of Abergelle.

Mr. OWEN acknowledged the compliment.

Mr. SALUSBURY proposed *"The Press,"* which was acknowledged by the representative of the North Wales Chronicle.

Dr. O. ROBERTS, of St. Asaph, proposed the health of Mr. Jones, of the North Wales Lunatic Asylum.

Mr. JONES responded.

The PRESIDENT proposed the health of their President two years ago, Dr. Cumming, one of the oldest medical men in North Wales.

Mr. JONES (North Wales Lunatic Asylum) proposed the health of Mr. Hughes, of Mold, the father of their President that day.

The PRESIDENT, on behalf of his father, acknowledged the compliment.

Dr. EDWARDS proposed the health of Mr. Hope Jones, of Conway.

Mr. SALUSBURY thought it incumbent upon him to respond on behalf of his very kind partner, and at the same time to testify his gratitude for the kind introduction which Mr. Jones had given him in that neighbourhood.

Mr. WILLIAMS, Llansantffraid proposed the health of Mr. Pring.

Dr. O. ROBERTS, of St. Asaph, gave "their next merry meeting."

The members then separated.

## CAMBRIDGE & HUNTINGDON BRANCH.

G. L. GIELING, ESQ., IN THE CHAIR.

MEETING OF THE CAMBRIDGE AND HUNTINGDON BRANCH, AT ST. IVES, JUNE 16, 1852.

### *Obstruction of the Bowels.*

Dr. WEBSTER, of Cambridge, read an instructive paper on this subject containing the abstract of cases furnished him by members of the Association, and drew conclusions as to the causes and treatment of the affection. He reprobated strongly the indiscriminate and careless exhibition of purgatives, and said that the cases in which operative proceeding could be resorted to with a prospect of success, were very few and very difficult to distinguish, it being usually very hard to ascertain the seat and nature of the stricture. Often it is of a spasmodic nature, and yields, even in cases apparently desperate, to opiates and enemata, which should be exhibited slowly, and with care. This was well illustrated by an interesting case furnished by Mr. Few, of Ramsey. It had been supposed by some writers that an inference as to the seat of the stricture might be drawn from the quantity of urine passed, which would be small in proportion as the obstruction was near the stomach. His cases did not corroborate this opinion. In one of the cases the history of symptoms extended only to three weeks, the patient having been reported quite well till attacked with ordinary symptoms of obstruction of the bowels, following a slight attack of diarrhoea, yet a *post-mortem* examination revealed a cancerous stricture of the ascending colon, which disease had doubtless existed for some months. In another case, where the same disease existed, the nature and seat of the affection had been inferred with tolerable certainty from the symptoms which preceded the fatal obstruction. He exhibited a specimen of deficiency of small intestines, the canal terminating in a cul de sac at the first part of the duodenum. The great intestine contained brownish matter unlike meconium; this was taken from an infant who rejected its food, had no action of the bowels, and lived only two days, during which time urine was passed freely.

Mr. HUMPHREY mentioned two specimens in the

museum at Cambridge, of congenital imperforate condition of the duodenum. He did not find that that part of the intestinal canal was considered by pathologists to be especially liable to this imperfection of development, nor was he aware of any peculiarity in its mode of formation that would be likely to render it so. He believed that strictures (intrinsic strictures) of the intestinal canal which produce serious obstruction, are almost invariably cancerous, and the propriety of an operation for artificial anus is, under such circumstances, questionable, even when the seat of the disease is ascertained to be favourable, though the urgent sufferings of the patient may perhaps sometimes warrant the attempt to afford relief in this way. The cases in which an operation can be successfully attempted for the relief of extrinsic stricture, by dividing constricting bands, &c., must be very few, the difficulty of forming a sufficiently accurate diagnosis is so great; and the distended softened condition of the bowels above the stricture must add much to the hazard of the proceeding.

Cases and observations in confirmation of the views of Dr. Webster, were offered by Dr. Ward, Mr. Sayle, Mr. Crisp, and Mr. Foster.

Mr. FOSTER, of Huntingdon, related a case of "Unilateral Anasarca." E. N., aged 49. Left side weak from birth. Two years ago swelling, stiffness of left hand, without discoloration; swelling extended to the shoulder, then appeared in the left thigh and leg. No albumen in the urine, or signs of diseased heart. A year ago health began to fail, swelling increased, and induration of left subclavian glands and mamma were perceived. The case was considered well nigh unique by all the physicians and surgeons who saw the patient. A few days before death the right leg swelled, and fluid was detected in the peritoneal cavity. On *post-mortem* examination a scirrroid condition of the left breast was found. A scirrroid gland implicated, and by its pressure nearly obliterated the left axillary vein. Peritoneum in pelvis thickened, and studded with millet-seed-like tubercles. Adhesions about the left lateral ligaments and side of the pelvis. Enlargement of ovaries. No decided obstruction in the veins of the left lower extremity in any one part, though they were subject to general pressure in the iliac region.

Mr. FOSTER read a case of "Fracture of the Clavicle near its External End, and Injury to a Goitre, causing extreme Difficulty of Breathing, with Croupy Inspiration, sense of Choking, and Difficulty of Swallowing." These severe symptoms were supposed to be caused by extravasation of blood consequent on some laceration of the very vascular tissue of the goitre. Gradually the swelling subsided, the severe symptoms were mitigated, and the patient recovered.

Mr. FOSTER also related two cases of "Vitiligoidea;" Mr. PECK, of Newmarket, related a case of "Injury to the Heart by a Needle" (published at page 336); and Dr. WARD related a case of "Popliteal Aneurism, Cured by Pressure," which will be published in a future number of the *Journal*.

*Nævus.*

Mr. HUMPHRY made a communication on the result in cases of congenital vascular nævus where the disease has not been treated. This communication embodied the information furnished him by several members in answer to a query circulated among them. He found little bearing upon this question in surgical books, and many persons of large experience had been unable to give him information, he therefore gladly embraced the present opportunity of collecting facts. There is a man in Cambridge with vascular nævus involving the whole thickness of a considerable portion of the left cheek, causing a good deal of swelling, and most unsightly appearance; this had existed at birth, and had increased at any rate since his childhood only *pari passu* with his growth. In this case, therefore, the disease arrived at a certain point, and then became stationary. Five years ago there was a child in Addenbrooke's Hospital with venous nævus beneath both internal malleoli, besides a diffused nævous state of the skin of the soles of both feet and the left side of the scrotum. In the latter situations the disease looked not unlike varicose veins, and illustrated admirably the true nature of nævus, which consists in a dilated or hypertrophied condition of the small vessels, of a part cutaneous or subcutaneous, as the case may be.\* The disease was too extensive to treat by any radical means, and was therefore left to take its course. The lad had been sent to the meeting that members should have an opportunity of examining the disease. It had advanced somewhat since he left the hospital. In this case, therefore, nævi left to themselves are making slow progress; they do not interfere with the lad's movements or enjoyments. Mr. Isaacson, of Huntingdon, had communicated the case of a little boy, now five years old—a nævus on the scalp increased up to the age of two years, and having been left alone entirely disappeared. Mr. Rix, of St. Neots, wrote word that cases of nævus which he had seen left alone had done well. Mr. Few, of Ramsey, used to extirpate all nævi, but what he had seen lately had induced him to alter his opinion with regard to the necessity of such procedure. In three cases where the parents refused him permission to treat the disease, it is either gone, or is gradually disappearing. Mr. Leigh, of St. Ives, furnished another similar case. Mr. Reid, of Canterbury, had seen two cases of severe subcutaneous nævus, in which a cure had followed the employment of means so little proportionate to the extent of the disease, that he was inclined to attribute the favourable termination in part at least to some spontaneous curative process. Inquiries made of a very great number of persons had failed to elicit a single case in which common untreated nævus had proved fatal. Just before the meeting Mr. Humphry had seen a paper upon this subject in the seventh volume of "Guy's Hospital Reports," by Mr. Birkett, in which five cases (three quoted from Vidal, and one furnished by Mr. Taylor, of Guildford,)

were related of spontaneous atrophy of nævus. Quite sufficient information had been thus collected to warrant the conclusion that a great number of vascular nævi, if left to themselves, will, in course of time, disappear. Some increase for a time, and then disappear; some increase for a time, and then remain stationary. Mr. Humphry had met with no evidence that they go on increasing to a fatal termination, though he was quite prepared to learn that such is the occasional result. That it is not so more commonly probably depends upon the fact, that in the greater number of instances the disease is cured by timely treatment. These remarks were not intended to apply to the disease called aneurism by anastomosis, which, commencing at some period after birth, is active in its progress, and if not arrested, is liable to bleed, and kill the patient. Dr. Ward and Mr. Isaacson furnished an interesting case of this kind. The disease was seated beneath the scalp in a young woman, and was at first supposed to be a cyst. A lancet had been thrust into it before the patient came under their care. They applied pressure well, and long-continued, without avail. Subsequently she was in St. George's Hospital, where it was decided on consultation that no operation should be performed. The tumour increased, she went home, and died.

A specimen of Dislocated Knee was exhibited, in which the crucial ligaments were torn; the lateral ligaments remained entire. The tibia was thrown quite forwards upon the condyles of the femur. It was easily reduced, and was going on well, there being no great swelling; but mortification of the foot and leg ensued, and amputation was performed by Mr. Lesturgeon, in Addenbrooke's Hospital, a month after the accident. Dissection showed that the popliteal artery and vein had been torn across; the divided ends were plugged, and healed.

Mr. EVANS, of St. Neots, showed a calculus which he had extracted from an oval fistula. It appeared to have as its nucleus a pebble, which had become slowly encrusted with feculent matter, forming a sort of hard shell over it.

## SUFFOLK BRANCH.

The ninth anniversary meeting of the SUFFOLK BRANCH of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION was held on the 25th of June, at Needham Market. The general attendance was not quite so numerous as usual, which was partially accounted for in the letters of several of the absentees by the attractions of the approaching meeting at Oxford. Many of the members who felt compelled to abridge the scanty relaxation they allow themselves from laborious duties, could not attend both meetings, and we trust that the reservation which limited the number of attendants here, will tend to increase it with efficiency there.

The following members were present:—Dr. Ranking, Norwich; Dr. Durrant, Dr. Chevallier, Ipswich; Dr.

\* See "Lectures on Surgery" by Mr. Humphry in this journal for 1840, p. 262, et seq.

Robert Growse, Esq., John Growse, Esq., Hadleigh; Dr. Beddingfield, Henry Beck, Esq., James Pennington, Esq., Needham Market; R. Martin, Esq., Holbrook; Wm. Jeaffreson, Esq., Framlingham; Dr. Kirkman, William P. Kirkman, Esq., Melton; William Edden, Esq., Haughley.

W. JEAFFRESON, Esq., of Framlingham, before resigning the chair, made a few observations on some of the events of the past year in connection with his Presidency, and on the tendency which these annual meetings have to promote courteous and gentlemanly conduct from member to member, and to cement those professional and social ties which have bound the general body together.

The chair was then taken by the President, Dr. BEDDINGFIELD, who spoke as follows:—

Gentlemen,—I cannot take possession of the chair to which you have done me the honour to appoint me without some feeling of regret. I regret, that in order to make room for me, it has been vacated by one who has filled it so worthily, so wisely, and so well; and I regret, also, my own inability to perform its duties in the efficient manner they have hitherto been discharged. These regrets, however, are blended with much pleasure and satisfaction, for it does truly afford me both pleasure and satisfaction to meet my professional brethren upon this occasion, and to bid them, both individually, as well as collectively, a hearty welcome to Needham Market—to Needham Market, the place of my birth—a place endeared to me by many early recollections. It was here that, under the auspices of my uncle, the late Mr. Beck, one of the most indefatigable, as well as one of the most successful practitioners I ever knew, that I commenced my professional career; and it is here, should it so please my God, that I wish to bring it to a close. The time embraced between these two periods is now just half a century. Alas! how little have I accomplished: not only morally but professionally speaking. How many things have I done that I ought not to have done; and how many things have I left undone that I ought to have done. Were it not for this reflection, to day would be indeed to me a day of jubilee. But, notwithstanding these short-comings and backslidings, I sometimes flatter myself that the mites which I have from time to time thrown into the treasury of medical literature, may not have been scattered there in vain. We are told that the grain of mustard seed became a mighty tree; and we are told that bread cast upon the waters returneth after many days; and, although “hope deferred often maketh the heart sick,” I patiently and cheerfully “bide my time.” Nay, is not that time already come? Is not the establishment of Medical Provincial Associations a great and accomplished fact? It was in the year 1826 that I first proposed and advocated the formation of such Associations, and under the most discouraging circumstances, through evil report and good report, I continued that advocacy until they became established throughout the length and the breadth of the land; and to day I have had the high gratification to receive the Council of our Association beneath my own roof, and

in my own native town. This is indeed, Gentlemen, a rich reward; but I must abstain from self-gratulation, and without further loss of time, call your attention to the business of the day.

I believe it is usual in the first place to read the apologetic letters of the gentlemen who are prevented by other engagements from favouring us with their presence. These, I am sorry to say, are rather numerous; we have, however, no alternative but to accept the will for the deed. Their absence is, I doubt not, a source of mental regret.

I had hoped, Gentlemen, to have had the pleasure to introduce to you a friend of mine from Birmingham, who had given me reason to expect that he would do us the favour to come over and deliver a lecture on the construction and management of the microscope; an instrument which is daily unveiling to us the marvels of Nature and the mysteries of disease; an instrument, a thorough acquaintance with which is become an essential part of medical education. The stethoscope and the microscope have already achieved wonders, and they will continue to add to our knowledge, and to our successful treatment of “all the ills that flesh is heir to.” We shall, in the second place, proceed to the hearing and discussion of the papers which some of our members have been so kind as to prepare for our consideration. Upon this I shall only observe, that our time for this purpose is very limited; and as brevity is said to be the soul of wit, and as the power of steam is increased by compression, so may a little condensation or compression of the details of some of the cases and papers, be attended with its advantages. This, however, is a mere hint, which I leave to the discretion or good taste of the authors of the papers to avail themselves of or not, as they may deem advisable.

In the course of our proceedings the subjects of Medical Reform, of homœopathy, and of vaccination, may fall under review.

With regard to Medical Reform, I have been its zealous and straightforward advocate from my youth up until now. One of the objects which I have kept constantly in view, has been the strengthening and tightening those bonds of unity between the physician and the general practitioner, which, unhappily for the interests of both parties, have been so long impaired and loosened. To enter into a statement of the causes of this estrangement would occupy more time than can be spared; but I cannot help feeling apprehensive that the measures of Medical Reform which are now contemplated have a tendency to widen the breach between the physician and the general practitioner; and that, unless some vigorous remonstrance or demonstration be made, they will terminate in the abasement of the general practitioner, and the exaltation of the druggist. The general practitioner will, in fact, become a non-entity; the druggist the apothecary. I think I am borne out in this feeling by a letter of my friend, Dr. Webster, of Dulwich, which appeared a short time ago in our journal, as well as in the *Lancet*. But for circumstances over which we have no control Dr. Webster would have been here to-day to explain his

views. With your permission I will read some parts of a letter which I received from him on the subject. He writes,—

"I do wish that, in addition to what you intend to say so well and so truly on the subject of medical affairs, you would allude to the *Pharmacy Bill*, and also get up a resolution and a petition against it in the House of Lords. I am sorry to say, that though I have been able to raise a strong opposition to the measure, almost single-handed, and though it has been considerably amended, yet it passed the Commons yesterday morning (the 18th) at two o'clock, without a clause to prevent chemists practising. You may commend or censure me as you think proper; but pray do move in the question, for the Bill is fraught with the greatest danger to the public health, and with great injury to the general practitioner. Petition the Lords; there is no time to be lost."

With regard to homoeopathy, that *ignis fatuus*, set afloat by knaves and simpletons, and which the fatuous so eagerly pursue, I am of opinion that it would have been advisable to have allowed it to extinguish itself in the quagmire, or rather quack-mire, of its own absurdity. The opposition it has met with has given to it a temporary notoriety and importance which it would never otherwise have attained. We may, however, console ourselves with the assurance that it is concocted of such *perilous stuff* that it will not be much longer tolerated. Why, the ingredients thrown into their cauldron by the three weird sisters formed a scientific and comprehensible compound, in comparison with the drivellings, and the drippings, and the droppings, and the ass's sugar, and the ass's milk, of the homoeopaths. I would seriously recommend "these devisers of cunning fables" to introduce these respectable old ladies' ingredients into their pharmacopoeia:—

"Eye of newt, and toe of frog,  
Wool of bat, and tongue of dog;  
Liver of blaspheming Jew,  
Gall of goat, and slips of yew;  
Witch's mummy, maw and gulf;

But more especially,—

"Finger of birth-strangled babe,  
Ditch-deliver'd by a drab,  
Add thereto a tiger's chameleon."

Would form a very valuable addition to their infinitesimal doses.

My faith in the preventive power of vaccination remains unshaken; and I still adhere to the sentiment expressed in my "Compendium of Medical Practice," some thirty-seven years ago, that, despite the baneful combination of ignorance, prejudice, and self-interest, the time will arrive when the name of Jenner "will be pronounced with rapture by a grateful world." Gentlemen, I would rather have been Dr. Jenner than the Duke of Wellington. The Duke has slain his thousands; the Doctor has saved his tens of thousands. How much more noble—how much more glorious, is it to preserve life than to destroy!

I had prepared a paper on the subject of vaccination, which it was my intention to have submitted to this meeting; but I was requested by Dr. Baird, (whose absence on this occasion, but more especially his removal from this neighbourhood, is very generally regretted,) to send it to the Epidemiological Society.

Anything worthy of remark it may chance to contain will probably be placed before the public by that highly-important and most valuable Association.

Before I conclude my observations, which I dare say many of my auditors are by this time of opinion might have been advantageously subjected to the censorious process I have already recommended, there is one circumstance to which I wish to advert, namely,—our want of Representatives, both as a profession and a provincial Association, in the House of Parliament. Without representation we shall never attain that rank, that *status* in society, to which our education, our talent, and our vast importance to the well-being of the community at large, so richly entitle us. Gentlemen, I first called your attention to this desideratum in 1834, in my address delivered in the Town Hall, Ipswich; and I have repeatedly recurred to the subject since that period. It has recently met with several able advocates; and I still hope to see the interests of our profession fully and fairly represented in a British House of Commons.

Letters expressive of regret at their inability to attend the meeting, were then read by the Secretary, from Mr. Williams, of Southwold; Mr. King, of Hartest; Mr. Lock, of Debenham; Mr. Mudd, of Hadleigh; Mr. Carley, of Laxfield; Mr. Marshall, of Woodbridge; Mr. Gross, of Earl Soham; Mr. Gorham, of Aldborough; Mr. Hammond, Mr. Bullen, and Mr. Bartlett, of Ipswich; Mr. Crowfoot, of Beccles; Mr. Read, (with the withdrawal of his name from the Association,) and from Mr. Bree, of Stowmarket.

On the mention of the name of Mr. Bree, the thanks of the Council and members were expressed for his able and energetic services as Secretary to the Suffolk Branch since its formation, with the conveyance of their assurances to him of the high sense they must ever entertain of his long-continued labours for its welfare.

The new members received were Mr. John Mitford Ling, of Saxmundham, on the nomination of Mr. Jeaffreson; and Mr. William Phillips Kirkman, by Dr. Durrant. The Secretary made a very satisfactory statement in regard to the Benevolent Fund. He said he had received several promises of an increased amount to former subscriptions, and he endeavoured to urge its peculiar claims on every member of the Association. This fund, he observed, was an integral part of the Association, and its appeal is made on the principles of *unmixed* benevolence. It has nothing for the encouragement of the giver of a *showy* character; and its supporters, whose names so liberally appeared lately in the pages of the *Journal*, have a register in a higher court than any of mere human approval—a register of the names of men who *literally* give, "hoping for *nothing* again."

The following papers were read, several of them eliciting most interesting and profitable discussions:—

"On the Efficacy of the Tinct. Ferri Sesqui-Chloridi in the Treatment of Erysipelas," by Dr. Ranking. Several similar cases were referred to in the discussion,

in which the iron was given in smaller doses than Dr. Ranking stated, and apparently with success.

"On Calculary Deposits in the Excretory Ducts of the Sublingual Glands," by Robert Martin, Esq. The case excited great interest. The calculi removed were shown.

"An Extensive Injury of the Knee-Joint," by Robert Martin, Esq. An interesting case. The patient was kindly brought over for the inspection of the members.

"A Case of Puerperal Convulsions," by Robert Martin, Esq.

"On a Variety of Latent Pneumonia," (in which he specially deprecated the use of the lancet,) by Dr. Durrant.

"A Case of Hay Fever," (from which he is himself the annual sufferer,) by Mr. W. P. Kirkman.

"A Case of Inversio Uteri, (read by the Secretary,) by Mr. Marshall.

The following resolutions were unanimously passed:—

Proposed by Dr. RANKING, seconded by Dr. DURRANT:—"That the place of annual meeting of the Suffolk Branch of the Provincial Medical and Surgical Association for the year 1853 be in Ipswich, and that Robert Martin, Esq., be requested to preside."

Proposed by Dr. ROBERT GROWSE, seconded by JOHN GROWSE, Esq.:—"That the best thanks of this meeting be presented to those gentlemen whose instructive papers and interesting cases have been read."

Proposed by ROBERT MARTIN, Esq., seconded by Dr. CHEVALLIER:—"That the regret of this meeting be conveyed to Dr. Baird, on the loss that this Branch has sustained by the removal of so valued an associate from Ipswich, and that their best wishes be expressed for his future professional and domestic welfare in his new abode."

Proposed by Dr. KIRKMAN, seconded by WILLIAM JEAFFERSON, Esq.:—"That this meeting is anxious to convey their united sentiments and wishes that the Editorship and Publication of the *Provincial Medical and Surgical Journal* be continued under its present arrangements, to which their entire concurrence is unreservedly given."

A vote of thanks was proposed to the President, Dr. Bedingfield, and the meeting separated.

The members dined together at the Swan Inn, and though the attendance was not large, the topics introduced by the President, and his supporters, Dr. Durrant, Dr. Ranking, &c., &c., professional and private, were very instructive, and the day passed throughout with those feelings of mutual cordiality which it is the great object of these branch meetings to promote.

JOHN KIRKMAN, Hon. Sec.

# PROTEST OF THE ASSOCIATED EXTRA-URBEM LICENTIATES OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AGAINST THE PROPOSED NEW CHARTER.

To J. A. Paris, M.D., &c., &c., President of the Royal College of Physicians of London.

SIR,—The Committee of the Associated *Extra-Urbem* Licentiates of the College have had the Draft of the Proposed New Charter under their consideration, and have desired me to communicate with you respecting it.

The Committee observe, that it is proposed to incorporate the *Extra-Urbem* Licentiates in a new College, to be called the Royal College of Physicians of England, on the following conditions:—

1. That they present testimonials of character satisfactory to the Censors.

2. That they pay to the funds of the new College the sum of fifteen pounds, fifteen shillings.

3. That they contribute to the National Exchequer by the payment of a stamp duty.

As to the *first* condition, they desire me to say that the *Extra-Urbem* Licentiates already hold letters-testimonial as valid in law as the Charter of the College itself, and they are of opinion that the rights attached to these letters-testimonial ought not to be placed at the arbitrary discretion of the "Censors." The Committee also wish me to call your attention to the fact, that they were only granted upon the production of testimonials of character satisfactory to an examining board, constituted of yourself, (or your predecessor in the chair,) and three senior Fellows of the College, and are duly signed by the Examiners according to the statute; and that, consequently, any further testimonials are quite unnecessary, unless it is proposed to extend the inquiry to the Fellows and *Intra-Urbem* Licentiates.

As to the *second* condition, the Committee desire me to say, that they are willing to contribute a proportion of such sums of money as may be found necessary to place the proposed new College in a sound and honourable position; but they would also urge, that it is manifestly unjust to demand the same payment on admission from the physician, legally qualified by compliance with the statutes of the realm, as is demanded from the physician not so qualified.

As to the *third* condition, the Committee cannot comprehend why the incorporation, for the public good, of a body of professional men, already heavily taxed, should be made the occasion for inflicting further taxation. In addition also to the fact, that the majority have already paid a stamp duty on their diploma, the Committee would state, the University-of-Oxford-Commission recommends the *abolition of the stamp duties* on matriculation, and on certificates for degrees, thus affording an example worthy the consideration of the College.

The Committee would state, that they deeply regret there are persons practising as physicians whose conduct renders them unfit to be incorporated with the general body; but as such are to be found in every class, they think it both impolitic and unjust to single out one class, or more, for special inquiry. Further, however

unfit any one may be, they think no one should be deprived of his position and privilege by an irresponsible Board, however designated, nor without an impartial inquiry, according to legal forms, and under the guidance of a written code of medical laws, to be appended to, or embodied in, the Charter.

The Committee observe that it is now ten years since the organization of the Physicians of England was first undertaken by the College, and that this is the *third* Draft Charter which it has edited. It is obvious that this will never pass into law, and that another attempt will have to be made. On every account the Committee regret these repeated failures, being convinced that they are injurious to all parties; and they cannot but urge most earnestly upon the College the propriety and wisdom of ascertaining by full and free communication, the feelings and wishes of the Physicians of England, resident both in London and the provinces—not only as to the terms of incorporation, but also as to the future government of the College; so that they may be all united into one body, jealous of the honour of the profession, able to defend and maintain its dignity, zealous for the advancement of medical science, and anxious for its applications to all those great improvements in social economy which the age so earnestly demands.

I have the honour to be, Sir,

Your most faithful Servant,

THOMAS LAYCOCK,

Hon. Sec. to the Associated Extra-Urbem Licentiates.

York, June 10, 1852.

#### THE MEMORIAL OF THE EXTRA-URBEM LICENTIATES, AND THE NEW CHARTER OF THE COLLEGE OF PHYSICIANS.

The following letter has been received by Dr. Laycock from Dr. Hawkins, in acknowledgment of the Memorial of the Associated Extra-Urbem Licentiates:—

"College of Physicians, London, June 22, 1852."

"SIR,—I beg to inform you that your Memorial, addressed to the President of the Royal College of Physicians, has been laid before a Committee of the College, and has been received by them with the attention due to it. I am directed, however, to state that no further measures can be taken at present towards obtaining a new Charter for the College, on account of the impossibility of procuring an Act from the present Parliament. And I am to assure you that, before any settlement is come to between the College and the Government, the arguments contained in your Memorial shall receive the fullest consideration.

"I am, Sir, your obedient Servant,

"FRANCIS HAWKINS, M.D., Registrar.

"To Dr. Laycock, &c., &c., &c."

### Correspondence.

#### DR. COWAN'S PROPOSED ALTERATION OF THE "JOURNAL."

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—As Dr. Cowan is about to propose some alteration in the publications of the Association, the present is the fit time for the members to state their opinions; and as one who for some years has rejoiced in the well-being and well-doing of the Society, I venture to make a few remarks, which I shall be glad to have inserted in the next number of the *Journal*, that they may be considered before the Oxford meeting.

An objection of some importance in these times, is made by those who view it as a commercial question—that for the guinea subscription they do not receive twenty-one shillings' value. They say that they only have a *Journal* twice a month, and now and then some cases and essays sewn together. Now, certainly this ought not to cost a guinea. If we look at the *Medical Times and Gazette*—a good weekly paper—we find that the publisher supplies it at 25s. a year. If it were to come out fortnightly it would be 12s. 6d. a year. Now the cost of the *Journal* is 19s. 4d. a year, instead of 12s. 6d. But it ought to be much less than the price of the *Medical Times*, for there is no person to be paid except the editor and the printer. There is not, as is the case with the London Medical Journals, a weekly amount payable to home and foreign correspondents, no sub-editors, no occasional contributors, no publisher, and lastly, no proprietor to receive remuneration and profits out of the returns. Surely then a weekly journal could be and ought to be issued at a less expense than the fortnightly one now is. The "Transactions," too, have much fallen off. Instead of being published in a bound annual volume of 500 or 600 pages, there are now irregular deliveries of a "part" in a paper cover. As regards material, there have been and now frequently are, highly important and interesting communications, both in the *Journal* and "Transactions." But I would suggest that their pages, being for the perusal of practitioners rather than of students, are not adapted for the publication of courses of lectures. As you, Sir, remark in your last article, it is to the members that the Editor looks for papers and cases; and they ought to be supplied in abundance sufficient for you to have an ample choice. All will agree that the larger the Association, the more efficient it will be; it therefore behoves the Council to use every effort to induce all regular practitioners to become members, and I suggest, as a means of increasing our numbers:—1st. That the *Journal* shall be published weekly, improved by infusing more spirit into the leading articles, and giving more general intelligence, so as to preclude the necessity (which at present exists) for every member to take in also a London Medical Journal to learn what is passing in the medical world. 2nd. To improve and increase the "Transactions" by adding to their quality and quantity; or, by omitting them altogether, to lessen the subscription from 21s. to 15s., or to continue the



present amount and reserve 5s. as each member's subscription towards a Provident Medical Fund.

Such, Sir, are the remarks which, in all good feeling and friendship, I offer to the members of the Association; and I am ready to acquiesce in any improvement which may be made in either or any of the Society's publications.

I am, Sir, your obedient servant,  
W.

June 26, 1852.

## MEDICAL ETHICS.

*To the Editors of the Provincial Medical and Surgical Journal.*

GENTLEMEN,—The above subject has long and seriously occupied the professional mind of this country, and is assuming a fresh importance week by week, both among the periodicals and various Societies throughout England, on account of the evils which do arise from the want of corporate government. Under these circumstances would you permit me to suggest, that it would be well if some of the older and more influential of our body would turn their attention immediately to the subject, and propose some feasible remedy for such evils at the forthcoming annual meeting at Oxford. I am aware that a proposition for a Medical Reform Bill will then be submitted by the Council to the Association, which will deal with the heavier grievances under which we all labour; but there are many minor ones which that Bill would never reach, and it is to these I would now draw attention.

It is clear to everybody that the profession is always increasing in members, and that there is no guarantee that they shall all be honourable men, and kept honourable, but that in the heat of the race each one is left to his own discretion, to benefit himself, or damage his neighbour, by whatsoever means he thinks fit. It may be true that persons of downright bad character are comparatively rare amongst us, and that we exhibit as a whole a very noble combination of talent, learning, honour, benevolence, and truth; but still the above state of things ought not to exist, especially when we know that one bad man is enough to sow discord amongst many good ones, and that, as a matter of fact, even the most eminent and most amiable amongst us are apt to fall out, and to remain alienated from each other, because their sense of pride—or dignity, if you will, will not permit them to make the first advances to reconciliation, and also because there is no proper medium through which such desirable reconciliation may be effected.

Now, what I would propose, and what some gentlemen of greater age and influence might readily carry out, or at least lay the foundation of, at the meeting of the Association, is a scheme by which the Council might appoint boards of umpires within each convenient district to whom all differences amongst members might be submitted for arbitration. Although such institutions could affect the members of the Association alone in a direct manner, yet, indirectly, they would exercise a very wholesome influence on the entire profession, and be an excellent temporary substitute for that more

universal corporate government which must, sooner or later, prevail amongst us.

There are some offences that should, and, I am informed will soon be positively uncompromisable and penal; such as, firstly, the semi or extra-professional offence of adventuring to practise without any legal diploma at all; secondly, the fraudulent assumption of additional titles and honors by certain members of the profession, obviously with the view of elevating their own importance as compared with others, and who are evidently only one remove from the open and undisguised quack; thirdly, those who practise the bill-sticking and advertising system. The first of these, never belonging to us, will simply be prevented from attempting to make it appear as if they were medical men; and the two latter classes can only be visited with expulsion under any sound regulations that may be framed for professional government.

Besides such gross derelictions as the above, however, there are sundry lesser deviations from strict rectitude, leading to differences which such boards of umpires might easily heal. Many differences often do arise, not from any real or actual cause, but from misreports of the truth, or from the intermeddling of "good-natured friends;" which differences are prevented from being arranged by that sense of personal pride or dignity above adverted to. Many talented, amiable, and high-minded men are thus kept permanently aloof from each other, who might otherwise easily come to explanations which would terminate in a generous and brotherly friendship. There are also many underworkings, whether of a scientific or a monetary character, yet all springing from rivalry or jealousy in some shape or other, which have for their object the depreciation of other men's talents and virtues, and the depriving them of their practice by innumerable little tricks, all of which it would be impossible to mention, but which each one can understand according to his own experience. These annoyances, which every man, I believe, has felt at one time or other, along with the evils of ruinous contractings and competition, especially in the parochial and club systems, are really deserving of grave attention. The very actors themselves in these cases condemn the nuisance, but say they cannot help it; they must do as others do, in self-defence, because they must live; and all of them yearn with one mind for some authoritative interference. Let the Provincial Medical and Surgical Association take the lead, and we may then have some hope.

I remain, &c.,  
June 19, 1852. VOX.

## LANCASHIRE AND CHESHIRE BRANCH MEETING.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—As I shall not be able to forward you a report of the proceedings of the late anniversary of the Lancashire and Cheshire Branch, in time for insertion in the forthcoming number of the *Journal*, I hope you will excuse me intruding this brief communication upon you, and beg the favour of its insertion in Wednesday's *Journal*.

From the first establishment of our Branch, the members have paid their own local expenses; the Council authorising the Secretary to call for a subscription whenever he found it requisite. The uncertainty of this mode of proceeding, in the members not knowing how much they might be in arrear, if they did not attend the annual meetings, induced the Council in 1849, to alter the rules and render it obligatory for each member to pay 2s. 6d. annually, towards defraying the incidental necessary expenses; the consequence of which has been, that although the Association at that time was in debt to the Secretary, we were enabled, out of our surplus, on Wednesday last, to vote a donation of £5 to the Benevolent Fund, which I have handed over to Mr. Newnham.

As the Association will be holding its meeting at Oxford, before the day of your issuing another publication, I shall be obliged by your inserting this, in the hope that it may draw the attention of my brother Associates to so gratifying a result, and that they may induce their different branches to follow our example.

We none of us "*grudge*" the 2s. 6d. If we were to call upon the Association for a seventh part of our subscriptions, we should saddle the Parent Association with an annual payment of nearly £18, as we number about 120 members.

I am, Sir, your obedient Servant,

JOHN HATTON,

July 3, 1852.

Hon. Sec.

## Medical Intelligence.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 18th of June:—Alfred James Barker, Paramatta, Australia; George Frederick Dansey, Blandford, Dorset; Daniel Gwynne, Brighton; Frederick Lewis Leonard, Royal Navy; Charles Lewis, Killarney; Robert Marsland, Manchester; Charles Palmer, Kirton-in-Lindsey, Lincolnshire; Samuel S. Skipton, London; Charles Taurrette, Mauritius; Thomas Wigglesworth, Coleford, Gloucestershire.

The following gentlemen were also admitted on the 25th of June:—Robert Joseph Biggs, Kingswood Hill, Gloucestershire; Joseph Cockshott, Dublin; William Collingwood, Camberwell; Nathaniel James Grant, Thayer Street, Manchester Square; Thomas Edward Halls, Horselydown; William Little, Corsham, Wiltshire; John Magenais, Belturbet, county Cavan; Eugene O'Neill, Cork; Charles Frederick Perceval, Kilmore Hill, Waterford; Matthew Bass Smith, Louth, Lincolnshire; Alderman Thomas Houghton Waters, Minley Manor-house, Hants; Thomas Westropp, Ardanny, co. Limerick.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 17th of June:—Arthur Dix, Beech Street, Barbican; George Puckle, Camberwell; John Reynolds Salter, Exeter; Peter Vincent Timothy, Redcross Street, Barbican.

Gentlemen admitted members on the 24th of June:—James Atkinson, Malton, Yorkshire; George Dransfield Brown, Croydon; Merrick Lloyd Burrows, Dunkirk, Devizes; Maurice Davis, Thame, Oxon; George D. Freeman, Bath; Thomas Artindale Handley, Alford,

Lancashire; Henry Jardine, London; Richard Balfour Reid, Liverpool; Anthony Ridley, Sunderland; Robt. Todd, Edinburgh.

### THE ROYAL SOCIETY.

In the list of newly-elected Fellows of the Royal Society, we are happy to perceive the name of John Higginbottom, Esq., surgeon, of Nottingham. His contributions to medical science, as well as those in connection with a branch of natural history not generally understood, have well entitled him to that distinguished honour which the Council of the Royal Society has conferred upon him.

### OBITUARY.

June 28th, at Fitzwilliam Street, Huddersfield, aged 41 years, Dr. John Taylor, Physician to the Huddersfield Infirmary, Fellow of the Royal College of Physicians, and late Professor of Clinical Medicine, University College, London.

Lately, on his passage to the Cape of Good Hope, Dr. Ingram, surgeon of the *Gloriana*, from disease of the heart.

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

#### BATH AND BRISTOL BRANCH.

The annual meeting of the Bath and Bristol Branch will be held on Thursday, July 15, in the Board Room of the Bath General Hospital, Union Street, at 2 p.m., when Dr. Symonds will resign the chair to George Norman, Esq., President-Elect.

After the Report has been read and the ordinary business transacted, John Grant Wilson, Esq., will propose that the following resolution be adopted by this Branch, and recommended for the consideration of the Parent Association at its next Anniversary:—

"That the Members of this Branch of the Provincial Medical and Surgical Association, feeling most strongly the gross injustice of being expected to furnish gratuitously a private report of the healthful condition or otherwise of their patients to any Life-Insurance Company that may choose to apply for it, and being fully convinced that the information so supplied is for the security and advantage of the insurer rather than the individual insuring, do hereby express their determination not to reply to any questions submitted to them by an Insurance office that does not transmit with the questions a suitable fee."

Members having any communications for the meeting are requested to give notice of them to the Secretaries.

The Dinner will be at the Castle Hotel, at half-past five o'clock. Dinner tickets, including dinner, wines, coffee, and waiters, 14s. each.

J. S. BARTRUM,  
Bath, 41, Gay Street.  
J. COLTHURST,  
Clifton, 11, The Mall.  
Hon Secretaries.

### TO CORRESPONDENTS.

Communications have been received from Mr. Paterson, Dr. Kirkman, Dr. Cotton, Dr. Bayes, Oculist Apertus, Dr. Tilt, Dr. Sandwith, Mr. Cowley, Mr. Hawtayne. It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

ON  
A VARIETY OF LATENT PNEUMONIA.

By C. M. DURRANT, M.D.,

PHYSICIAN TO THE EAST SUFFOLK AND IPSWICH HOSPITAL.

Read before the Meeting of the Suffolk Branch, held June 26th, 1852.

MANY cases of a form of pneumonia having presented themselves to my notice, both in hospital and private practice, during the past two years, in which the general symptoms in reference, equally to the patient as to the observer, have been so slight, (the disease at the same time being extensive in its pathological results,) that I have deemed it not an unfit subject to bring before the present meeting.

In the last volume of the "Transactions" of our Association, there is a paper by Mr. Caleb Williams upon "The Present Type and Character of Disease." This paper is one of great value, as setting before the profession in the clearest manner the altered type of disease generally in the present day, as combined with the character which obtained to the majority of disorders some twenty-five years ago.

I have ventured upon this digression—first, because it gives me an opportunity of strongly recommending the perusal of Mr. Williams's paper; and, secondly, because in the very latent form of pneumonia to which I am about to direct your attention, the existence of the present constitutional character of disease exerts, if not a primary, a very strongly modifying influence.

The symptoms as occurring in private practice may perhaps be best detailed by the brief recital of a case which presented itself to my notice a few weeks ago:—

The patient, a middle-aged man, and a stranger to me, commenced the description of his sensations by saying,—“Doctor, I am not well, and I cannot tell what ails me. I am not aware that I have taken cold; I have no cough, and no pain, but still I feel a sensation of weight in my side that reminds me continually that I have a side. These feelings of *malaise* (he continued) have been upon me for nearly three weeks.” Upon inquiring if his breathing were affected, he replied:—“Now you direct my attention to the circumstance, it certainly has been somewhat short at times, but I have not thought much of it.” This gentleman's countenance was dull, and his cheeks reddish; the eyes heavy, and the conjunctivæ slightly yellow; tongue not much coated, and moist; pulse 80, of moderate strength; breathing at the time of examination not accelerated; bowels sluggish; urine occasionally depositing a sediment. His appetite, he said, was “too good,” and he slept well, and the temperature of the skin was but slightly above the natural standard. Upon baring the chest for the purpose of making a stethoscopic examination, I found that the ribs upon the right side acted less freely than on the left, and over a very large portion, nearly two-thirds of that lung, the respiratory murmur (unaffected by position,) was almost inaudible, while the sound elicited by percussion was characteristically dull to a corresponding extent.

This case required a steady perseverance in the treatment presently to be advised, before a return of the feelings of health could be obtained, and which occurred simultaneously with the restoration of the natural breathing.

I have endeavoured thus to give, in the somewhat graphic language of the patient himself, a description of the very few symptoms, and these the most prominent, which presented themselves in this obscure form of pneumonia, and which, whether occurring in what was formerly more particularly designated the plethoric constitution, or its reverse; or whether, attacking the well-fed among the higher classes, or the labourer and artisan, still the symptoms will be found to bear no proportion to the extent of lesion to which the disease gives rise. The affection under consideration is essentially characterized by negative results,—viz., an absence of those symptoms to which we generally refer as evidencing a serious interference with the healthy function of respiration. For example:—We have seldom rigor complained of at the onset; the countenance, although dull and heavy, is not anxious; debility is almost universally complained of as a leading symptom; there is in general no severe pain; the cough, if there be any, is not distressing, and the amount of expectoration either inappreciable, or if more abundant, it is untinged mucus; the breathing may be short, but not sufficiently hurried to attract much attention; the *alæ nasi* are quiescent; the skin is in general moist, and free from that pungent heat so characteristic of the more acute form of attack; the pulse is either natural in frequency, or but slightly accelerated, rarely above 90; the urine is for the most part free from deposit, and in sufficient quantity. The physical signs, however, are well marked, and will, if carefully sought for, unfailingly indicate the true nature of what, without this aid, must often be doubtful and embarrassing.

The tendency of this form of pneumonia, so far as my own observations have led me to observe, has been towards recovery. Tedious,—very tedious, both to patient and practitioner, it will sometimes prove; but I have not found, provided that the subject of the attack be not already labouring under phthisis, that it either predisposes to, or merges into that malady.

The cause of this disease, is not, I believe, so much attributable to cold as to a disordered condition of the primary and secondary assimilative processes, inducing as a consequence a morbid state of the blood itself; this, by depressing nervous power, subsequently causes in its transit through the lung, irritation and congestion, followed by adynamic inflammation, with exudation. The disease may pass through its different stages with so little disturbance to the pulmonary organs, that, as in the case above referred to, the patient will attribute his disordered feelings to any but the right cause.

Since writing these notes I have seen another instance in which the patient, unconscious of the existence of any serious lung affection whatever, (but in whom, nevertheless, more than one half of the left lung was in a consolidated state,) attributed all his discomfort to an affection of the stomach. The treatment that I have

hitherto found to be most beneficial has been chiefly confined to counter-irritation, the guarded introduction of mercury, (with a view to the correction of morbid secretions, and carried to the extreme of very slightly affecting the gums,) the iodide of potassium, and cod-liver oil.

Venesection is in no case called for, as a dangerous degree of depression may be expected to follow the use of depletory measures. Cupping, or even leeches, will seldom be needed, unless an unusual degree of pain be complained of, which is quite contrary to what ordinarily obtains. Blisters will be found to be of signal service, and these must be repeated again and again, not kept open, but permitted to heal; and their renewal, as well as any change of locality, must be influenced by the result of carefully-repeated stethoscopic investigation. Should any indication of an indurated portion of lung remain after the application of from three to five blisters, at weekly intervals, a strong solution of iodine (one drachm of iodine, and half a drachm of iodide of potassium, to one ounce of rectified spirit,) painted, if it can be borne, once daily over the affected spot, will be found at this stage very useful. If the secretions be much deranged, small doses of the hydragrym cum cretâ should be given, slightly, and only slightly, to affect the gums; or what will then be found to be a still better form is the bichloride, in doses of one-sixteenth of a grain, night and morning. Iodide of potassium, with alkaline salines, will be called for, to be followed by cod-liver oil, in doses from a teaspoonful to a tablespoonful thrice a day. This latter remedy has given me much satisfaction in the treatment of pulmonary indurations of an adynamic character; and it has exerted a very marked influence in promoting the absorption of morbid exudation. This, I presume, it can alone effect by improving the condition of the general health.

#### ON THE

### TREATMENT OF ERYSIPELAS BY THE MURIATED TINCTURE OF IRON.

By W. H. RANKING, M.D., CANTAB.,  
PHYSICIAN TO THE NORFOLK AND NORWICH HOSPITAL.

Read before the Meeting of the Suffolk Branch, June 25th, 1852.

It has always been my opinion that the communications most suitable to the brief reunions which take place at these anniversaries of the several Branches of the Provincial Medical and Surgical Association, are those which are able to convey practical information in few words; for this reason I have selected for your attention a case which has recently come under my notice, and in which a method of treatment not commonly followed has proved eminently successful. I allude to the treatment of erysipelas by the muriated tincture of iron. The case is as follows:—

Charlotte Andrews, aged 23, a fat strumous girl, was

admitted into the Norfolk and Norwich Hospital under my care, in April, for engorged and suppurating cervical glands, which were treated by generous diet, cod-liver oil, free lancing, and subsequent dressing with the iodide of lead ointment, an application which I may state in passing, appears to me to be more suitable to scrofulous ulcers than any other with which I am acquainted. Under this treatment her progress was all that could be desired, until the 26th of May, when my attention was called to an erysipelatous redness over the right breast. This quickly extended, and in spite of the assiduous endeavour on the part of our intelligent house-surgeon, to limit its boundaries by the nitrate of silver, it soon invaded the head and face, inducing those serious symptoms which are observed in these cases. As soon as the disease fully declared itself, no time was lost, as is my invariable custom, in sustaining the powers of the patient by wine, beef-tea, and ammonia, the local application being flour.

On the 28th, the disease had continued to extend, and as the patient was losing strength the ammonia was replaced by quinine.

On the 29th, the report is that the erysipelas had occupied the entire head and face, and was creeping down the back. The patient was delirious, with dry tongue and feeble pulse of 130.

On the 30th she was still worse, the tongue was more dry and dark, and diarrhoea was added to the other unfavourable symptoms. Wine was given in increasing quantities, so that she took more than a bottle in the twenty-four hours.

June 1st.—She was still more depressed; pulse 140, fluttering; the face livid, and she appeared to be fast sinking. At this time I determined to administer the muriated tincture of iron, as recommended by Mr. Bell, of Edinburgh, and did so, as will be seen, with the best results. The dose was forty minims in water, every three hours. In the evening, after three doses, the pulse was still 140, but had more resistance to the finger, and she was left for the night, with orders to continue the medicine and wine.

On the 2nd there was a most marvellous change for the better. The tongue, which the day before was dry and dark, was now moist and cleaner, the pulse had sunk to 120, and the patient was able to raise herself in bed. The face was desquamating and her only complaint was urgent thirst, which was gratified with water *ad libitum*.

3rd.—I continued the iron in doses of thirty-six drops. The improvement was still more manifest; the face had become more natural in appearance, and she was pronounced out of danger. From this time her recovery was uninterrupted.

Knowing how difficult it is to establish a medical fact, I am prepared to find that some of my hearers may dispute the agency of the iron in this girl's recovery. On this point I would only say, that prior to her taking that medicine she lost ground hourly, in spite of the freest exhibition of wine, ammonia, and quinine; and that after three or four doses a perceptible advantage had been gained, which advantage was rendered indisputable on the

next day by the improved condition of the pulse and tongue, and the rapid subsidence of the cutaneous engorgement.

I take no credit to myself for this mode of treating erysipelas, but most willingly record my obligation to Mr. Bell, of Edinburgh, who published a paper on the subject in the *Monthly Journal of Medical Sciences* for June, 1851. That gentleman's testimony as to the value of this treatment is most strong; he says that in every instance in his practice it has been successful. His brother, Dr. Charles Bell, is equally impressed in its favour; and he states that it not only removes the disease in a short time, but also renders the patient less susceptible of returns of the disease. In pursuing the chalybeate treatment of erysipelas, Mr. Bell regards it as important to bring the system rapidly under its influence, and acting on this conviction, I gave in the case above related even larger doses than Mr. Bell had sanctioned.

Although the case I have related was an instance of idiopathic erysipelas, the treatment is said to be equally beneficial in the traumatic form, and in infantile erysipelas. Of the latter, Mr. Bell details some remarkably interesting cases.

## CASE OF PUERPERAL CONVULSIONS.

By ROBERT MARTIN, Esq., HOLBROOK.

Read before the Meeting of the Suffolk Branch, held June 25th, 1852.

MARY COUSINS, was admitted into Farningstone Union House, at the age of seven weeks, consequent on her mother suffering from puerperal mania. The mother remains to this day a confirmed lunatic in Melton Asylum.

Mary Cousins, the infant, was reared in the Union House, and the nurse who had charge of her states that she was frequently the subject of severe sick headache, which at times confined her to her bed for days together. She was early placed out in service, and but little is known of her, till her readmission to the Union House, in an advanced state of pregnancy. Since her readmission she is said to have suffered much from headache, but never reported herself nor authorised others to report her to the medical officer.

Mary Cousins, aged 21 years, primipara, visited by Mr. Jarman, at 1 A.M., May 3rd, 1852. Was in the first stage of labour, with slight pains, restless, irritable, and constantly walking about the room; pains regular at short intervals, producing little effect on the os uteri; was suddenly seized with convulsions, on the subsidence of which she was conscious, and complained of pain in the head; skin temperate; pulse weak at the wrists, but strong at the carotids; bladder and bowels had been freely relieved.

At half-past three A.M., I saw her, she had just recovered from a severe fit; was conscious, but rather wandering; complained of headache; pupils dilated; face but little flushed; pulse 100; not full, nor sharp,

excepting in the carotids; pains regular at intervals of four or five minutes; os uteri dilated to nearly the size of a crown piece, thin, but rigid; membranes entire; no presentation of the child discoverable; bled to twenty ounces from the arm, with decided impression on the system; several pains succeeded without fit; the head, however, much complained of; suddenly seized with a severe fit, grinding of teeth, torticollis, opisthotonos; the tongue was protected from injury by a gag; at the termination of this fit, the head of the foetus was advanced, having descended to the hollow of the sacrum; during the fit a considerable but indefinite quantity of blood was lost from the arm into the bed, the bandage having slipped; I applied the forceps, and delivery was speedily and easily effected at half-past five, A.M.

The birth of a living child was instantly succeeded by a violent fit, with, from this moment, no recurrence of consciousness. The placenta was naturally expelled a few minutes after the fit, with more than usual loss. The uterus, however, quickly, by means of friction over its fundus and pressure, contracted firmly. Coma like a heavy sleep, supervened, without stertor or laryngismus; pulse quick and feeble. The hair was removed from the head, and cold applications employed; ten grains of calomel were placed on the back of the tongue, and the inside of the cheeks smeared with croton oil, at intervals of one hour, four times, without effect on the bowels. Mustard poultices were applied to the feet, and the region of the cervical vertebrae covered by a flannel wrung from hot water, and soaked in turpentine. Coma increased in intensity, laryngismus, and forcible expiration. At ten o'clock a few ounces more blood were drawn from the arm; but it was clear the system would not bear much, and death closed the scene about twelve o'clock.

*Sectio-cadaveris.*—Pericranium healthy; calvarium natural in density and weight, strongly adherent to the dura mater at the vertex only; dura mater natural in general appearance, but tensely stretched over the brain, especially at the posterior lobes of the cerebrum, and presenting an elevated knotty induration, of nearly an inch and a half in length, over the superior longitudinal sinus, at the posterior termination of the sagittal suture, where it had been adherent to the calvarium, and where the sinus receives the parietal veins. An incision made below this tumefaction into the superior longitudinal sinus, would not permit the fine point of my blow-pipe to be passed forwards through its track, although it was permeable by air. The induration consisted of enlarged Pacchionian glands, which springing from the pia mater, had thrust the floor and roof of the superior longitudinal sinus against the calvarium, and thus obstructing circulation through the sinus; anterior to this obstruction the sinus was much enlarged, and would readily admit my index finger; it contained several clots of blood; on cutting round the dura mater the lobes of the brain expanded with an audible noise; the vessels of the pia mater were much distended with blood; substance of the brain healthy; horizontal sections discovered many spots of effused

coagula, especially in the right posterior lobe; the ventricles contained no fluid; plexus choroides more pale, and less vascular than usual; base of the skull contained three ounces and a half of bloody serum, compressing the medulla oblongata at the foramen magnum.

Now, Mr. President, such a case as the one narrated, viewed irrespectively of its previous history, which can sometimes be only imperfectly, and at other times not at all arrived at, presents a grave question to the practitioners, viz.,—Do the epileptic convulsions depend solely on reflex action of the spinal nerves, or is that source of irritation complicated with intra-cranial pathology? On the first supposition, chloroform to allay spasm, with the speediest practicable delivery by turning or forceps, would be indicated; but on the second, such a case for instance as that of Mary Cousins, I fear chloroform might increase cerebral congestion, while operative measures, without its anæsthetic agency, by augmenting spinal irritation, might hasten the fatal coma, and thus rendering necessary the adoption of an ulterior proceeding. An accurate diagnosis is, therefore, of the utmost importance.

I have witnessed, I apprehend, several cases of both kinds, cerebri and exerebri, or at least I have inferred so from the results, referring to reflex action those which have recovered, leaving no trace of intra-cranial disturbance, and to cerebri origin those which have died in which my classification has been guided by *post-mortem* inspection, but which during life presented no appreciable difference in symptoms.

Should this subject have occupied the attention of yourself, Mr. President, or of any of the members of this Association, I shall be glad to learn from you a means of clear diagnosis between puerperal epileptic convulsions dependent on reflex action of the spinal nerves simply, and those which, as in the case I have narrated, are complicated with intra-cranial pathology.

In order to obtain the opinion of that distinguished physiologist, Dr. Marshall Hall, on this subject, I addressed a letter to him, making the direct inquiry of diagnosis, and repressing the previous history of the case I sent its detail. I have now the pleasure to read you his courteous reply, from which I infer, that under any circumstances of the kind, he would not permit his patient to die without the performance of tracheotomy, and it is possible that in the case of Mary Cousins, had it been resorted to before the lesion of vessels occurred, life *might* have been preserved.

## CASE OF HAY FEVER.

By WILLIAM P. KIRKMAN, Esq., MELTON.

Read before the Suffolk Branch Meeting, June 26, 1862.

BEING but too personally concerned in the following case, I am induced to bring before your notice this afternoon some brief notes of a very troublesome affec-

tion, which has as yet continued to bid defiance to the skill of the most eminent and learned in our profession; and when I tell you that I am annually afflicted with this "thorn in the flesh," and have been for the last seven years, I doubt not but that you will be kind though to give my case your favourable consideration; that I, like the bee which gathers honey from every flower, and lays it up for the ensuing year, may, from whatever suggestions you shall kindly afford, gather such an amount of therapeutical information, as will give me the chance of wielding an effectual weapon, with a view to the downfall of my annual visitant.

The disease presents many peculiarities, but little is known of its pathology; and with respect to its cure we are in total ignorance of any remedial agent. There is one circumstance worth remarking before I proceed, which is, that very probably you will, before I have terminated my notes, (brief as they shall be,) have an ocular demonstration of some of the more urgent symptoms of a truly distressing affection, commonly known under the name of catarrhus æstivus, or hay fever. Seeking then, gentlemen, your valuable aid, I proceed to give as concisely and plainly as possible a short detail of my symptoms as they annually attack me.

Every year, at about the latter end of the month of May, a slight irritability and sensation of soreness at the inner canthi of both eyes is experienced. This continues on and off, unaccompanied by any other marked symptoms, perhaps for three or four days (no symptoms of febrile irritation whatever); to these are shortly added slight lachrymation, which subsequently becomes more profuse, and continues daily, with irritation at the inner canthi, to increase; the nostrils, one or both, become obstructed, and this is soon followed by itching, sensation of pricking and soreness in the same region; the Schneiderian membrane now begins to secrete a quantity of thin watery fluid, calling for the almost incessant use of the pocket handkerchief; in fact, by the commencement of the month of June, there are all the appearances of what is vulgarly called, "a running cold;" these daily, but gradually, increase, and as gradually become accompanied by other concomitants, until about the end of June or the commencement of July, when the affection is at its height and presents the following distressing symptoms:—There is intense itching and irritability of the conjunctive, especially towards the inner canthi, as well as of the Schneiderian membrane; profuse lachrymation, and when the attacks are severe, considerable intolerance of light; violent and continued sneezing, sometimes twenty or thirty times without ceasing; the defluxion from the nostrils is immense; there is coryza and grævedo with dyspnoea, which is frequently accompanied by wheezing during inspiration; the breathing being carried on by the mouth alone, as both nostrils are blocked up by the amount of secretion given out by their lining membrane. If these continue long, the eyes become bloodshot; there is headache, more or less severe; the pulse becomes small and weak; the tongue white and coated; shooting and darting pains about the back part of the head; lassitude and great debility. One might

be inclined to doubt whether these evidences of the disease were not somewhat exaggerated, but it is not so. I have detailed to you as correctly as I can everything relative to the symptoms and order of their occurrence as they attack myself individually, without any reference whatever to any medical author. I am generally free from the affection about the latter end of July, and I think I may say by the end of the first week in August, no traces of its existence remain manifest. It is equally severe in London as in the country. I am always worse during the day, and if in the forenoon the sun is shining bright, I hardly dare venture out of doors, the intolerance of light being almost unbearable. The relief which is experienced for a few hours after a heavy shower of rain, can hardly be imagined, and the symptoms are always less distressing in wet weather. Again, it nearly always leaves me for a short time, sometimes a day or two after a thunder-storm; and to this partly, is my presence before you now to be attributed, for you will remember that yesterday we had a considerable amount of thunder and lightning; this circumstance, moreover, would tend to favour the idea entertained by some, both with respect to this, as well as to influenza, that the cause is to be attributed to some change in the electrical condition of the atmosphere—whether to an accumulation or deficiency of the electric fluid I am not enabled to state. *Ipecacuanha*, it may be remarked, has no further effect upon me than the application of any other pulverulent matter would be supposed to have. On several occasions a pinch has been taken, the same as one would take a pinch of snuff, without producing any effect. I need hardly state that this was done merely by way of experiment. A sudden draught will bring on an attack immediately, which will continue for an hour or two, or even longer.

One word may, perhaps, be desirable, relative to that from which it has derived its name, I mean hay, which brings on an attack, especially if it be new, almost instantaneously; and what is very remarkable and curious is, that I can always tell when any hay is approaching me, even if I do not see it. On one occasion, when walking in London with my friend Dr. Robert Growse, of Bildestone, I suddenly stopped, remarking that I would take any even wager that there was some hay close by. Before the doctor could hardly reply, a cart full of hay passed the end of the street down which we were proceeding. I could, were it necessary, relate to you many other similar occurrences; the one, however, which I have mentioned, is sufficient to verify my statement, and time will not allow of more. What then, gentlemen, is the cause of this periodical, but unwelcome visitor? I should feel inclined to differ somewhat from the opinion of Dr. Gordon, who supposes that it is produced by pollen from *one particular plant*, viz., the *anthoxanthum odoratum*, or sweet-scented vernal grass; and for this reason, because I am always attacked at least three weeks before the *anthoxanthum* is in blossom. If I may be allowed to offer my opinion, I consider it to be attributable to an idiosyncrasy of constitution, whereby the whole of the gastro-pulmonary mucous membrane is

rendered susceptible of irritation, that irritation being produced by the pollen from a certain class of plants which blossom at that time of the year when the affection is prevalent. I refer to the whole family of the *graminaceae*, rather than to any individual plant.

And now, gentlemen, one word with respect to the treatment. It would, indeed, be preposterous in me, were I to make remarks on all the so-called remedies which have been recommended by various writers; suffice it to say, that I have tried very many of them, and all without effect; never have I found anything which afforded me the slightest permanent relief. Hot water fomentations, drinking hot water, cold water draughts, effervescing mixtures, pressure on the bridge of the nose, have all in their turns carried off a paroxysmal attack of sneezing; but the good fortune of finding any thing capable of allaying the almost intolerable itching of the eyes and nose, has never fallen to my lot. Dr. Owen Rees, Assistant-physician to Guy's Hospital, recommended large doses of dilute sulphuric acid. I commenced with twenty minims three times a day, which, according to the direction of the Doctor, I gradually increased, until I arrived at a dose of one drachm three times a day. This had no other effect more than occasionally favouring me with a violent pain in the bowels, which compelled me to desist. Dr. Golding Bird and Dr. Gull, in consultation, recommended the disulphate of quinine with iron; this I continued to take for some considerable time, commencing at the ordinary dose, and increasing it gradually, which, however, proved equally ineffectual. *Strychnia*, recommended by Dr. Addison, in doses varying from the one-twentieth to one-twelfth of a grain, *ter in die*, was tried, but proved useless. Arsenic, sulphate of zinc, tincture of the *lobelia inflata*, snuff, laudanum, salines of all kinds, iodine, and a host of others which now escape my memory, have all had pretty fair trials, which, as remedial agents in hay-fever, are all on a par. Such, then, gentlemen, is the hay-fever in my case. If you can kindly suggest any thing, I shall be only too glad to give it a fair trial, and report to you the effect at your next meeting. Some apology may be necessary for the little interest which this case is likely to afford you, nor indeed should I have considered it worthy of your attention, had not the subject been introduced to your notice, and myself as a sufferer, at a previous meeting of the Association.

## Hospital Reports.

BRISTOL ROYAL INFIRMARY.

### CASES

*Reported under the Terms proposed by the Association.*

By NIL DESPERANDUM.

### *Extravasation of Urine.*

JAMES CHAPPLE, aged 42, admitted into the Bristol Royal Infirmary, March 20th, 1851, under the care of

Mr. Harrison, with extravasation of urine. He states that he has not had any difficulty in passing water until the last twelve months, but for the last week has been passing it in drops. Scrotum began to swell three days ago, and became red and very painful.

*Present condition.*—Scrotum is much swollen and of a livid colour; the integuments of the abdomen up to the umbilicus are also of the same colour; there is no appearance of any abscess in the perineum; countenance anxious and pinched; skin clammy; pulse 108, weak, and intermittent; tongue brown. He was placed under the influence of chloroform, and Mr. H. opened the membranous portion of the urethra and made several incisions into the infiltrated parts. (This man had a congenital deformity, the opening or meatus urinarius was situated inferiorly and at the base of the corona glandis.) Ordered brandy to be given frequently.

March 21st.—Has taken sixteen ounces of brandy; but his pulse is weaker and intermits; tongue is browner; scarcely any heat of surface. These typhoid symptoms increased and he died on the following day.

*Section cadaveris.*—On reflecting the integuments of the abdomen, the cellular tissue was found to be sloughed for a considerable extent; there was a large quantity of ill-formed pus present. The kidneys, ureters, bladder, and a considerable portion of the urethra were taken out carefully together. The stricture was at the bulb; an abscess had formed behind the stricture external to the urethra, and had apparently opened into the canal. The bladder was evidently much diminished in capacity, but the coats were much thickened—to the amount of three quarters of an inch; the mucous membrane was rough; the left kidney was lobulated and not much more than half its natural size; the cortical portion was indistinct, almost obliterated. The parenchymatous portion contained several abscesses. The right kidney contained pus, but was not involved to the same extent. There was a calculus almost completely obstructing the gall-duct, the bladder being much distended. The other organs were healthy.

*Remarks.*—This is one of those cases of stricture of the urethra, in which, if extravasation of urine takes place to such an extent as in this instance, the chances of recovery are very small, on account of such severe structural disease of the kidneys being present. Liston speaks of the wonderful recoveries that patients often make in this affection, when free incisions are made and stimulus is freely given, (the treatment that was adopted in this case), and gives an example in which the patient was almost moribund, when the above treatment was practised, and was followed by recovery. He states afterwards, that the stricture was got rid of, and restoration to perfect health followed. This, I think, shows that there could not have been any organic disease of the kidneys, at least to any great extent.

#### *Extravasation of Urine.*

JAMES CHAPLIN, aged 40, admitted at half-past seven, P.M., March 24th, 1852, under the care of Mr. Prichard,

for extravasation of urine. He states that he has had difficulty in passing water, and diminished stream for the last 20 years. Three years ago an abscess was formed in the perineum which broke, leaving a fistulous opening. During the last fortnight the difficulty in passing water had much increased, and four days ago swelling and tenderness of the perineum and scrotum came on, attended with severe constitutional symptoms, when he applied here as an out-patient two days since, but he did not show the swelling in the perineum. He had some medicine given him, which somewhat relieved his symptoms. Yesterday the swelling in the perineum broke.

*Present condition.*—Scrotum red, and swollen as large as a child's head, with a small slough inferiorly; there is a slough protruding from the opening in the perineum by the side of the anus; and above and distinct from this there is a large swelling, evidently containing pus. The penis and abdomen are not at all affected; feels much depressed. Mr. Prichard opened the abscess, and evacuated rather a large quantity of pus mixed with urine. Two incisions were made in the scrotum.—R. Tinct. Opii, m. xx. Statim. Poultice to scrotum. To have full diet and a pint of beer daily.

March 25th.—Much relieved; slept well; urine comes freely away *per urethram*, also through the perineum; scrotum is a little reduced in size.

26th.—Scrotum is considerably smaller; the slough is larger and is separating; passes water *per urethram*, in a good-sized stream; pulse 96; tongue clean.

27th.—Slough has separated from scrotum, which is reduced to its normal size; the slough was evidently an obstacle to the infiltrated urine draining away; urine continues to pass through the perineum to a slight extent.

31st.—Urine passed through urethra entirely; cavity in scrotum is granulating.

The wound in the scrotum gradually closed, and he was discharged cured; being able to pass water better than he had done for many years. When the cavity in the scrotum was in process of healing, he had two attacks of retention of urine, evidently spasmodic, as a full-sized catheter was passed on each occasion. Mr. Bransby Cooper, in his works, speaks of abscess in the perineum being the result of stricture, even when the obstruction is not sufficient to produce retention; and goes on to state that these abscesses result from the dilatation of the urethra behind the stricture, producing ulceration of its structures, and consequent infiltration of urine. I think that this is one of those cases, in which abscess in the perineum came on without there being an impermeable stricture present, and which caused such an obstruction to the passage of the urine, that extravasation of urine was the result.

The same author, in speaking of the treatment of abscess in perineo, recommends that a free opening should be made, and the catheter passed, if possible, along the natural passage of the urethra into the bladder; but that the passing of the catheter should never be attempted, until the abscess be opened, as the accumulation of matter itself might cause a considerable



impediment to the passage of the instrument; and he gives a case in which he was sent for to see a patient who had retention of urine. Symptoms being urgent, he attempted to pass a catheter, but not succeeding, he examined the perineum, and found a tumour of considerable size; into this he made an incision, and evacuated a quantity of pus and urine. As the patient stated that he had been the subject of stricture for many years, Mr. Cooper says:—"I considered it better to open at once the membranous portion of the urethra." He therefore passed a female catheter into the bladder, and drawing off the urine relieved the retention; he next passed a male catheter along the natural passage of the urethra, as a preliminary to the division of the stricture, when, to his surprise, the instrument readily passed on into the bladder. He says:—"If I had attempted to pass the male catheter before I had divided the membranous portion of the urethra, I should have found the latter operation altogether unnecessary." In the case I have related, I think the fact of the man passing water freely *per urethram* the day after the abscess was opened, bears out the view that the extravasation was caused by the obstruction of the urethra by the abscess.

#### *Amputation of both Thighs; Recovery.*

WILLIAM FAULKNER, aged 22, was admitted May 12th, 1851, at 12 at noon, under the care of Mr. Clark. The right leg was torn off at the knee-joint, and there was a comminuted fracture of the femur in the lower-third of the same limb; the left knee-joint was laid open, the femur being dislocated inwards; the leg and thigh were only held together by means of the soft parts at the external part of the knee-joint. He received these severe injuries from being caught up by the shaft of a steam-engine. He was conscious when brought in, but in a state of considerable collapse; in a quarter of an hour after admission was insensible, the pulse being scarcely perceptible, and the skin very cold. Brandy to be given frequently.—One P.M. Pulse could be felt, but very weak and slow. Scarcely any bleeding from the lacerated limbs. Ordered bottles of hot water to the axillæ.—Three P.M. Pulse a little stronger. Appears to be suffering great pain. He has taken 20 ounces of brandy since admission. *Operation:* Mr. Clark removed the right thigh above the point of fracture. There was but little bleeding, and only two ligatures were required. The muscles were much tumefied. The left thigh was then removed at the lower part of the middle-third. Only one ligature was required. On the completion of the operation, the pulse was scarcely to be felt, although he was taking brandy almost continually during its performance. However, from this time to eleven P.M., his pulse very gradually improved, but was exceedingly weak. He took twenty drops of tincture of opium at nine P.M. Up to about twelve at midnight he lay moaning, and did not recognise his friends when he became conscious.

May 13th, 1 A.M.—Has vomited several times. Refuses to take any more brandy. Pulse a little stronger. He complains of great pain, and the stumps jump very much. There has been no secondary hemor-

rhage.—Five A.M. Is very restless, from the stumps being very painful. He has taken a little beef-tea, and some milk. The bandages were loosened, which has given him ease.—One P.M. Much improved; pulse firmer; not in much pain. Skin has acted freely.

14th.—Looks much better. Pulse stronger 120; great thirst; skin acts profusely. He takes brandy, beef-tea, and milk.

15th.—Skin feels hot; but does not perspire. Pulse is moderately strong, 100. Bowels not moved since admission. The stumps are very painful, and there is a considerable discharge of fetid pus from them. *Lemonade ad libitum.*—R. Liq. Opii Sed. m. xxv.; Mist. Salinæ, oz. j. Ft. haust statim sumend.

16th.—The stumps were dressed to-day, and found to be discharging freely. Pulse 96, soft; skin perspiring.

Sept. 9th.—He left the Infirmary.

This case is interesting as showing what severe injuries may be recovered from, when the patient is of a strong constitution, and has been temperate in his habits; it also illustrates the absolute necessity there is for the profuse administration of stimuli in cases of such extreme collapse. In this instance, I think the man owed his life to the free exhibition of brandy. He was under treatment some considerable time, on account of exfoliation of the bone in the right stump, and a collection of matter amongst the muscles. At the operation there was a good deal of difficulty in covering the bone, from the engorged condition of the soft parts; this arose, no doubt, from the thigh being much contused at the time of the accident, as the femur was fractured on that side. I saw this patient some few weeks back, and his stumps were perfectly well, and he was wearing his wooden legs without the slightest discomfort.

## LEICESTER INFIRMARY.

### CASES

*Reported under the Terms proposed by the Association.*

BY DR. JOHN BARCLAY.

#### *Scirrhus Condition of the Oesophagus.*

A CURIOUS coincidence in connection with the following cases happened in their being both admitted on the same day, November 11th, 1851, and dying on the same day, January 12th, 1852.

Valentine Adams, of Leicester, aged 59, labourer, widower, admitted November 11th; 1851. He states that he has been ill six months, and dates his illness from an attack of "inflammation of the stomach" which he had in the month of June, 1851. He is much emaciated, but has no malignant appearance; he is very nervous, but has no headache, and complains of no pain anywhere; he has palpitation, but the sounds of the heart are normal; he has no cough, and the lungs, on examination, are quite sound; he has no sickness; his appetite is good, but he cannot

swallow solids; he never vomits; his tongue is very foul, and coated; he has a good deal of flatus; his bowels are open; the urine contains no albumen nor sugar, is acid, specific gravity 1020.

On examination of the abdomen it is not much sunk. There is no fulness nor hardness anywhere to be detected.—Capt. ter die Acid. Hydrocy. (Scheele's), m. ij.; Pot. Bicarb., gr. x.; Tinct. Hyoscy., m. xx.; Infus. Calumb., oz. iss.

November 14th.—Much the same. Can swallow beef-tea and slops.—P.

16th.—App. Scrob. Cordis Emp. Canthar.

20th.—A little better since the blister.—P.

22nd.—Hæmatemesis to the amount of two pints to-day. Blood clear, dark, and venous.—Capt. ter die Arg. Nit., gr. 1-6th; Alum. Exsicc., gr. x.

23rd.—Pulse feeble; tongue still very foul.

26th.—Hæmatemesis again, but not to such an extent as formerly.—Capt. quartis horis Acid. Gall., gr. v.; Pulv. Tragac. Co., gr. v.

30th.—Much better. Tongue quite clean; pulse natural, but feeble.—Rept. Vesicat. Scrob. Cordis.

December 4th.—Better. Tongue still clean, can swallow a little better, and gains flesh. No more blood.—R. Quinæ Disulph., gr. j.; Acid. Sulph. Dil., m. v.; Mist. Camph., oz. iss. Omit. Acid. Gall.

17th.—Much better. Gaining flesh, tongue clean, urine normal.

30th.—Continues improving; can swallow better. Blister repeated.

January 4th, 1852.—An examination with the probang shows an obstruction which it was impossible to overcome, just above the cardiac orifice of the stomach. Tongue becoming foul again. He is worse and weaker. The probang to be passed every two days. Bowels open; urine natural.

7th.—Worse. Cannot swallow anything. A table-spoonful of cold beef-tea seems to disappear, after long waiting. He expectorates about half a pint of glairy saliva daily.

11th.—Worse. Tongue very foul; pulse very slow, and feeble; emaciation extreme; the ribs very much projecting over the abdomen; the cartilages apparently ossified, and the abdomen a deep concavity, in which, however, no hardness is to be felt, except in the course of the colon, probably from the lodgement of fecal matter.

12th.—Died.

*Post-mortem examination, twenty hours after death.*—Emaciation extreme; the whole of the adipose tissue absorbed; heart and lungs healthy; stomach full of fluid, like gruel. A hardness was felt about three inches above the stomach, in the course of the œsophagus. It did not involve any other tissues, but was in close connection with the arch of the aorta. When dissected out it was seen to be a ring of cartilaginous hardness, involving the whole circumference of the œsophagus, in which the muscular coats were lost. There was an appearance of reproduced tissue where the mucous membrane had been abraded, above the stricture. The passage was contracted, so as to

admit only with considerable force a common-sized catheter. The gall-bladder empty. All the other viscera were healthy, but very bloodless. The colon was filled with lumpy scybala.

JOHN WRIGHT, of Leicester, framework-knitter, married; admitted November 11th. He has been ill two months. His complaint commenced with pain in the left side of the abdomen, and constant vomiting of food and matter like coffee-grounds; he is considerably emaciated, and has a very marked appearance of malignant disease. He has no headache, nor pain anywhere except in the abdomen; he has no cough; slight palpitation; pulse natural; his appetite is good, but capricious; he has much flatus; frequent pyrosis; his tongue is clean; he vomits most of his food, without retching, about an hour after taking it; he never has had hæmatemesis, but frequently vomits altered blood; he has much griping pain, and cannot lie on the right side; the bowels are very costive; the urine is normal; there is slight fulness in the left hypochondrium, but no hard nodules to be felt.—Capt. ter die Mist. Bismuthi; Mist. Mag. cum Rhei, utrq. dr. vj.

November 14th.—No better; emaciation proceeding rapidly; vomited matters consist entirely of food; the abdomen very lumpy.

16th.—No better; vomiting continues; a little fulness in the region of the pylorus; bowels open.—Capt. ter die Creasoti, m. j., formâ pilulæ.

20th.—No better; bowels open; sickness continues.—Omit the creasote pills.

23rd.—A little less pain.—To have only nourishing liquids and wine.

26th.—No improvement.

30th.—The medicine gripes him, he says; bowels rather purged; stools natural; appetite gone; a little fulness and hardness to be felt at the pyloric extremity of the stomach; he is very low; pulse very feeble, and slow.—To have gin in place of wine.

December 4th.—Better, except the pain in the bowels, which is occasionally lancinating.—App. Emplast. Sinap. alt. noctibus.

14th.—Worse, vomiting stuff like coffee-grounds.

17th.—Worse; gin heats him, so to be omitted.

27th.—Worse; bowels natural.

31st.—Emaciation proceeding rapidly; eyes much sunk; pain much aggravated on pressure over the tumour; decubitus on the back; urine natural; stools natural.

January 2nd, 1852.—Tongue foul; pulse failing; much distension of the bowels from flatus.—Capt. ter die Pil. Galb. Co., gr. x.

7th.—No relief; pulse almost imperceptible; pain in abdomen excessive.

11th.—Evidently dying, and almost unconscious.

He died on the 12th.

*Post-mortem sixteen hours after death.*—Thoracic viscera healthy; the whole of the bowels and their peritoneal coat in a most advanced stage of inflammation, and all glued together with exuded lymph; the whole of the intestines distended with flatus, and much

injected; no fluid in the peritoneal cavity; the pyloric orifice of the stomach was enveloped in a mass of scirrhous, of cartilaginous hardness, about the size of a bantam's egg, the passage almost completely obstructed, so that a common catheter could only be pushed through with difficulty; there was much thickening of other parts of the intestinal canal, but no other scirrhous deposits were found.

## Provincial Medical & Surgical Journal.

WEDNESDAY, JULY 21, 1852.

How greatly private interest sways the election of officers to hospitals is a fact too well known; but we were scarcely prepared to find so gross an instance of favouritism as is about to be perpetrated at the Bethlehem Hospital. Our readers are aware, that in consequence of some disclosures reflecting on the management of this institution, it was determined for the future to appoint a Resident Physician at a handsome salary, who was to be responsible in the main for the medical supervision of that noble establishment. This doubtless appeared to every one a most eligible proposal; and the satisfaction was enhanced by the open way in which the best qualified men in the kingdom were invited to become candidates. Will it then be believed, that after all, this apparently just proceeding is entirely humbug, and that after putting numerous gentlemen to a great amount of expense and inconvenience, on the faith that merit alone would influence their decisions, the Governors are about to confer the appointment upon a certain individual, not because he is found to be superior to his competitors, but because he is fortunate enough to be connected with one of the most influential members of the Board. That such, however, is the fact, is evident from the subjoined letter from Dr. ROBERTSON, one of the three candidates chosen out of the total number for ultimate selection. We are not surprised at this gentleman's determination, but on the contrary, we give him credit for the manly manner in which he has repudiated the farce in which he would have been made to play an inglorious part. Dr. ROBERTSON's letter is to the following effect:—

*"To the Governors of the Royal Hospital of Bethlehem.*

*"My Lords and Gentlemen,—With reference to my printed letter of the 17th instant, offering myself as a candidate for the office of Resident-Physician to your*

*Royal Hospital, I would now desire to acknowledge the high sense I entertain of the honour conferred upon me in the return of my name by your Committee, as one of the three candidates selected for election.*

*Having, however, ascertained that a number of the Governors, such as practically to determine the election, were pledged to the support of one candidate before they had an opportunity of judging of the claims of the other two recommended by their Committee, I deem it more respectful to the Court at once to withdraw my application.*

*I have the honour to be,*

*&c., &c., &c.,*

*C. LOCKHART ROBERTSON, M.D.,*

*Caius College, Cambridge.*

We do not, in thus espousing the cause of Dr. ROBERTSON, intend for one moment to insinuate that Dr. W. C. HOOD, the gentleman decided upon, is not in every respect eligible to the responsible office to which he is to be, or it may be, is appointed, but we protest against the manner in which the decision has been made, as in the highest degree detrimental to the honour of the board of Governors, and insulting to the other candidates. If it were all along their intention to elect the Aldermanic candidate, as it clearly has been, it was a most unworthy proceeding to hide that intention under the solemn farce of appealing to the talent of the country at large. They may boast of their exemption from Government inspection, but assuredly, after this exhibition of their mode of doing business, the public will agree with us, that though there may be institutions which may be safely left free from surveillance, the Royal Hospital of Bethlehem is not one of them.

No inconsiderable excitement has been produced in the profession, by the impression that the unfortunate Mr. PASCOX had been condemned to a felon's punishment unjustly, and mainly in consequence of the unsatisfactory and altogether erroneous evidence of one of the medical witnesses. We did not at the time take up the matter for two reasons—firstly, that the cause of the culprit had been ably and generously advocated by our contemporary, the *Medical Times*; and secondly, because we felt convinced that there must have been some stronger proof of the wretched man's delinquency that had not come before the public, and that he was not transported solely because one gentleman had too hastily stated that savine was now never given by medical practitioners for truly medical

purposes. The result of further inquiry has confirmed our suspicions, as it turns out that abortion was wilfully and knowingly induced, and, therefore, that the convict had justly earned his melancholy fate. We do not, however, on this account, regret the agitation which has been unnecessarily made respecting the case, for if no other result has accrued, it has at least afforded an opportunity for the exhibition of that kindly sympathy which our profession is ever willing to extend to the unfortunate among its members.

## Proceedings of Societies.

### LANCASHIRE & CHESHIRE BRANCH.

THE sixteenth Anniversary Meeting of the LANCASHIRE AND CHESHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION was held at the Medical Institution, Liverpool, on Wednesday, the 30th of June. At the commencement of the proceedings, W. S. Turner, Esq., of Manchester presided, and there were also present—R. Bickersteth, Esq., J. Nottingham, Esq., James Petrie, Esq., Jas. Turnbull, M.D., John Burrow, Esq., — Dismond, Esq., P. Macintyre, M.D., D. Paterson, Esq., Ellis Jones, Esq., R. Dundas, M.D., Edward Batty, Esq., Joseph Dickinson, M.D., W. H. Duncan, M.D., John Halliday, Esq., J. Eccleston, Esq., T. Cameron, Esq., W. Eddowes, Esq., and — Edney, Esq., Liverpool; Thomas Turner, Esq., Edmund Lyon, M.D., Samuel Crompton, Esq., G. Southam, Esq., John Hatton, Esq., (Honorary Secretary), Manchester; J. A. Pearson, Esq., Woolton; John Sharp, Esq., Warrington; A. O. Leete, Esq., Newton; G. Daglish, Esq., Wigan; G. Mallett, Esq., J. Black, M.D., Bolton; and A. M. Dunstan, Esq., of Holmes Chapel.

THOMAS TURNER, Esq., having been called to the chair, said it fell to his lot to preside over the meeting of this Branch of the Provincial Medical and Surgical Association, which was held at Manchester last year; and he believed it was usual that the retiring President should take the chair in the first instance, in order to introduce to them the gentleman selected to be their President that day. He alluded to his friend, Mr. Bickersteth. That gentleman was so well known to them, and so distinguished as a surgeon, as to supersede the necessity of any observations on his part. (Applause.) Feeling as he (Mr. Turner) did that the Presidency of this Association involved not only points of honour, but great responsibility, he thought it was the duty of every man who might be called upon to fill that office, especially if he happened to be a senior member of the profession, to weigh well the remarks he might have to make upon subjects connected with the profession. He felt that this was the more imperative upon himself, in consequence of a misunderstanding which had taken

place relative to what he said at the Manchester meeting, and which had exposed him to the lash of one of the medical critics. He was not deserving of the imputation cast upon him; but he thought he might avail himself of this opportunity to contradict the impression made upon the minds of some individuals that he was favourable, or, at all events, not unfavourable, to some of the monstrous views entertained of medical doctrine in the present day. It would be remembered by such of the members as were present on that occasion that he took the opportunity of stating that it was the tendency of many minds to fall into extremes; and they saw that such was the marked feature of the present day, not only in connection with their own profession, but with regard to every other profession and pursuit in life. He stated that whilst they condemned extreme views, whether hydropathic, homœopathic, or whatever else it might be, that it was well to look to themselves, and ask themselves the question whether they did not, in consequence of individual opinion, doctrine, or belief, as to the seat of disease and an individual system of treatment, expose themselves equally to the charge of empiricism, as other men did who fell into extreme views, whether in reference to theory or the practice of the profession. They must rank amongst empirics all men who were individual in their views. For example, how prone each of them might be to form individual opinions as to the seat of disease. One man might be led away by the belief that all diseases are referable to the brain, the heart, or the lungs; a second would refer it to the digestive organs, and another to the spine; and the cases which fell under their observation would be regulated according to the individual opinion of the practitioner in respect to what he had discovered, or believed he had discovered, as the common source of disease. This was falling under their observation every day; and therefore if an individual was so biased in favour of a particular view, he must fall under the charge of empiricism. How prone they all were to fall into the use of a particular form of medicine; iodine and cod-liver oil for instance. This was the besetting sin of the present day. The medicines to which he alluded were, no doubt, of great use; but they were employed empirically in a great number of cases. Look again at the abuse of chloroform, which was used in certain operations more than it ought to be. His opinion was, that in order to maintain themselves unblemished, and beyond the reach of criticism, it was necessary that they should consider the practice of medicine and the practice of surgery, upon sound scientific principles, divesting themselves of any individual view—to consider them as based upon the knowledge of science, of human nature, and of the diseases incident to the human body. (Applause.) When he stated that he was educated in the school of Sir Astley Cooper it was a sufficient reply to the charge made against him that he was favourable to homœopathy. (Hear, hear.) He had thought it right to make these remarks, in order that no erroneous impression might rest upon the mind of any one; but those who knew him would be per-

fectly aware that there was no man less given to individual opinions in matters of physic than himself. (Hear, hear.) In conclusion, he said he had great pleasure in resigning the chair to Mr. Bickersteth. (Applause.)

Mr. BICKERSTETH said, that as this was his first appearance at any meeting of their Association, they must not expect any observations from him. Although he had not yet taken an active part in their proceedings, he had been a member of the Society some years. (Applause.) He begged to call upon the Secretary to read the report.

Mr. JOHN HATTON, the Honorary Secretary, then read the

*Report of the Council.*

"The Council of the Lancashire and Cheshire Branch of the Provincial Medical and Surgical Association have to present to the members their annual Report, which, however, comprises very few details of any important account; the routine transactions, in correspondence with the Parent Association, almost constituting the sum of the last year's proceedings.

"In accordance with the wish of the Central Council at Worcester, a special general meeting of this Branch was held at Newton, on the 11th of February last, for the purpose of considering the "Proposed New Bill (originating with the Central Council of the Association,) for the Regulation of the Medical Profession;" at this meeting the subjoined resolutions were unanimously passed:—

1.—"That this meeting of the Lancashire and Cheshire Branch of the Provincial Medical and Surgical Association, after maturely considering the 'Medical Bill' referred to them by the Worcester Council, and published in the *Provincial Medical and Surgical Journal*, is of opinion that such Bill faithfully represents the principles of Medical Reform so long advocated by the Association, and is worthy of the cordial support of every member of that body.

2.—"That this meeting recommends the framers of the Bill to persevere in their endeavour to pass it into a law, with such alterations in the details as circumstances may require, and trusts that the members of the Association will exert themselves in their several localities to induce members of Parliament to take an interest in the passing of this measure, so important to the welfare of the profession, and of the public.

"Besides the formal adoption of these resolutions, a prolonged and interesting discussion ensued upon the several clauses of the proposed Bill, the result being, that with some unimportant exceptions, the entire document elicited the fullest approbation.

"There was evinced an especial approval of the proposal for a Provident Fund, and of the uses to which it was proposed the surplus provided by the 19th Clause should be applied.

"The Council take this opportunity of soliciting from the Branch some formal and definite approval of the course pursued by all that is honourable in the profession, with respect to homoeopathy and to those practitioners who in any way compromise themselves by countenancing, directly or indirectly, this pernicious and degrading system of quackery.

"The Council have to congratulate the members on the grant of a Supplementary Charter to the Royal

College of Surgeons of England, which, although it may not comprehend every improvement in the constitution of the College that had been sought, remedies, however, the more substantial grievances that had been complained of.

"The successful progress of a Medical Benevolent College, proposed by Mr. Propert, is also a matter of congratulation. Surprise has been manifested that nothing has been done by this Branch towards promoting the Institution.

"The subject of a New Charter for the College of Physicians is now before the profession for discussion; it will be for the members to decide whether, at the present meeting, any expression of opinion with relation to it shall take place.

"*Finances.*—At the last anniversary there was a balance in favour of the Association of £4. 8s. 9d. Since then the receipts have been £11. 10s., and the expenses £8. 17s. 2d., which leaves a balance of £7. 17s. to the credit of the Branch. The Council recommend that a donation of £5 be given to the Benevolent Fund, but this can only be done by a vote of the general meeting at present assembled."

Dr. DICKENSON said that allusion was made in the report to the Medical Benevolent College, and he might state that the Liverpool practitioners had not been backward in their subscriptions. They had contributed £150 already, and they looked with some degree of anxiety to Manchester, seeing that none of the eminent gentlemen there had come forward to support the fund.

Mr. SOUTHAM stated that the subject had not been overlooked, and he believed that after the elections were over an appeal in behalf of the fund would be made in Manchester.

The PRESIDENT said that he should be very glad to hear that such was the case.

Mr. MALLETT, of Bolton, moved that the report be adopted and transmitted to the Secretary of the Provincial Medical and Surgical Association for publication in the *Journal*, together with the proceedings of this meeting.

Mr. PATTERSON, of Liverpool, seconded the motion.

Dr. DUNCAN asked, did that sanction the payment of £5 to the Benevolent Fund?

The SECRETARY said it did.—The motion was then unanimously carried.

Dr. DUNCAN had great pleasure in moving the thanks of the meeting to Thomas Turner, Esq., and the Council for their services during the past year.

Dr. MACINTYRE seconded the motion, which was carried by acclamation.

The SECRETARY said, that last year but one they tried to get up a meeting at Preston, but without success; and it was thought better that they should alternate between Liverpool and Manchester. If this meeting came to that conclusion of course their next meeting would be held in Manchester.

Mr. TURNER thought it would be desirable to consider whether Chester and Lancaster, being county towns, should not be visited,

The SECRETARY said that in Chester they had only

two or three members, and in Lancaster they had not one. He had waited upon Mr. Howitt when he was Mayor of Lancaster, and the conclusion come to was, that they would not get any support there as the profession in Lancaster had a Society of their own.

Mr. PEARSON said the subject of holding a meeting at Chester was gone into at considerable length when Dr. Edwards lived there, but it was not thought advisable. He considered, however, that it would only be paying Chester a proper compliment if they were to go there. He moved that their next meeting be held in Chester.

Mr. TURNER seconded the motion.

In answer to a question, the SECRETARY stated that he believed there were four or five gentlemen belonging to the Parent Association in Chester.

Mr. SHARP suggested that the question should be left with the Council to decide, which was eventually agreed to.

Mr. CROMPTON moved that Dr. Black of Bolton should be president next year; and the proposition having been seconded, was unanimously agreed to.

Dr. DUNCAN suggested, that as Chester would probably be the next place of meeting, they should appoint a Chester gentlemen as one of their vice-presidents.

Mr. ELLIS JONES proposed Dr. Phillips Jones of Chester.

Mr. BURROWS seconded the motion, and it was agreed to.

Dr. MACINTYRE was proposed as the other Vice-President, but having been so recently in office, he declined the honour in favour of Dr. Dundas, who was elected accordingly.

The SECRETARY proposed the following gentlemen as new members:—A. W. Dumvill, Esq., Manchester; Henry Pritchard, Esq., West Derby, Liverpool; Thos. Eccleston, Esq., County Asylum, Rainhill; James F. Pennington, Esq., Ashton-in-Mackerfield; Lorenzo Edward Desmond, Esq., Edge Hill, Liverpool; John Latham, Esq., Wigan, Lancashire; who were unanimously elected.

The PRESIDENT then said he had received a letter from Dr. Cowan of Reading, who proposed that the *Journal* should be published weekly and in London, instead of fortnightly, at Worcester. Every effort should be made to render the *Journal* worthy of the Association, and he hoped to propose some practical plan for its improvement. He was desirous of ascertaining the opinion of the Association upon the subject.

Mr. BURROWS thought that it was questionable if the funds of the Association would allow of a weekly publication, as the *Journal* was reduced to a fortnightly issue in order to save postage. He did not see that it would be any material advantage to publish it in London, unless the residents there might be disposed to furnish communications, and it might perhaps be got up at a less cost. Their great object should be to get valuable information on medical topics.

Dr. BLACK said this was a subject which would lead to a great deal of discussion, and required mature consideration. There would be a variety of opinions, and he himself was in favour of the publication still

being provincial. He should like it to be published either in Manchester, Birmingham, or Liverpool, but it was not to be expected that they could come to any conclusion at this meeting.

Mr. TURNER agreed with Dr. Black that the *Journal* should still be provincial, both in name and publication.

Mr. CROMPTON said it appeared to him that Dr. Cowan's proposition was perfectly legitimate, and he thought they ought to say whether the *Journal* was edited with that degree of ability which was satisfactory to the members. They knew that the cost of the direction of the *Journal* was very large; the Editorial expenses were considerable, and these were questions which should come under consideration. It would be for the Council, after taking the opinion of the members, to determine what steps were desirable.

The PRESIDENT stated, that Dr. Cowan had given notice of a motion on the subject, to be introduced at the next general meeting of the Association. He thought that the best way would be, for some gentleman to move that the *Journal* was satisfactory.

Dr. NOTTINGHAM said they should know the present cost, and then ascertain what expense the alteration would involve. The financial question was the most important.

Mr. ELLIS JONES said that Dr. Cowan merely wished to have the opinion of this meeting as to the desirability of altering the place of publication. The decision would be left to the general meeting.

Mr. TURNER said, that if they went to London they would be considered as putting themselves in antagonism with the metropolitan journals. He thought with Dr. Black, that it would be desirable to have the *Journal* published in one of the large towns, and whether that would be advantageous, was the question they had to decide.

Mr. MALETT thought it very desirable, if the funds would permit, to revert to the former plan of publishing the *Journal* once a week. When that was the case, they had also a large volume, well bound, instead of, as at present, a small volume, unbound. It appeared to him that there was some error in the management of the funds.

Mr. CROMPTON remarked that the Editorship for a leading article and retrospect cost £10; and he really thought the Editor was very handsomely paid.

Dr. BLACK had made investigation, and found that the publication of the *Journal* in Worcester cost a deal more than it could be done for in other places.

Dr. DUNCAN said that the question was one requiring more mature consideration than they could give it at that meeting. He certainly thought that the *Journal* might be improved.

Mr. CROMPTON: Would it not be better to express an opinion at this meeting that the *Journal* was unsatisfactory? He would second such a motion.

Mr. TURNER thought an opinion would be formed as to the general impression from what had transpired; and a decision could be come to at the Oxford meeting.

The discussion then terminated.

Mr. CROMPTON then read the following paper, contributed by Mr. Beardaley, of Ulverston:—

*A few Remarks on the Treatment of the Suppurative Stage of Burns by Unguentum Galla.*

The large ulcers remaining after very severe, and more particularly, extensive burns, frequently prove tiresome and difficult to heal; but I think they are often more so than they need be from the application of unguents, &c., not calculated to work a *speedy* cure, as the more rapid the cures the less likelihood is there of there remaining unsightly and hideous cicatrices, and other malformations witnessed occasionally after these accidents. I have seen very many of these cases of severe burns in colliery practice, produced by the explosion of gases in coal mines, and every practitioner acquainted with like cases knows how extensive they sometimes and most frequently are, and ulcers are not uncommonly resulting of even square feet in size, and I have seen the whole surface of the back completely denuded, and a large suppurating surface remaining; and I have seen it heal without the least cicatrix whatever by the remedy I wish to draw your attention to. I put no faith whatever in the application of unguents containing preparations of chalk, zinc, magnesia, calamine, &c. I think the principle of their application wrong. The best remedy after the suppurative stage is thoroughly established, is an ointment made of Pulvis Galla, dr. j.; Adips, oz. j. With this the formation of new skin takes place rapidly, and ulcers of very large size I have seen quite healed in a few days. I am not prepared to explain in what way this application succeeds so well, but I mention the fact, that others may adopt it, and I am quite sure it will never be laid aside for another remedy at the particular juncture for which it is recommended. No doubt it has a chemical action upon the secretion of the granulations, which leads to so speedy a formation of new skin. I have also used tannin and gallic acid, with similar results; but as a general rule I prefer the gall ointment alluded to above. Particular care should be taken in not using powdered galls that look full of black specks. That, I think, is adulterated with pepper, as it proves too stimulating; but if pure, it is cooling and agreeable, and in every case, (and I have seen it applied in hundreds,) I have realised a happy result.

Mr. CROMPTON, before he sat down, begged to move a vote of thanks to Mr. Beardale, for his communication.

Dr. NOTTINGHAM seconded the motion, which was carried by acclamation.

Dr. DUNCAN said he had not tried the remedy; but thought it was one of great promise.

*Cinchonism in Typhus.*

Dr. DUNDAS then said, before I proceed to lay before you the notes of two cases of continued fever, lately treated in the Liverpool Northern Hospital by large doses of quinine, a few brief observations on the question of cinchonism, and of its power to arrest the course of the continued fevers of this country, might perhaps prove interesting to you.

Some, at least, of my brethren now present are

already aware that not long since I submitted this doctrine, with the evidence on which it is based, to the judgment of the profession; and although sufficient time may not have yet elapsed to warrant their final decision on a doctrine so directly opposed to the medical authorities in this and other countries, I trust you will be disposed to admit that the decided facts I am about to lay before you afford evidence, neither slight nor inconclusive, in support of the efficacy of the treatment I have advocated, and the soundness of the theory on which that treatment is based.

It would be altogether out of place to enter, here, on any of those vexed questions which have so widely divided the most eminent men in this and other countries on the subject of fever. Still it is necessary that I should briefly state the broad principle on which my own views on this subject are founded,—namely, the essential identity of fever; and that its varieties are determined by the influence of climate, temperament, different modes of living, the sanatory conditions of the population attacked, and numerous other agencies. This view has been forced on me by the observation of fever on a large scale, not only in the different countries of Europe, but in various regions of America, the West Indies, and Brazil, in the discharge of my duties as an Army-Surgeon, and in private life. I would here observe that there is one remarkable fallacy which I find to pervade the great body of the profession in England, and inculcated in the writings of some of our most distinguished authors,—namely, that typhus fever is unknown in hot climates. Nothing can be more untrue. The intermittent and remittent fevers of hot climates do frequently merge into genuine typhus, and into every variety and shade of typhus; whilst conversely the continued fevers still more frequently pass into or assume the intermittent form. These, gentlemen, are the broad facts which first convinced me of the essential identity of the different varieties of fever; and the truth of this conviction has been since established by another great fact,—namely, that all the several varieties and types of fever are under the control of one and the same agent; and I need scarcely observe to an assembly like the present that the results of treatment in numerous maladies will serve more clearly to identify or disconnect diseases than the most careful observation of symptoms, or even of *post-mortem* appearances.

It will also, I believe, be readily admitted, in so far as regards the treatment of fever, that we have advanced scarcely a single step since the days of Hippocrates; each succeeding writer has merely transposed, or played on “the words” of his predecessor; whilst a grand fallacy appears to have pervaded almost all,—namely, that continued fever was a specific malady, and must, therefore, run a specific course; that, like small-pox, the disease could not be arrested. And this ill-founded hypothesis—for it scarcely merits the name of theory—sufficiently accounts for the “*expectant*” system, which, with some exceptions, has hitherto so generally characterized the treatment of continued fever in this and other European countries.

As regards the "cinchonising system," now brought forward, we ought, perhaps, after all, to be less surprised at the opposition it has encountered than at the extent to which it has been already adopted by the profession; and the more especially that, independently of other reasons, one of our leading authorities has long since declared that "in the continued fevers of this country bark might be erased from the list of remedies altogether;" and our standard work on *materia medica* states "that in febrile diseases, attended with a hot and dry skin, and a furred and dry tongue, quinine acts as a local irritant and stimulant, and adds to the severity of all the morbid symptoms;" whilst one of our most distinguished authors considers it *impossible* that "there can be any practitioner so *utterly ignorant* of his profession as to prescribe quinine in the early stages of fever, *under any circumstances*!" And all appear to adopt the dogma of Pitcairn, that "you cannot cure a fever." Now, gentlemen, in opposition to this celebrated and fatal maxim, and in opposition to the opinions of the high authorities I have just quoted, permit me to refer you to recent and undoubted testimony, which will, I trust, satisfactorily prove to you not only that you can cure a fever, but that you can, moreover, cure it, in the vast majority of cases, by the very identical agent which the above-named authorities have so especially and emphatically condemned.

In bringing forward the present question I have purposely put my own experience altogether aside; and I refer you alone to the necessarily impartial and unbiassed evidence supplied by St. Thomas's Hospital, the Liverpool Fever Hospital, the West Derby Fever Hospital, the Birkenhead Fever Hospital, the Drogheda Fever Hospital, and the Liverpool Northern Hospital, with that of numerous private practitioners of eminence in Liverpool and the neighbouring towns—as Messrs. Bainbrigge, Blackburn, Jones, Hensman, Pye, and Arnold, all of Liverpool; Mr. Gorst, of Rock Ferry; Mr. Glazebrook, of West Derby; Mr. Swinden, of Wavertree; Mr. Longton, of Southport; &c.; also within the last few days Mr. Woolseley, a medical student from Dublin, informed us at the Northern Hospital that the cinchonising system was now being tried with success at the Hardwicke Fever Hospital, in Dublin. I am also in a position to state that the great majority of the above gentlemen commenced the cinchonising treatment in doubt and hesitation, and yielded their assent to its truth on the sole ground of clear and conclusive experience. In this town the treatment was first publicly adopted by my talented friend, Mr. Eddowes, whilst attached to the Eastern Dispensary, and who, on his removal last year to the Liverpool Fever Hospital, there tested the system both *largely and carefully*; at the same time that my friend, Dr. Gee, the other able physician to that institution, watched, with the caution of a truly scientific observer, the progress and results of the treatment as carried out by his colleague; and only after lengthened and careful observation did Dr. Gee give in his adhesion to the cause of "cinchonism," and adopt it, universally I believe, in his own practice.

You will also, gentlemen, I am sure, be rejoiced to learn that the results of the experience, in such an extensive field, of two such able observers as Drs. Gee and Eddowes, will not be lost to science; and I am satisfied that when these results shall have been laid before the profession, the question of cinchonism in continued fever, will be conclusively set at rest.

Mr. Eddowes has indeed already reaped some *personal* advantage from his early belief in the power of cinchonism. Not long since he became himself the subject of an attack of typhus, and about the same time Mr. G., a promising young surgeon attached to the North Dispensary, was similarly attacked. Mr. Eddowes, strong in his faith, was brought immediately under the influence of cinchonism, and within forty-eight hours every unfavourable symptom had disappeared. On the fourth day he was going about his room, and on the tenth he removed from the Fever Hospital into the country for change of air. On the same day Mr. G. was interred. Cinchonism was proposed in Mr. G.'s case, but not adopted.

Having so recently brought the whole question before the profession, I shall not, gentlemen, occupy your valuable time, especially limited on the present occasion, with any further observations, nor shall I enter into any minute detail; my chief object being to place the broad principle before an assembly so highly qualified in every sense, to decide on its merits; and to request, as I do most earnestly, that you should rigidly test its value, and affirm or condemn it accordingly.

It should be stated that the present cases were admitted, as others are from time to time, for the purpose of practically illustrating the doctrine to the pupils of the hospital. The cases are always selected, and the notes taken, and the treatment carried out by the House-Surgeon, in the presence of the pupils, and without the slightest interference on my part. Mr. Edney is the reporter in the present instance, and I may add that, since I joined the Northern Hospital, Mr. Edney is the fifth House-Surgeon, all men of intelligence and professional experience, who commenced their investigations on this subject as sceptics, but ended as true believers.

The cases are as follows:—

*Case 1.*—Gilbert Smith, admitted 27th May, 1852, into the Northern Hospital, Liverpool, under Dr. Dundas, at nine P.M. So delirious that no history of his illness can be obtained from him. His countenance expresses great anxiety, and is of a deep purple hue; skin hot and dry; tongue dry, and coated with a dark fur; there are sordes about the lips and teeth; the abdomen is tumid, and he groans when it is pressed; pulse 112. To take ten grains of quinine every hour, and to have four ounces of brandy daily.

May 28th.—Has given the night nurse a great deal of trouble. He wandered about the hospital most of the night, but towards morning became quieter. He is now quiet and sensible. He says he is a sailor, and that he was taken ill at sea; but is not certain when, because he was "crazy;" that he had no medicine, and



was kept on low diet. His tongue is cleaner, there is not so much heat of skin, and he complains of slight thirst; the urine is not scanty, but high coloured; pulse 84; abdomen slightly tender.

29th.—Expresses himself as quite well. All symptoms have left him. Quinine continued in smaller doses.

June 4th.—He was out yesterday and went on board his own ship to see about his clothes. All his symptoms have returned—delirium, anxiety of countenance, furred tongue, hot skin. To take the quinine as before, ten grains every hour.

5th.—No better; complains of "cold shivers."—R. Ant. Tart., gr. ij.; Pulv. Ipecac., scr. j. To continue the Quinine as before, after the sickness ceases.

6th.—Expresses himself as quite "smart."

8th.—Discharged cured.

Case 4.—Richard Reynolds, aged 19, sailor, admitted 15th of June, under Dr. Dundas. States that he has been ill three weeks. He presents the following appearance:—Anxious countenance; great emaciation; eyes sunken; physical prostration and mental depression; dark dry tongue; great thirst and heat of skin; urine scanty, high coloured; pulse 120, small. There was slight delirium and great deafness. To take ten grains of quinine every hour, and have ten ounces of wine.

16th.—There is very little change. The tongue seems to be cleaning about its edges, and there is slight diaphoresis. Pulse 112, fuller. Great deafness. To take the quinine every two hours, and have an egg for dinner. The quinine was not taken regularly during the night.

17th.—There is great improvement. Excessive deafness and lassitude, are the only symptoms remaining. To take the quinine three times a day. A chop for dinner; wine discontinued; pint of porter ordered.

18th.—Convalescent.

Dr. DUNDAS said this was the last case admitted into the hospital. He took no active part in the treatment of the cases himself; but notes were taken for the benefit of the pupils.

The PRESIDENT asked how much quinine was given.

Dr. DUNDAS: Ten grains every hour.

Dr. DICKINSON: Might he ask,—Was there any mention in the cases cited of the state of the skin? There was, he thought, no eruption alluded to.

Dr. DUNDAS said there was no eruption in either of the two cases cited.

Dr. DICKINSON: Then upon what ground were they to come to the conclusion that it was true typhus?

Dr. DUNDAS: The symptoms and the length of time the patient was ill.

Dr. DICKINSON should doubt the existence of true typhus in such cases as those named. He had not heard of any symptom which was to his mind sufficiently conclusive. He had seen a great deal of fever for two years, in a dispensary and in a fever hospital; and the two cases cited were to him by no means satisfactory.

Dr. DUNDAS said there had been cases in which

there was an eruption, but he did not think that was necessary in order to constitute typhus.

Dr. DICKINSON: Might he ask what Dr. Dundas deemed essentially necessary to show the existence of true typhus fever? If they knew the grounds upon which they started, they would be able to advance more conclusively.

Dr. DUNDAS: I will read a letter from Dr. Kelly, of the Drogheda Fever Hospital, which may possibly abate Dr. Dickinson's scepticism on this point:—

"Drogheda, 3rd April, 1882.

"With regard to your original treatment of typhus fever, I must acknowledge myself a convert, as I have treated eight cases of the most severe description with the happiest results.

"I shall, however, enter into details of one of the most severe cases under my care.

"A poor farmer, named Pentony, aged 55, was admitted into hospital 16th February, had been ten days previously ill. The pulse was 120; the tongue dry and brown; he had constant muttering delirium. The respirations were forty; the skin covered with maculae; the temperature 90°. He had involuntary discharges and subcutis tendinum.

"In two days after the administration of quinine (according to your directions) he was *convalescent*, and left the hospital in excellent health ten days after.

"In my opinion, such a happy result could not have been procured by any other treatment that I am aware of.

"In three of the fore-mentioned cases, four members of the families died in the houses from which my patients were removed; and in one case, the patient had been afflicted with chronic bronchitis for years, but it did not militate against the treatment.

"Trusting that such an invaluable improvement may be adopted by the members of the profession, and that my humble testimony may be of service in the trial of it,

"I remain, &c.,

"To Dr. Dundas, Liverpool."

"R. KELLY.

Dr. DICKINSON said, that when a great question was to be settled, the evidence ought to be beyond dispute.

Dr. DUNDAS agreed.

Dr. DICKINSON: Now, as to the two cases brought forward as examples, of course they were deemed conclusive, but he must say that he did not see sufficient evidence to warrant them in drawing the conclusion that they were true cases of typhus. At the same time he thought the profession was very much indebted to Dr. Dundas for the able manner in which he had brought the subject forward, and the zeal which he had manifested. (Applause.)

Dr. DUNDAS would refer Dr. Dickinson to Mr. Edney, now present, who had the treatment of the cases. There were always some 100 cases in the Fever Hospital. These two cases did not happen to have eruptions, but he had seen hundreds of cases with eruptions.

Mr. CROMPTON thought it was for Dr. Dickinson to state what these two cases were, if they were not fever.

Dr. DUNDAS merely brought forward these two cases because they happened to be the last, but there was Mr. Eddowes present who had treated many hundred cases in the Fever Hospital.

Dr. NOTTINGHAM said they were all perfectly satisfied of Dr. Dundas's great experience with regard to typhus fever, but would he be kind enough to give them a few cases treated simply on the plan alluded to, without the addition of any other agent.

Dr. DUNDAS quoted cases which had been treated successfully with quinine only, by Dr. A. B. Steele, Medical Superintendent of Irish Quarantine and Fever Ships in the Mersey, with the following summary of Dr. Steele's experience:—

"In the first case, the decided effect on the objective symptoms of the disease, in *twenty-four hours*, was so striking as at once to convince me of the value and importance of the remedy; and this improved condition was produced without the collateral advantages of *ventilation, cleanliness, nursing, nutritious diet, or stimulants*,—a fact which greatly enhances the value of this mode of treatment, in the hands of those who, unhappily, have to contend with the disease under the most unfavourable circumstances.

"I have witnessed the results of various methods of treating fever, in several hundreds of cases, during the epidemic of 1847, in our Fever Hospital, and on board the Fever Ships in the Mersey, and subsequently in the town; but I have never found any remedy, or remedies which appeared to me to cut short the disease, or modify the symptoms, in the same decided manner in which the quinine has done when fairly tried."

Mr. CROMPTON expressed it as his opinion that it would be better to use the term *quinism*, or *quininism*, instead of the term "cinchonism."

Dr. DICKINSON wished to say that he did not desire to cast any imputation whatever upon Dr. Dundas's mode of treatment.

The PRESIDENT asked,—Were all the cases of fever treated with quinine now?

Mr. EDDOWES said that only the worst cases were treated by that method, on account of the expense.

Dr. PETRIE thought Dr. Dickinson's observations merely referred to the two cases cited, the history of which appeared deficient.

The PRESIDENT asked whether there were any cases in the hospital at that time under this mode of treatment.

Mr. EDDOWES said there were, daily.

Dr. DUNDAS read over the symptoms in the two cases again.

Dr. DICKINSON still thought they were not conclusive.

Dr. NOTTINGHAM said, perhaps it would save time if Dr. Dickinson would state what he considered symptomatic of typhus fever.

Dr. DICKINSON said there were many cases having the symptoms named.

Dr. LYON said he believed he attended in the unfortunate position of a visitor that day, but, with their permission, he wished to ask a question. He was struck by the statement of Dr. Dundas as to the great number of fever cases in Liverpool. It seemed to him

that that was an enormous ratio of fever at this time of the year. He believed the number of cases in Liverpool did not exceed the number in Manchester. The influx of Irish caused a preponderance of fever.

Mr. EDDOWES said there were 100 cases in the Liverpool Fever Hospital.

Dr. LYON said that in Manchester there were thirty-three or thirty-four cases in the fever-ward at the present time, but that did not include the great body of fever patients which it formerly did, as they had separate establishments in each of the unions of the town. In Manchester, therefore, the number of fever patients collected together in one point had diminished.

Dr. DUNDAS gave the following cases of Mr. Gildersleeves', the Union Medical Officer of Liverpool:—

*Extract of a Letter from T. D. Gildersleeves, Esq., Union Medical Officer, of Liverpool.*

"51, Great George Street, 23rd of March, 1852.

" . . . . Hugh Evans resisted the effects of quinine for some days; he took altogether sixteen doses of ten grains, and the only effect for some time was increased drowsiness. It was not until the last day, when I ventured on six consecutive doses of ten grains, that a favourable change occurred."

*Cases 1 and 2 by Mr. Gildersleeves.*—"Caroline Moore, aged 35, and Barbara Moore, aged 14, mother and daughter, living in a wretched court, No. 4, Jamaica Street, were both attacked with fever, and lying in the same bed. The mother had been ill seven, the daughter five days. Symptoms of typhus were well marked; the tongue was coated with brown fur and quite dry; sordes were present on the teeth; the skin was hot, dry, and covered with petechial spots; the pulse upwards of 100; the eyes were suffused; there was prostration; in the mother some delirium. They had taken salts and penna of their own accord before I visited them. They refused to go to the Fever Hospital. I ordered for the mother ten grains, and for the daughter five grains of quinine every three hours.

"After the second dose the mother became quite deaf; the daughter, after the third dose, complained of tingling in her ears. The medicine was discontinued with both, and sleep for some hours, followed.

"On the *following morning* both were quite *convalescent*. The countenance was cheerful; the tongue moist and the brown fur had disappeared. The petechial spots remained for more than a week, and great debility, but there was no relapse."

*Case 3.*—"Hugh Evans, No. 3, Crump Street, had been ill two days. I prescribed a dose of calomel and antimony, under the supposition that the disease was simple febricula. Typhoid symptoms supervened on the fourth day. The tongue was brown, with sordes on the teeth; pulse 110. He had severe headache, and low muttering delirium. I ordered three ten-grain doses of quinine, one to be taken every three hours, and six ounces of wine to be taken at intervals; a blister to the nape of the neck.

"Fifth day.—There was no improvement; the quinine and wine were continued as yesterday.

"Sixth day.—There was slight improvement; less stupor. The quinine and wine were continued.

"Seventh day.—The patient was in all respects worse; he was covered with petechial spots; greatly prostrated; and had subsultus and twitching of the limbs. I ordered six ten-grain doses of quinine, one to be taken every three hours; his wine to be continued, and a quart of ale to be given.

"Eighth day.—There was a most remarkable change. The tongue was moist and clean; the brown fur gone. He was perfectly sensible; complained of great debility, but as regarded fever, was quite convalescent. He had no relapse.  
T. B. GILDERSLEEVES."

Dr. LYON said that the cases brought forward by Dr. Dundas forcibly recalled to his mind the disadvantages against which they formerly had to contend in cases of typhus. The patients were frequently confined in dirty close habitations, with the absence of anything like pure air. They then used to "throw in" bark and wine, a practice which had become obsolete for a great length of time. Dr. Lyon proceeded to say that fever required different treatment according to peculiar situations and circumstances; but pure air effected more than medicine did formerly.

Mr. TURNER remarked that although there were cases in which the same symptoms did not present themselves as in pure typhus fever; still the symptoms being similar the same remedies were applicable. In one class of cases there was infection, and in the other there was not. In cases like those of the Irish, who some short time ago immigrated into Liverpool and Manchester in such hordes, and in a state of the greatest depression bordering on starvation, quinine must be very beneficial. But the question was respecting those in the Liverpool Fever Hospital. He thought Dr. Dundas was not prepared to say that all the cases admitted into the Liverpool Fever Hospital were cases of fever. Now, there were cases in the Manchester Hospital which were not fever, but cases suspected of being likely to terminate in typhus, and which were admitted in order to preserve the district in which they originated. They could not distinguish fever in a very early stage. Did they admit small pox into the Fever Hospital?

Mr. EDDOWES said they had small-pox wards in Liverpool.

Mr. CROMPTON had great pleasure in moving a vote of thanks to Dr. Dundas. He had attended many meetings of this Branch and of the general Association, but he did not remember having listened to a paper of greater interest than that they had just heard. In what he said he by no means wished to commit himself to Dr. Dundas's views, though he thought that quinine might be used with great advantage. It appeared to him that this was one of those questions which the Association, as a body, ought to take up; that the members ought to try the plan, and communicate to Dr. Dundas the result of their experiments. (Applause.)

Mr. BURROWS seconded the vote of thanks to Dr. Dundas, which was carried by acclamation.

### Quackery.

Mr. ELLIS JONES alluded to the subject of quackery, and said that in Edinburgh they had a summary mode of dealing with impostors. He read the following extract from a letter bearing upon this subject:—"I believe the Doctor is in custody on account of several cases of pretended cures, or at all events, of patients treated and charged as a medical practitioner. It is not yet known which nor how many of them may be ultimately proceeded upon. The plea for the Crown will be that he knew he was not a "M.D.," and that by representing himself to be so, and receiving money which was paid on the faith of that representation, he has committed the offence which our law calls "Falsehood, Fraud, and Wilful Imposition." "The Baron" got his ten years from Edinburgh, and it is not at all unlikely that the "Doctor," will be just as severely dealt with. He was liable to ten years imprisonment. The man referred to practised in Liverpool some time since, and his name was Murray *alias* Watson.

Dr. NOTTINGHAM then read a paper "On the Treatment of Conical Cornea," for which he received the thanks of the meeting.

### THE DINNER.

At three o'clock the members dined together at the Adelphi, where the attendance was rather more numerous than at the business meeting. The provision made by Mr. Radley was very creditable to his establishment, and calculated to enhance his reputation in matters of the *cuisine*. R. Bickersteth, Esq., presided; and amongst those present were George Southam, Esq., Manchester; James Petrie, M.D., Liverpool; A. O. Leete, Esq., Newton Le Willows; P. Macintyre, M.D., Liverpool; George Daglish, Esq., Wigan; Edmund Lyon, M.D., Manchester; John Nottingham, M.D., Liverpool; J. Armitage Pearson, Esq., Liverpool; Thos. Turner, Esq., Manchester; John Hutton, Esq., (Honorary Secretary,) Manchester; Ellis Jones, Esq., Liverpool; John Halliday, Esq., Seacombe; James Hakes, Esq., Liverpool; Edw. Waters, M.D., Chester; Thomas Gaskell, Esq., St. Helen's; Wm. Wall, Esq., Northern Hospital, Liverpool; J. Sharp, Esq., Warrington; Henry Pritchard, Esq., Fairfield; W. H. Fitzpatrick, Esq., Knotty Ash; Edmund Park, Esq., West Derby; Joseph Dickinson, M.D., Liverpool; Edward Batty, Esq., Liverpool; J. Black, M.D., Bolton; George Malett, Esq., Bolton; Robert Dundas, M.D., Liverpool; A. D. Dunstan, Esq., Holmes Chapel; W. H. Duncan, M.D., Liverpool; and S. Crompton, Esq., Manchester. Several excellent speeches were delivered, and the greatest harmony and festivity prevailed.

The PRESIDENT having given the usual loyal toasts, which were drunk with enthusiasm, proposed, "The Provincial Medical and Surgical Association, and Sir Charles Hastings." (Drunk with applause.)

Dr. DICKINSON regretted that it had not fallen to the lot of some one more able to respond to this toast. In

eloquent language he alluded to their early struggles, the anxieties and fears of the medical man, which were, however, amply repaid by the smiles of royalty, and the encouraging approval of the first seats of learning. (Applause.) When they saw Sir Charles Hastings in the position which he now occupied, looked upon as he was, unequalled in his profession, they could not but feel satisfaction and pride. (Applause.) In conclusion Dr. Dickinson said, that no class of men derived greater benefit from social meetings of this description than those belonging to the medical profession, and he hoped that such reunions would more frequently take place, to cement them in the bond of brotherhood and good feeling. (Applause.)

The PRESIDENT next gave, "The Lancashire and Cheshire Branch of the Provincial Medical and Surgical Association."

Mr. ELLIS JONES briefly responded. He expressed the satisfaction which the medical men of Liverpool felt at seeing so many gentlemen from other places present. He should have liked to have seen more of them at their meeting at the Medical Institution; and he hoped that, (although everything had passed off exceedingly well,) next year, whether they met at Chester or elsewhere, they would have a larger muster. (Applause.)

The PRESIDENT gave, "The late President and Vice-Presidents, Thomas Turner, Esq., R. Broadbent, Esq., and Dr. Broughton."

Mr. THOMAS TURNER said, that having had the pleasure of presiding over a meeting held in Manchester some months ago, he could not forbear the pleasure of attending this meeting, and congratulating Mr. Bickersteth on the position to which he was called, (Applause.) He agreed with Dr. Dickinson, that these meetings were not only most delightful, but profitable in a professional point of view, and not only in relation to themselves, but the community at large, (Applause.) For it could not be considered that these meetings were private. There was some one amongst them who, no doubt, would give their proceedings publicity; and they knew that the public were curious to know what was going on in the profession. It was true they were assailed by unworthy intruders,—by men who had deviated from the path of honour, and chosen that of disgrace. They would all agree with him when he stated that there were two roads in the profession: one which the disappointed and ignorant, and men who did not possess moral principle, too often pursued; but he was happy to say there was a straight path, which was bounded on each side by those principles of uprightness which ought to attach to their profession, and without which they were not worthy of standing in society. (Applause.) Their profession had certain principles connected with it—dignity, honour, liberality, humanity, and unwearied searching after truth. (Applause.) He believed these were the principles by which they should be guided, and that if they were departed from in any one instance, the individual so deviating committed a great breach of integrity, and was undeserving of esteem, and of any notice other than the ignominy which would attach to him. What was it which gave their profession

the position which it now held in the minds of all men who appreciated what was right? Their profession was characterised as a dignified profession. There was no dignity in the profession itself, but it depended upon the conduct of those who belonged to it. (Hear, hear.) He would not call men by their names according to the doctrines they professed, but he said if they saw men departing from those principles of liberality by which they should be actuated, they must be looked upon as unworthy. When they saw men condemning their brethren, either by innuendo or in some other way, and making it appear as though they were in error, and were guilty of some want of talent, skill, or integrity, such men were not worthy to be included in the list of the honourable members of the profession. (Applause.) It was only the dishonourable who were excluded from a room like that; they met men whom they had a pleasure in meeting, whom they recognized as honourable members of the profession, and with whom they could associate without reproach. (Applause.) Mr. Turner, in conclusion, proposed "The health of their President, Mr. Bickersteth." No man in the profession stood higher in public estimation, and in private worth, than the gentleman who occupied the chair, and if he was not proud of his own position, he ought to be proud of the associates he had in his excellent brothers. (Applause.) How much law, divinity, and physic had been dignified by the name of Bickersteth. (Applause.) He was sure he only feebly expressed the sentiment of the meeting when he wished Mr. Bickersteth and his family long life, and might they, as long as they lived, continue an ornament to society.

The PRESIDENT, in reply, said that Mr. Turner had placed him in considerable difficulty. He had been too hard a worker for between forty and fifty years to be a good speaker. (Applause.) He had no power of making long speeches, but he returned them his sincere and hearty thanks, and he hoped that a few more years would be spared him, though his race was nearly run, to meet them on these occasions. (Applause.)

Dr. DUNCAN proposed "The health of the President-Elect, Dr. Black," a gentleman whose personal acquaintance he had had the pleasure of enjoying for many years, and whose name was known to them all by his writings. (Applause.)

Dr. BLACK said the compliment was quite unexpected, and therefore anything he could say in return must be altogether inadequate. He had long been a member of this Association, and at this distant period he was happy to meet the Branch in Liverpool. (Applause.) They had not mustered so strong as he expected. He had seen a larger meeting at Newton, and whether the comparative smallness of their attendance was owing to their getting at one end of the pole or not, he could not tell. Certain it was that the centre attracted both ends; however, he was much pleased with their proceedings that day, and with the sentiments expressed. (Applause.) A great change was going on, and great innovation was being made in what was called the scientific practice of the profession, both by quacks and regular practitioners. Their great object should

be, to guard against empiricism, which in many instances had taken the place of pure science. They knew by discoveries under the microscope that the science of chemistry was one of profound research. (Hear, hear.) Those who had adopted the profession of empiricism pretended that they could cure disease, without reference to anatomical or pathological science. According to their doctrine a certain number of *grains* would cure, without reference to either. (Applause.) Chemistry was the most exact science in the world, but their pursuit was by no means confined to that, and he warned them against delivering themselves up to a sort of theoretical empiricism, mesmerism, homeopathy, or whatever else it might be. The great thing they had to guard against was, losing sight of their old foundations. (Great applause.)

Mr. MALETT proposed the "Council of the Branch."

Mr. SOUTHAM responded. He did not know that the duties of the Council were very arduous, but he believed they had some few to perform, and he was glad to see that their services were appreciated. (Applause.) They were very much indebted to Sir Charles Hastings for the present prosperity of the Association, but the prosperous state of this Branch was mainly owing to the ability and energy displayed by their Hon. Secretary. (Applause.) So long as they retained Mr. Hatton in office, they would continue to prosper, and he thought it would be very advantageous if they had a gentleman in Liverpool to take a similar active part to that taken by Mr. Hatton in Manchester. (Applause.)

The PRESIDENT said that, after the observations they had just heard from Mr. Southam, it was unnecessary for him to do more than simply propose "Mr. Hatton's health." (Applause.)

Mr. TURNER begged leave to say a few words. Mr. Hatton had signified his intention to resign, but on the solicitation of Sir Charles Hastings and himself, he had consented to retain the office of Secretary, and they would not part with him. (Applause.)

Mr. HATTON briefly acknowledged the compliment which had been paid him. It was a source of great gratification to him to be received in the way he always was at these anniversary meetings. Perhaps the President was not aware that he had now completed his tenth year of office. (Applause.) It was his wish now, as Mr. Turner had stated, to resign the Secretaryship into the hands of some other individual, as he did not think that any one was justified in holding office for such a length of time. Certainly his post was attended with a great deal of trouble, but then it had been to him a "labour of love," for he had seen his exertions on behalf of this Branch seconded by all the respectable members of the profession, and that amply repaid him. (Hear, hear.) Mr. Malett had said that he could not speak as to the arduous duties of the Council, but he (Mr. Hatton) could inform them that they were all concentrated on the Secretary. (Laughter and applause.) It was fully his intention to have resigned, but after the handsome manner in which he had been solicited to remain in office by Sir Charles Hastings, Mr. Sheppard, and Mr. Turner, he did not

think he should be justified in doing so. (Applause.) Meetings like this were their only means of keeping up the Association in an efficient state; he had now completed his tenth year, and if he could only get his professional brethren to join him at such meetings, he had no objection to be Secretary ten years more. (Applause.) They could not attend a meeting like that without being benefitted. They met old friends they had not seen for years, fellow students, and men whose acquaintance they wished to continue. Dr. Black had alluded to their more numerous attendance at Newton, but their meetings there had dwindled down to fifteen. At this meeting there were some thirty, and he hoped they would have double the number at Chester, and 120 the year following. (Applause.) When he looked at the railway map he found there was no place so well situated as South Lancashire and Cheshire for obtaining a good meeting of the medical profession. They were so centralized by the railways that they might, with a little exertion, obtain one of the largest branches in the kingdom. Mr. Hatton stated his belief that this was the first Branch which paid its own expenses. By the additional subscription of half a crown, which every one paid willingly, they were independent of aid from the Parent Society, and were enabled that day to make a donation of £5 to the Benevolent Fund. (Applause.)

Several other toasts followed. Mr. PEARSON proposed "The New Members," which was responded to by Dr. DUNDAS, who till that day had only been a member of the General Association. The PRESIDENT gave "The Visitors;" replied to by Dr. LYON. Dr. BLACK proposed "The memory of Dr. Jefferys;" Mr. TURNER, "Mr. Batty and Medical Education." Mr. BATTY acknowledged the compliment in an appropriate speech. The SECRETARY proposed "The Profession in Chester, and Dr. Waters," which was responded to by that gentleman. Mr. PEARSON proposed "The Maintenance and Honour of our Profession, and unity and good will to all legitimate Practitioners." (Applause.) He also proposed "Mr. Turner's" health, which was drunk with enthusiasm, and duly responded to. The health of "Mr. Ellis Jones (Local Secretary) and Mr. Pearson," who had made such excellent arrangements for the dinner, was proposed by the SECRETARY, and rapturously drunk. Mr. DUNSTAN proposed "Success to the next Meeting at Oxford," and the party broke up, having again drunk the health of their President, who in one brief sentence appropriately replied.

## SOUTH-EASTERN BRANCH.

IN consequence of the general meeting of the whole of the Parent Association having been appointed to be held in 1851, at Brighton, it was considered by the members of the committees of management of the last and present year, to be unnecessary and inexpedient to have the usual annual meeting of this branch.

It was therefore agreed that the Folkestone meeting, as appointed at Guildford, should be postponed to Wednesday, the 30th of June, 1852, to which the members of the South-Eastern Branch were invited.

The gentlemen assembled at the Pavilion Hotel, when there were present—Fred. Harvey Sankey, Esq., Wingham; Amelius Sicard, Esq., Bridge, Canterbury; James Reid, Esq., Canterbury; John Beet, Esq., Ashford; Peter John Martin, Esq., Pulborough; Edward Long, Esq., Barham; Thomas Martin, Esq., Reigate; George Bottomley, Esq., Croydon; Peter Martin, Esq., Reigate; Isaac Hargraves, Esq., Tunbridge Wells; William Alexander Greenhill, M.D., Hastings; John Penkivil, Esq., Staplehurst; Alfred B. Andrews, Esq., Canterbury; John T. Terry, Esq., Wittersham; Robert Martin, M.B., Pulborough; Andrew Wood Baird, M.D., Dover; William Sankey, Esq., Dover; Francis William Pittock, Esq., Sellinge; Henry Whitfield, Esq., Ashford; Thomas H. Silvester, M.D., Clapham; Silvester Eastes, Esq., Folkestone; Peter Rascow, Esq., Folkestone; James Stedman, Esq., Guildford.

At twelve o'clock, the President, Mr. Stedman, took the chair. The minutes of the proceedings at the meetings at Guildford and Reigate having been approved and confirmed,

Mr. STEDMAN, of Guildford, then addressed the gentlemen present to the following effect:—

Gentlemen,—After an interval of two years, occasioned by the holding of the general meeting of the Association at Brighton last year, within this district, I have to express the great gratification I feel in common with many of my friends in Surrey and Sussex, at being enabled to meet you at this interesting place—interesting in many points of view, and more especially so, as being the birth-place of one of the greatest of physiologists and physicians, who will I am sure, be alluded to by my successor in this chair, in a much more able manner than I can have the power of doing. Permit me to offer my best thanks for the great kindness and condescension I have experienced from the members of the South-Eastern Branch of the Association, during the time I have had the honour of holding the presidency of this branch, and more particularly for the honour I received by having so numerous an attendance of the members at our meeting at Guildford. At that meeting the nomination of Dr. Soulby of Dover, as the future President, was hailed with great satisfaction. In deploring his absence, I am sure that I express the great regret and sympathy of the general Association, and of this branch in particular, at the cause of his being unable to meet us on this occasion. I have just now received a letter from him, which I shall presently take the liberty of submitting to you, and I trust that he may be assured from this meeting, that it will be a source of joy to us all when we hear of his being restored to health, so that he may be enabled to pursue his course of usefulness. It now becomes my pleasing duty to place in this chair a gentlemen whose general reputation and high standing in the profession entitle him to receive our best support, and who, on the emergency of Dr.

Soulby's illness, has kindly undertaken to preside on this occasion, and in the fulfilment of the duties of the President of this meeting, he will prove that he is eminently qualified to dignify the Association.

The SECRETARY then read the letter, which had been addressed to Mr. Stedman by Dr. Soulby, expressing his deep regret that he was unable to attend the meeting as the successor of Mr. Stedman, as had been appointed at the meeting at Guildford, on account of severe illness, whereupon it was moved and seconded unanimously,—

“That this meeting desires to express to Dr. Soulby the sincere regret of the members present at the illness under which he is now suffering, and which deprives the meeting of the advantages of his presidency, and to offer to him the expression of their sympathy and cordial good wishes for his complete recovery.”

The Treasurer then presented his summary of account from the 26th of June, 1850, to the 30th of June, 1852, as follows:—

<i>Expenditure.</i>	
1850.	£ s. d.
June 26th.—Balance due to the Treasurer	3 13 4
Oct. 21st.—Account paid to Mr. Allingham—Printing, stationary, and stamps	14 16 2
1851.	
August 25th.—A further account—Printing and stationary expenses	2 11 6
Sept. 11.—Printing account	0 12 6
1852.	
June 24th.—Printing, envelopes, stamps	3 0 6
„ 30th.—Balance in the Treasurer's hands	4 12 0
	<hr/> £29 6 0
<i>Receipts.</i>	
1852.	£ s. d.
June 30th.—Amount received in half-crown subscriptions	29 6 0
<hr/>	
Examined and approved,	
W. A. GREENHILL, M.D.	
J. HARGRAVES.	

Mr. Stedman having then left the chair, it was taken by Mr. SANKEY, of Wingham, who addressed the meeting as follows:—

Gentlemen,—Dr. Soulby, the President-Elect, has requested me to take his place on the present occasion, a task I can assure you I should have shrunk from had I not felt that I should have the able assistance of our most excellent Secretary in directing me to a proper fulfilment of the duties which will devolve upon me; I must, however, beg your indulgence and support, and as I have had the pleasure of attending so few of your meetings, I trust that any deficiencies on my part will be excused.

Dr. Soulby, I regret to say, is prevented by severe illness from joining us. I am sure that those among you who know the untiring energy, the zeal, and the *esprit de corps* which he has always shown, will readily believe that no trifling matter would have deprived us of his services this day; and I hope that I may be

allowed, when I again see him, to convey to him the sympathy of all here present. I trust also that you will all join me in expressing our cordial thanks to Mr. Stedman, the retiring President, for the kindness and ability evinced during the two years he has occupied the chair; these among you who had the pleasure of assembling under his able presidency at Guildford, can better appreciate his services than I who had not the opportunity of being present on that occasion. Amongst those who were then present, there was one (Dr. Mackness,) who has since passed "to that bourne from whence no traveller returns," and whose death was so feelingly alluded to in Dr. Jenks's address last year at Brighton, especially in reference to the medical topography of the southern coast, on which he was then to have addressed us, had he been spared.

The town of Folkestone in which we are now assembled, is one of considerable antiquity. Lambarde says it was called in Saxon, "*Folcestane, id est populi lapis*," or else Flostane, which signifieth a rocke, coast, or place of stone which beginneth here, for otherwise the cliffs from Dover till you come almost hither, is of chalk." It is only of late years that it has been resorted to by invalids. The neighbouring town of Sandgate has, however, for thirty or forty years been known as a favourite bathing place, especially by families connected with the county. The introduction of the railway has had considerable influence on both places, as the population returns will show. In 1841 the population of Folkestone, in which the greater part of Sandgate is included, was 4418, at the last census it amounted to 6637, an increase of 50 per cent.

The situation of Folkestone is very inviting, the recession of the Chalk Hills, which here leave the coast, forming an amphitheatre, sloping to the south, and protected by the heights above from the north and east. From the base of the hills several springs burst forth, which, meandering towards the sea, increase the verdure, and add to the variety of the scene. Of these springs, one at Ford is chalybeate, and if it is not so powerful as some more celebrated, may, nevertheless, when combined with the advantages of sea-air and bathing, be of essential use in certain cases. According to the local guide book the water contains carbonate, muriate, and sulphate of soda, carbonate and muriate of lime, and carbonate of iron.

Mr. Mottley, who has examined the vital statistics of several places on the coast, with the view of comparing them with Margate, classes Folkestone among the healthiest, the deaths being as follows:—

At Margate ... ..	1	death to 63 living.
„ Folkestone ... ..	1	„ 63 „
„ Hastings ... ..	1	„ 52 „
„ Tunbridge Wells	1	„ 49 „
„ Dover ... ..	1	„ 47 „
„ Brighton ... ..	1	„ 47 „

Both Folkestone and Sandgate are well supplied with every accommodation for visitors seeking either health or amusement. The excellent bathing at the latter place, the beautiful walks and drives in the neighbourhood, with the great variety of the geological and botanical features of the surrounding locality, and the facility with which either town can be now reached by railway, must continue to render them places of favourite

resort. Folkestone has been long noted for the excellence of its fish; possibly its bloater herrings may be in as much repute in modern Rome as were its oysters in ancient days.

Lambarde tells us,—“John Twyne commendeth above all others, the oysters that come from Folkestone, as well for the taste as for the greatness, contending that the same were those that for dainties were anciently transported to Rome.”

There are not many names of note connected with Folkestone, passing over that of John Philipot, the author of "*Villare Cantuarum*," or Kent, surveyed and illustrated, who was a native of this place.

The most illustrious name is that of William Harvey, the immortal discoverer of the circulation of the blood; and as our meeting was appointed to be held at Folkestone, with especial reference to it as his birth-place, I purpose, with your permission, to give a short sketch of his life. He was born in this town on the 2nd of April, 1578, the oldest of seven sons of Thomas Harvey and Joan Halke. William adopted the profession of medicine; his five brothers, Thomas, Daniel, Elial, Michael, and Matthew, became merchants, trading with the Levant. Another brother, John, was a man of note in his day, being one of the King's receivers for Lincolnshire; and sat as a Member of Parliament for Hythe in the 16th year of Charles I. At the age of 10 years Harvey was sent to the grammar school at Canterbury, and at 16 was removed to Caius College, Cambridge. He remained there three or four years, and at the age of 19 took the degree of B.A., in the year 1597. In the following year he commenced the study of anatomy, at Padua, under the celebrated Fabricius ab Aquapendente. Having passed five years at that, then celebrated University, he, in the 24th year of his age, 1602, obtained his diploma as Doctor of Medicine; and returning to England in the course of the same year, and submitting to the requisite forms, he also received his Doctor's degree from his original University of Cambridge; and then going to London, and taking to himself as a wife the daughter of Dr. Lancet Browne, in his 26th year, he entered upon the practice of his profession. In 1604 Harvey's name appeared on the roll of the candidates for admission to the fellowship of the College of Physicians; and at the expiration of the probationary three years he was admitted to the distinction to which he aspired. In 1609 he was elected to the office of Physician to St. Bartholomew's Hospital. In 1615 he was chosen to deliver the lectures on anatomy and surgery at the College of Physicians, founded by Dr. Richard Caldwell; and it is generally allowed that in the very first course he gave, in the month of April following, he presented a detailed exposition of those views concerning the circulation of the blood which has rendered his name immortal. The circulation, it would seem, continued to form one of the subjects in the lectures on anatomy which Harvey continued to deliver for many years afterwards at the College of Physicians; but it was not till 1628, in the 50th year of his age, that he published his "*Exercitatio Anatomica de motu Cordis et Sanguinis*." He had previously been appointed Physician Extraordinary to the reigning Sovereign, James I., and continued to hold the

appointment in the reign of his successor Charles I., who appears to have taken great interest in the physiological enquiries of the great anatomist, and to have had several exhibitions prepared of the punctum saliens in the embryo chick and the deer, and to have witnessed the dissections of many of the does which he liberally placed at Harvey's disposal whilst he was prosecuting his inquiries into the subject of generation. Harvey, as a physician, was now in the zenith of his reputation. His practice, if we may judge by the sum of money he is stated to have left behind him, must have been very considerable; but his connection with the Court stood in the way of his improving his position; and then, the appearance of his work on the circulation gave a decided check to his professional prosperity, which he himself ascribed to the opposition and jealousy of his rivals; but it is more probable that the habits of abstract speculation in which he then began to indulge caused him to neglect the usual arts of gaining the confidence of the public. There may be some foundation for the popular notion that he who is an ardent cultivator of any collateral science, or even of any one branch of the elements of medical science, is seldom a good practical physician or surgeon. Patronage and fashion may and do push people into notice who, if left to themselves, would never have been heard of; but I question whether the "jealousy of rivals" could or can obstruct the progress of genuine talent, accompanied with undeviating rectitude of conduct. Harvey, however, had the happiness in his lifetime to find the clamours of ignorance, envy, and prejudice against his discoveries totally silenced, and to find them universally established. Harvey was not only an excellent physician, but an excellent man, His modesty, candour, and piety were equal to his knowledge. The farther he penetrated into the wonders of nature, the more was he inclined to venerate the author of it. His religious sentiments appear to have been active. The exordium to his will is unusually solemn:—"In the name of the Almighty and Eternal God, amen! I, William Harvey, Doctor of Physic, do by these presents make and ordain this my last will and testament. Imprimis, I do most humbly render my soul to him that gave it, and to my blessed Lord and Saviour, Jesus Christ, and my body to the earth," &c. He evinces also true and elevated piety throughout the whole course of his work on generation. His generosity is shown in the noble gift during his life of his property to the College of Physicians. Nor was he unmindful of those social qualifications which conduce so much to the harmony of the profession. Among other directions which accompanied the gift he directs that "To maintain friendship there shall be at every meeting once a month a small collation, as the President shall think fit, for the entertainment of such as come; and once every year a general feast for all the Fellows; and on the day of such feast shall be an oration in commemoration of the benefactors by name, and what in particular they have done for the benefit of the College, with an exhortation to others to imitate, and to the members to study and to search out the secrets of nature by way of experiment; and, for the honour of the profession, to continue mutually in love."

In person, Aubrey informs us, Harvey was not tall, but of the lowest stature, round faced, his hair black as a raven, olive complexioned, little round black eye, full of spirit. His temper was said to be choleric; but he seems, nevertheless, to have had it at all times under his control.

Harvey's second great work, "*Exercitationes de Generatione Animalium*," must have cost him great labour, and was not published till 1651, when he was upwards of seventy years of age. He has not left on record any account that I can find of his treatment of disease, excepting in his own case; being subject to attacks of gout he treated himself on the hydropathic plan. Aubrey tells us "that he would then sit with his legs bare, though it were frost, on the leads of Cochraine House, put them into a pale of water till he was almost dead with cold, and betake himself to his stove, and so 'twas gone."

Harvey appears to have preserved his faculties unimpaired to the last, and died on the 3rd of June, 1657, in the 80th year of his age, and was buried at Hampstead, in Essex, in which county, at Chigwell, the descendants of one of his brothers resided, till they became extinct in the male line, in 1830.

A portrait of Harvey, by Cornelius Jansen, is in the library of the College of Physicians. There is also a very excellent portrait of him at the Canterbury Hospital, supposed on very good authority to have been likewise painted by Cornelius Jansen, who painted several portraits at Bridge, near Canterbury, about the same time. There are also good copies in private collections, as also one at Caius College.

The Folkestone Harveian Literary Institution was founded in 1845, but it has no special reference to the medical profession. The name Harveian was adopted as being likely to give credit and reputation to the Society.

Mr. Mackie, a gentleman of Folkestone, has a collection of geological specimens and fossils of the neighbourhood, which he will be happy to offer to the inspection of gentlemen attending the meeting.

Gentlemen,—I have not ventured to say anything on the unsettled subject of medical politics, leaving that to those who are more competent to the task. There is one subject, however, on which I am happy to think more unanimity prevails, although there are rival schemes of medical benevolence. Our worthy associate, Mr. Newnham, I have no doubt, with his usual ability and perseverance, advocate the claims of the Benevolent Fund connected with this Association. There is another project, "*The Medical Benevolent College*," which has already received such extensive patronage from the profession and the public, that I cannot doubt but that the benevolent intentions of its projector, Mr. Probert, will be fully carried out, and that we shall shortly see such a building raised as may be worthy of so holy a cause. There are also several local benevolent societies, and among them one connected with this county, which has been established upwards of sixty years, and has in that time distributed more than £10,000 amongst its decayed members, their widows and orphans. It still continues a steady course of usefulness, and is worthy of the support of all who reside within its limits.

In conclusion, gentlemen, I have to thank you most



cordially for the kindness and attention with which you have listened to my address. I should not have consented to occupy the honourable position in which I have this day been placed, had I not felt, as I said at the commencement, that I should have the kind assistance of Mr. Martin. I trust that I may have many like opportunities of meeting my professional brethren, for no one I can assure you feels more than I do the truth of the words of Harvey that I have just quoted, "*that these meetings tend to the honour of the profession, and cause us to continue mutually in love.*"

## SHROPSHIRE BRANCH.

THE Annual Meeting of the SHROPSHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, was held at the Boreatton Arms Hotel, Beaschurch, on Thursday, the 8th July. There were present—Joseph Hickman, Esq., President; Robert Broughton, Esq., Vice-President; Dr. Johnson, Dr. H. Williams, P. Cartwright, Esq., J. Y. Arrowsmith, Esq., Wm. James Clement, Esq., Richard Thursfield, Esq., J. N. Heathcote, Esq., Samuel Wood, Esq., James Bratton, Esq., J. P. Wilding, Esq., John Rider, Esq., J. R. Humphreys, Esq.

The general business of the Association was gone into at length, and the following resolutions were unanimously agreed to:—

Proposed by Dr. JOHNSON and seconded by S. Wood, Esq.,—"That this Branch entirely approves of the Draft Medical Bill, and recommends most earnestly the Parent Association to adopt such measures at their next Meeting at Oxford, as shall best insure its introduction to the Legislature."

Proposed by W. J. CLEMENT, Esq., and seconded by RICHARD THURSFIELD, Esq.,—"That this Branch strongly deprecates any alteration in the editorship or publication of the *Provincial Medical and Surgical Journal*, and considers that the present Editors are deserving of the best thanks of the Association."

Robert Broughton, Esq., was chosen President for the ensuing year.

The members afterwards sat down to an excellent dinner when they were joined by several friends, and separated after enjoying a very pleasant evening.

## Foreign Department.

### PROCEEDINGS OF THE FRENCH ACADEMIES.

#### ACADEMIE DE MEDECINE.

THERE has been a great dearth of interesting matter of late in the meetings of the French Medical Societies, and the discussions have, as a matter of course, been brief, as well as somewhat deficient in animation. The principal communications to the Académie de Médecine in point of value are these:—

1. "A Case of Sanguineous Tumour of the Head of the Fibula, Fatal after Operation, in which the Death was attributed to Chloroform."

2. "A Report on a Memoir by M. Mayer, respecting a New Instrument for Scarifying the Uterus."

3. "A Case of Reduction of an Inverted Uterus after Five Months."

4. "On Suicide in Connection with Diseases of the Generative Organs."

5. "On the Therapeutic Value of Manganese in Chlorotic Affections."

Of these we shall notice one or two more at length.

The "Case of Complete Inversion of the Uterus, Reduced at the Expiration of Five Months," is reported by M. Barrier, and occurred in a young woman aged 24, during her second labour. When seen by M. Barrier, she was unable to stand, complained of great pain and dragging from the loins, constipation, and dysuria. She had repeated hæmorrhages, which had reduced her to a stage of extreme anæmia. On examination a pyriform, soft and velvety tumour presented itself to the touch. The pedicle was round, high up in the vagina, and surrounded by a ring, which admitted the finger for a short distance. The tumour had the natural consistence of the uterus, and was neither preternaturally hard nor soft. The diagnosis was, that a complete inversion of the uterus existed. As no medicinal treatment had any controul over the hæmorrhage, M. Barrier determined to attempt the reduction of the inversion, which he accordingly did, previously placing the patient under chloroform, and in the lithotomy position. His endeavour was successful, and the reduction complete.

The beneficial action of *manganese as an adjuvant to iron* in the treatment of anæmia, has been further investigated by M. Petrequin. According to this author manganese and iron are therapeutical congeners, the former being, in many cases, an admirable substitute for the latter, and in others acting as a valuable auxiliary, fulfilling indications which the chalybeate had failed to accomplish. There are cases of chlorosis in which iron is absolutely ineffective, and there are others in which amendment takes place up to a certain point, and no further, the iron seeming to have lost the power of further reconstituting the blood. It is in such, according to M. Petrequin, that we may have recourse to manganese, with the greatest advantage, in combination with the chalybeate. The preparations he employs are usually in the form of pills, but the two metals may be combined in the form of syrups, mixture, or in chocolate.

#### ACADEMIE DES SCIENCES.

IN the Académie des Sciences some few physiological papers of interest have occupied the attention of the members; of these we mention only that by M. Colin, presenting some researches on the "Secretion of Saliva in the Solipeds." Of this paper the following is a summary:—

1. All the glands of the salivary system are active during mastication; nevertheless, each has a special activity, brought into play by certain influences.

2. The parotids do not secrete with equal abundance during a given period of time, but alternate in activity according to the side on which the food is masticated.

3. The secretion of the submaxillary gland is not subject to these alterations, but is equal throughout the process of mastication.

4. Of the whole amount of salivary secretion supplied, the parotids furnish two-thirds, the maxillary glands only a twentieth, the remainder is secreted by the sublingual and the buccal glands.

5. The salivary secretion seems in all cases to be excited by the direct stimulus of sapid substances; the "mouth watering" as an emotional phenomenon, is a fable.

6. The mere action of the jaws has no effect on the secretion of saliva.

#### *On Puncture of the Abdomen in Tympanites.*

A case in which tympanitic distension of the intestines complicated with obstruction, was beneficially treated by puncture, has been witnessed by M. Lebric, who has made it the basis of a thesis, in which he has collated and commented upon all the instances of the kind which he could find on record.

In tympanites the gas may accumulate either in the intestines, which is the most usual site, or in the peritoneal cavity, which is a much more exceptional occurrence. The operation of tapping the intestines under these circumstances, is frequently performed in the lower animals, more particularly bullocks and sheep, in which, after a large repast upon green food, great gaseous distension of the stomach not unfrequently occurs. The veterinary surgeons perform the operation with a common trocar and cannula, and the relief is often immediate and permanent.

Much difference of opinion, however, exists as to the propriety of the operation in the human subject, peritonitis being dreaded as a likely result; but M. Lebric very justly objects to this apprehension, as uncalled for, as in nowise more likely to follow tapping for tympanites than for ascites, in which latter disease its occurrence is quite exceptional.

For the performance of puncture, the needle and the trocar have been respectively recommended; the author however, prefers the latter, taking care that it is of a small size, such as is used as a means of exploring doubtful tumours. The only precautions required is to choose the most prominent and sonorous spot, at which it is known that the bowels are closely in contact with the abdominal walls. The author relates his own case and three others. In all the relief was most marked and grateful to the patient; but as they were instances of insurmountable intestinal obstruction, in which the tympanitic distension was but one symptom, the ultimate result was of course fatal.

#### *Treatment of Albugo by Galvanism.*

Having seen in some journal that in Russia and Sweden albugo in the horse had been removed by the

aid of galvanism, M. Turck adopted the method in the human subject with the effect, he assures us, of greatly diminishing the opacity of the cornea. The case was that of a young girl, aged 13, who had been the subject of scrofulous keratitis, which left albugo of each cornea. That on the left side was not central, so that the child was able to see imperfectly; on the other eye it was so universal as to render her perfectly blind. She was considered incurable and had abandoned all treatment, when she came under the author's care for another affection, and he then determined to experiment with the galvanic battery.

He, accordingly, having set in action a battery of appropriate power, placed the zinc probe in the mouth, while with the copper or negative pole he lightly touched the cornea. The immediate effects were vertigo, nausea, and violent arterial pulsations, but these were soon subdued by a counter application of electricity to the lower extremities. The treatment was persevered in for forty days, with the result of considerably diminishing the opacity in both eyes, so that she was able to read with that eye which had been blind for more than ten years, while the other, though not cured, was so far benefitted that the patient was able to follow her occupation of sewing.

M. Turck farther says, that he has seen albugo in the horse removed in this way in two minutes!

#### *On the Treatment of Facial Neuralgia.*

M. Cazenave informs us (*Revue Medico-Chirurgicale*) that he has had marked success in removing the pains of hemicrania and facial neuralgia by means of the following pomade:—

Pure Chloroform, dr. iv.  
Cyanide of Potassium, dr. iijss.  
Axunge, oz. iij.  
Wax sufficient to give consistence.

M. Cazenave professes to have tried the cyanide of potassium alone, without any benefit, and therefore concludes that it is this particular combination which is so valuable. The mode of using it is to rub ointment, the size of a pigeon's egg, into the scalp, and after which the head is to be covered with an oiled-silk cap. The inunction is to be repeated according to circumstances. In facial neuralgia it is rubbed in over the affected nerve.

#### *On Free Cartilaginous Bodies in the Tunica Vaginalis.*

M. Chassaingnac (*Revue Med. Chirurgicale*, Mai,) has made some observations on the pathology of the foreign bodies which are occasionally found floating free in the cavity of the tunica vaginalis. We say occasionally, for Sir A. Cooper, with all his extensive experience, never met with them in the living subject, deriving his information solely from inspection after death. The case reported by M. Chassaingnac is, therefore, of considerable value.

Case.—A man, aged 70, was the subject of double inguinal hernia. He had also hydrocele on the left side, which exhibited the peculiarity of containing a solid body, which could be moved freely in every

direction. He had never received a blow on the testicle. An incision being made, the foreign body, which, as was suspected, was quite free, was readily removed. In form it was ovoid, in colour white and shining. When divided it was seen to consist of two substances, a central yellowish matter, and a fibrous tissue, arranged in concentric laminae.

The author remarks, that although this peculiar body was perfectly unattached, the mark of a pedicle rendered it probable that it was once connected with the serous membrane, and that the pedicle had gradually become attenuated until it was entirely separated. He regarded this body as the exciting cause of the fluid contents of the hydrocele.

## General Retrospect.

### ANATOMY AND PHYSIOLOGY.

#### *On the Presence of a free Acid in the Lungs.*

By M. VERDEIL.

This writer states that he has found in the parenchyma of the lungs of mammalia a distinct acid, which he has succeeded in obtaining in an isolated, perfectly pure, and crystallized condition. The tissue of the lung of an animal lately killed did not sensibly redden the blue turnsole paper. But when a mass of lung, cut up very fine, was macerated in warm water, it was found that the liquor possessed an acid reaction; which reaction became very manifest when the albumen and blood globules which coloured the liquid were coagulated.

This acidity is stated to be owing to a free acid in solution, in the juices with which the lungs are impregnated. This substance is formed of carbon, hydrogen, azote, and oxygen, in definite proportion. It crystallizes in brilliant needles, strongly reflecting the light. It is somewhat soluble in cold water, nearly insoluble in cold alcohol, but more soluble in boiling alcohol. Boiling absolute alcohol dissolves a very small quantity only. It is completely insoluble in ether. It possesses an acid reaction, and expels the carbonic acid from carbonate of potash and soda. When heated to 140 degrees, it does not lose water of crystallization; at a higher temperature it crepitates, becomes opaque, and is decomposed, giving rise to empyreumatic products; it forms a carbonaceous mass, which disappears completely, leaving no trace.

The parenchyma of the lungs, therefore, contains a free acid. The author has also been able to prove that a portion of the acid which he extracted from the lungs existed in the tissue as a salt of soda.

In reflecting upon the probable use of this acid he observes that, submitted to the general laws which govern chemical substances, it ought to decompose the alkaline carbonates carried by the blood; these, meeting in the lungs with the acid contained within the tissues, ought to form a new salt of soda, and carbonic acid should be set free.

The pulmonary vesicles constantly secrete this acid, which, coming in contact with the carbonate of soda

brought by the capillaries, the acid combines with the soda of the carbonate; the carbonic acid becomes free and passes off in respiration. The new salt of soda returns in the blood where it was found, not free, but combined with the soda. This research was continued; all the characters of the acid and the phenomena of respiration concur to verify, not a theory, but the fact, that an acid constantly secreted by the parietes of the pulmonary vesicles decomposes the carbonate of soda of the blood, and sets its carbonic acid free. This fact explains, amongst other physiological observations, the decomposition of the alkaline cyanurets and bicarbonates injected into the blood, when they arrive in the lungs, as M. Bernard has observed.—*Gazette Médicale de Paris*.

#### *On the Molecular Origin of the Tissues.*—By Dr. BENNETT.

Dr. Bennett read a memoir to the Physiological Society of Edinburgh, the object of which was to prove not only that cells were developed from nuclei, as had previously been ascertained, but likewise that these nuclei themselves originated in smaller bodies, viz., molecules; and that these were the origin of the tissues. He also endeavoured to indicate the laws which governed their formation, arrangement, and subsequent development. The author showed, by a reference to the observations of Schleiden and Schwann, that the first step in the organisation of all tissues was the coalescence of molecules and granules, into a cell-germ, which further derived a cell-wall from the agglomeration of other molecules. At any period in the progress of evolution the onward progress might be checked, when the structure became disintegrated in a manner inverse to its mode of formation. First the cell-wall became dissolved, then the nucleus, both of which were reduced to molecules, and then to an amorphous fluid. The author likewise mentioned another form of molecules, which he called secondary. These constitute peculiar secretions. The author next alluded to the origin and mode of formation, with the physiological and pathological importance of these three kinds of molecules, and described the investigations of Ascherson and Melsens. He concluded by pointing out the relation of a knowledge of this molecular formation to the study and treatment of disease. He stated, for instance, that in tubercular diseases the molecules of evolution were deficient, from absence of the fatty element in the chyle; and that in some other diseases, as in those of gouty, rheumatic, and scorbutic origin, a cure could only be effected by the introduction of such substances into the blood as favoured the production of molecules of transformation. The paper was very elaborate, and commanded a large share of attention.—*Monthly Journal of Medical Sciences*.

#### *On the Structure of the Middle Coat of Arteries.*—By Mr. DRUMMOND.

At one of the Edinburgh Physiological Society's meetings Mr. Drummond showed several specimens of the middle coat of the aorta in the ox, for the purpose of demonstrating that the fibres have a striated appearance, which might cause them to be mistaken for muscular

fibres, but that in reality they resemble the fibres of the ligamentous nuchæ, or the yellow elastic fibre. Under a high power they exhibit numerous cup-shaped depressions, arranged in linear series, to which the striated appearance is owing. He also showed that the structure described under the title of the fenestrated coat of Henle, as it occurs in the middle coat of the aorta of the ox, is formed by the amalgamation of the network of the yellow elastic fibres, the fenestræ or perforations being merely the remains of the areolæ between the fibres. The fibres which form the coat frequently have a striated appearance.—*Monthly Journal of Medical Science*, May, 1852.

### PRACTICAL MEDICINE.

*Signs of the Scrofulous Habit.*—By Dr. TYLER SMITH.

The author contests the general, and we believe correct opinion, that the engorgement of the lymphatic glands, seen in feeble children, is a constitutional affection. He states that in his opinion the disorder is at first local only, and does not depend on any specific constitutional taint, and therefore that these enlarged glands are not to be received as evidence of a scrofulous habit. He, however, mentions one which he considers an unfailing sign of scrofula in young children. It consists of enlargement of the fingers, particularly to the first and second phalanges. The tumidity is chiefly seen over the metacarpal bones, the joint remaining of the natural size or nearly so. The swelling is soft, but not cedematous, and evidently consists of infiltration amongst the deeper structures of the finger. The surface is pale and shining, conveying the impression of semi-transparency when the tension is great. Unless in the advanced stages, there is no pain; the last phalanx is seldom affected, and the point of the finger appears by comparison smaller than usual. The seat of this curious change appears in the first instance to be in the periosteum, and sometimes enlargement of the finger begins a few weeks after birth. Whenever the puerile finger is morbidly enlarged in the manner described, the scrofulous constitution may be anticipated; and the author believes the tumid finger to be the earliest indication of this state presented by young children. When it is observed, the subjects of it require that every exertion should be used to remedy the general debility, of which it is the certain and unmistakable sign.—*Lancet*, May 15.

### SURGERY.

*Charcoal Cushions for Deodorization.*

Mr. Howell makes the useful suggestion that the unpleasant and injurious effects of urinary and other discharges may be obviated by the use of charcoal bags, he says:—A. S—, a patient under my care in the Hackney Union Infirmary, has for some time "passed everything under her," and thereby become a nuisance and cause of complaint to the other patients in the ward. Eleven days ago, I adopted the plan of placing beneath her a calico-bag two feet square, partially filled with Irish peat-charcoal, so as to form a sort of cushion and absorbing medium. It has had the happy effect—which

continues even now, without any necessity for changing the charcoal—of completely neutralizing all unpleasant odour; and if the bed becomes partially wet, all the offensive ingredients are absorbed and neutralized by the charcoal, which thus is a most simple means of remedying a great nuisance, and one that requires the most strict attention, at best, to prevent; and that attention is often difficult, and always expensive, to procure. In cases of incontinence of urine particularly, and indeed all attended with fœtid discharges, cancer, compound fractures, &c., this plan, or some modification of it, might be adopted with advantage.—*Lancet*.

*Fracture of the Anterior Inferior Spinous Process of the Ilium.*—By Dr. ASHBY, Virginia.

The subject of this rare accident was a negro lad, aged 19, who, while carrying a pail of water on his head, suddenly stepped into a deep hole. He immediately became disabled in the right leg, especially in the attempt to flex the thigh as in walking. There was no distortion, lengthening, or shortening of the limb, so that the author decided that there was no fracture, much against the conviction of the patient, who declared that he heard something give way.

However, on elevating the leg at right angles to the body, and letting it down suddenly, the author for the first time heard a crepitus, but the sound could not be produced by any other movements, for which reason he was doubtful as to the locality of the fracture. It could not be the cervix because no pain was referred to this joint; neither were there swelling or other symptoms of that accident. Further examination cleared up the difficulty, as the author was able to seize the fractured bone, which was evidently the anterior superior spinous process, separated from the ilium. The treatment was simple, and in four weeks the boy was walking about.—*Philadelphia Medical Examiner*.

### Correspondence.

#### OVARIOTOMY.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—In the *Provincial Medical and Surgical Journal* of October 30th, 1850, you published a report of a successful case of ovariectomy, performed by me at the Taunton and Somerset Hospital, Feb. 19th, 1850. The girl has called on me four times since, at intervals of about six months, and was at my house on Wednesday last, July 7th. She is in perfect health; catamenia regular. Thinking such cases should be watched for some years, and the state of health reported from time to time, I am induced to request the favour of your inserting this note in your next journal.

I am, Sir, yours obediently,

C. H. CORNISH. F.R.C.S.E.

Taunton, July 12, 1852.

# Medical Intelligence.

## TESTIMONIAL OF RESPECT TO DR. GRABHAM.

It is always pleasant to observe a successful issue to legitimate toil. In relation to an old and valued member of our Association, it affords us much pleasure to make the following extract from the *Chelmsford Chronicle* of the 25th ult. :—

"We noticed last week the presentation of valuable plate to Dr. Grabham and his family by the clergyman of Rochford, and the parishioners generally. On Saturday last, Dr. G. experienced a similar demonstration of kindness, on an extended scale, from very numerous contributors, in whose name the Bishop of Moray and Ross, attended by a considerable number of the clergy and gentry of the district, presented Dr. G. with a splendid silver ewer, of exquisite workmanship, bearing the following inscription :—

\*Presented to  
John Grabham, Esq., M.D.,  
On his leaving Rochford,  
As a mark of Gratitude for professional services,  
And a token of Affection  
From many sincere Friends.  
June, 1862."

## RECOVERY OF MEDICAL FEES FROM DECEASED PATIENTS' FRIENDS, WITHOUT ADMINISTRATION.

An action of great importance to the medical profession was lately brought in the Brompton County Court, whereby the practicability of recovering their fees after the decease of patients was shown, and also the necessity of their fairly understanding to whom they are to look for payment in the event of death. The plaintiff, Mr. Ince, is a surgeon residing in Pimlico, and the defendant is an elderly lady named Spencer, sued in her capacity of executrix to her deceased mother, who was indebted to plaintiff to the amount of £13. 2s. 6d. An objection was at once taken to the summons by defendant's solicitor, Mr. Roberts, on the ground that Miss Spencer was not an executrix, her mother leaving nothing to administer to. Mr. Ince said the defendant called upon him, and asked him to visit her mother, who was lying dangerously ill. He attended her, and about twelve months afterwards he was requested to send in his bill instantly by Miss Spencer. Knowing them to be respectable people, he did not do so until Christmas, the usual time for medical men to send in their accounts. After this he waited some time, and sent a note. No notice being taken of this, he sent a person for the account, who brought word back that defendant's mother had previously paid witness ten pounds of the account. He, Mr. Ince, then called, and Miss Spencer told him the same tale, and said she would not pay twice over. He asked her to produce some receipt or evidence of his having been paid. This defendant could not do, and offered to pay the balance of ten pounds if he would give a receipt in full. Defendant also denied that her mother had left any property. He pointed out several pieces of furniture to Miss Spencer, and remarked to her that they were surely her mother's property. Can positively swear he never received one penny from the deceased or defendant. The furniture in defendant's house is worth £300 or £400. By Mr. Roberts: My

books are entered for Mrs. Spencer, but, out of respect for age, the bill was made out to Miss Spencer. Miss Spencer examined by Mr. Roberts: I am perfectly convinced that the plaintiff's account has been partly paid. I searched the house for the receipt, but in consequence of having burned all my mother's papers, it could not be found. My mother did not leave a vestige of property, and I have not taken out letters of administration. The expenses of the funeral were paid by me partly out of an annuity of my mother's. It was not by my wish Mr. Ince attended my mother, and I merely acted up to my mother's instructions, in telling him my mother wished to see him. By Mr. Jones: My mother left about ten sovereigns. She had no other property. The furniture in the house was all mine. I purchased it out of the produce of my school. I purchased the house for about £400 out of my savings. My mother told me she was going out to pay Mr. Ince, and I am certain she paid him £10. The Judge said: There is no evidence as to defendant being executrix. But that I will amend. As to plaintiff having been paid, there is not a tittle of evidence, and I believe his statement to be true. I consider plaintiff is entitled to a verdict, on the ground of defendant having herself employed him. Verdict for plaintiff, and costs.

## PROFESSOR RECAMIER.

Lately, in his 78th year, of pulmonary apoplexy, suddenly expired this bright ornament of the medical profession, in France. His energies were unimpaired to the last, and within an hour of his death he was engaged in consultation with Professor Cruveilhier on a difficult case of practice.

Recamier's name is too well known amongst us to require our enumeration of the many improvements he has suggested to medical science, even if this were the place to do so, but the aid he has afforded us in treating surgically the diseases of women, is too important to be passed over entirely without notice, even in this short sketch, as he has thereby laid the foundation of a new pathological form of study.

Simple and unostentatious in his manner of life, so did he desire that his obsequies should be unattended by pomp or display; but both rich and poor flocked to his tomb, to show the last public token of respect to their mutual benefactor—for with him charity and science were ever closely associated.

The Faculty and the Academy of Medicine each sent deputations to do him honor; professors of eminence, many of them his pupils, gathered round his remains; and Troussseau, Gibert, and Maisonneuse, only spoke the deep feelings of all present in their eloquent orations over his tomb. Rich and poor—all have lost a friend; and it was the loss of so virtuous a man which filled with emotion and wrung with anguish many a brow too much accustomed to the world to feel the stern severities of grief.

## APPOINTMENTS.

Mr. Caesar Hawkins has been appointed President of the Royal College of Surgeons, and Messrs. James Luke, Surgeon to the London Hospital, and Mr. Robert Keate, F.R.S., were appointed Vice-Presidents of the College.

Mr. Bransby Blake Cooper has been appointed Hunterian Orator.

## QUEEN'S HOSPITAL, BIRMINGHAM.

At the Monthly Board of the Council of the Queen's College at Birmingham, held on Tuesday last, at which the Principal, Lord Lyttelton, presided, Mr. Alfred Freer, of Stourbridge, was unanimously elected a Fellow

of the College under the provisions of the Supplemental Charter.

**MILITARY.**—Dr. Piper, for many years surgeon to the Provisional Battalion at Chatham, has been appointed medical officer to the Military Prison at Fort Clarence.

**NAVAL.**—Surgeon John Andrewes (s) (1841) to the *Meander*, 44, at Chatham. Assistant-Surgeon James S. Ayerest (1847), from the *Queen*, 116, at Devonport, to the *Meander*.

#### UNIVERSITY OF CAMBRIDGE.

The degree of M.D. has been conferred on Thomas Lockley, and A. W. Barclay, of Caius College.

#### ROYAL COLLEGE OF PHYSICIANS.

The undernamed gentlemen were admitted members on June 25 :—Dr. Gore, Worthing; Dr. Schulhoff, Suffolk Place, Pall Mall East; Dr. Winn, Finsbury Square. Also Dr. Dunhill, York, and Dr. Hyams, Duke Street, Liverpool, were admitted Extra-Licentates.

The following gentlemen were admitted Fellows on July 9th :—Dr. Boyd, Wells, Somerset; Dr. Fuller, Manchester Square; Dr. Hennen, Upper Southwick Street; Dr. Jenner, Albany Street; Sir Benjamin F. Outram, K.C.B., Hanover Square; Dr. Rowland, Woburn Place; Dr. Sieveking, Bentinck Street; Dr. Walshe, Queen Anne Street.

#### MIDWIFERY BOARD.

At a meeting of the Council of the Royal College of Surgeons, on Thursday afternoon, the following physician-accoucheurs were elected the Examiners in Midwifery to the College, in pursuance of the recent Charter—viz., Dr. Farre, Dr. Reid, and Dr. Oldham.

#### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 2nd instant :—Timothy Doyle, Kilkenny; Wm. Mitchell Firth, Army; Benjamin Godfrey, Romsey, Hants; Tom Smith Hewitt, Nottingham; Edward A. G. L. Lundy, Hon. East India Company's Service; Albert Massey, Camberwell; John Thomas Muriel, Ely; Richard Bird Nason, Nuneaton, Warwickshire; Robert Taylor, Botesdale, Suffolk; Charles White, Doncaster, Yorkshire.

The following gentlemen were admitted members on the 9th instant :—Augustine Batt, Witney, Oxfordshire; Frederic Carter, John Caudley, Hedon, Yorkshire; Thomas Croudace, Sunderland; John Wells Fletcher, Earls Croome, Worcestershire; James Ford, Australia; Griffith Griffith, Taltrewddyn, Merionethshire; Alfred Adams Mantell, Bitton, Gloucestershire; William Roocraft, Wigan, Lancashire; Wm. Waters, Dublin.

The following gentlemen were admitted members on the 12th instant :—Thomas Anderson, Chorlton-upon-Medlock, Lancashire; Edward Atkinson, Little Woodhouse, Yorkshire; William F. Bellin, Great Yarmouth, Norfolk; Theodore Grant, Cressy, Australia; Joseph Hazard, Hampstead Heath; Francis Marchant Laidman, Exeter; Henry Lowndes, Liverpool; William Clarence Matthews, Longlight, Manchester; Richard Ratliffe, London; William Henry Rean, Plymouth; Thomas Thomson, Brunswick Place, Regent's Park.

**FELLOWSHIP EXAMINATIONS.**—The following gentlemen have just passed their examinations in Classics,

Mathematics, and French, viz.:—Archibald Childs, Bungay; Edward Gylles Crooke, Leyland, near Preston; Peter Yeames Gowlland, Finsbury Square; Harvey Ludlow, Paternoster Row; Thomas Edward Pearce Martin, Tooley Street; William Boyd Moss, West Smithfield; George Robert Skinner, Bath; S. M. C. A. Anderson Smith, Paradise House, Kilburn.

The following members of the College have also been admitted to the Fellowship, under the provisions of the recent charter :—Charles Abhavassee, Birmingham; William Bartlett, Notting Hill; Thomas Barrett, Bath; George Beaman, King Street; William Henry Bellat, Stockport; George Bottomley, Croydon; George Burt, New Bridge Street; George Bury, Whetstone; Alexander B. Chisholm, Wimpole Street; Charles Collambell, Lambeth; Robert Dunn, Norfolk Street; Ralph A. Frogley, Hounslow; Michael Foster, Huntingdon; Walter Griffith, Bloomsbury Place; Thomas Hewlett, Harrow; Thomas Hunt, Alfred Place; Francis Hutchinson, New Bridge Street; John Jones, Upper Clapton; William Kershaw, Royton; John A. Lloyd, Bath; Thomas Lloyd, New Basinghall Street; David P. Maurice, Marlborough; Robert Norton, Westbourne Grove; John Perry, Easton Square; John Evans Riadore, Harley Street; Richard R. Robinson, Camberwell; Edward O. Spooner, Blandford; James Startin, Saville Row; John Soper Streeter, Harpur Street; William Tarleton, Birmingham; John Thompson, Biggleswade.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 1st July :—Donald Fraser, London; Charles William Goodall; Robert Grundy, St. Helens, Lancashire; William Harbord, Wainfleet, Lincolnshire; James Innes M'Intosh; George Moore, Tunbridge Wells; George William Noad, Newfoundland; John Watkin Phillips.

Gentlemen admitted members on the 8th July :—Clarence Cooper, Brentford; Thomas Potter Johnson, Congleton, Cheshire; Thomas Spencer, East Shelton, Leicestershire.

#### OBITUARY.

July 2nd, at Kilmuir, Argyllshire, in his 80th year, Thomas Thomson, M.D., F.R.S.L. and E., etc. Regius Professor of Chemistry in the University of Glasgow.

July 1st, at Newcastle-upon-Tyne, Noel Thomas Smith, M.D., aged 83.

#### ERRATA IN MR. FOSTER'S PAPERS.

In the table of contents, last *Journal*, there is an error in the name of the author. It should have been "Two Cases of Vitiligoidea, by M. Foster, Esq., Huntingdon," instead of W. Foster; also in the heading of the paper in the *Journal*, the same mistake occurred. Page 139, col. 2, 13 lines from the bottom, for *external* read *sternal*.

#### TO CORRESPONDENTS.

Communications have been received from Dr. Merd, Dr. Cotton, and the Birmingham Pathological Society.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Papers and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL  
MEDICAL & SURGICAL ASSOCIATION.

TWENTIETH ANNIVERSARY MEETING.

THE Association held its Twentieth Annual Meeting at Oxford, on Wednesday, the 21st, and Thursday, the 22nd of July, 1852.

The following gentlemen recorded their names in the book kept for the purpose. The total number present was about 300:—

George Jenks, M.D., Brighton; James A. Ogle, M.D., Oxford; Sir Charles Hastings, M.D., Worcester; John S. Soden, M.D., Bath; John Forbes, M.D., London; James Crang, Esq., Tisbury; W. A. Greenhill, M.D., Hastings; Richard Flint, Esq., Stockport; Thomas Radford, M.D., Manchester; John Elliott, Esq., Kingsbridge; C. Radclyffe Hall, M.D., Torquay; James Tunstall, M.D., Bath; J. H. Walsh, Esq., Worcester; W. Colborne, Esq., Chippenham; John Higginbottom, Esq., Nottingham; Joseph White, Esq., Nottingham; Farnham Flower, Esq., Chilcompton; Charles T. Carter, Esq., Hadley, Middlesex; William Newnham, Esq., Farnham; Chas. Bailey, Esq., Cliffe, Chippenham; Thomas Nunneley, Esq., Leeds; Edwd. Wallace, Esq., Carshalton; John Grabham, M.D., Islington; George Humphry, Esq., Cambridge; John Kirkman, M.D., Melton, Woodbridge; Frederick T. Wintle, M.D., Warneford Asylum; John Martin, Esq., Oxford; Thomas Hunt, Esq., London; John Rose Cormack, M.D., Putney, London; Jas. Edwards, M.D., Bernarth, Conway; Richard Hansard, Esq., (Hon. Sec.,) Oxford; Edward R. Owen, M.D., Oxford; Alexander Henry, M.D., Maidstone; Robert Wake, M.D., Southwold, Suffolk; Joseph C. Cookworthy, M.D., Plymouth; T. L. Surrag, Esq., Clifton; J. Stedman, Esq., Guildford; Peter Martin, Esq., Reigate; Archibald Robertson, M.D., Northampton; John Griffith Leete, Esq., Thrapstone; W. H. Ranking, M.D., Norwich; James Young, Esq., Wells, Norfolk; William Gill, Esq., Nottingham; H. Martin Holman, M.D., Hurstpierpoint; Henry Alford, Esq., Taunton; C. H. Cornish, Esq., Taunton; Robert Marchant, Esq., North Curry, Somerset; H. W. Randolph, Esq., Milverton; W. E. Gillett, Esq., Fairwater, Taunton; Francis Henry Woodforde, M.D., Taunton; Richard L. Pennell, M.D., Chorton Bishop; C. F. J. Lord, Esq., Hampstead; Robert Fookes, Esq., Stalbridge; Edward Howell, M.D., Swansea; John Churchill, Esq., London; Wm. Matterson, jun., Esq., York; Harry Lupton, Esq., Thame; J. Armitage Pearson, Esq., Woolton, near Liverpool; Ellis Jones, Esq., Liverpool; Crosby Leonard, Esq., Bristol; George Turner, M.D., Stockport; George Downs, Esq., Stockport; Geo. Edwards Esq., Wolverhampton; Harrington Tuke, M.D., Cheswick; W. James, Esq., Bristol; James Heygate, M.D., Derby; Geo. Vicary, Esq., Warminster; Richard Alford, Esq., Tewkesbury; M. Battel, Paris; John

Barclay, M.D., Leicester; D. Barclay, M.D., London; John Motherell, M.D., Castledery, Ireland; John Haddy James, M.D., Exeter; T. G. Hake M.D., Bury St. Edmunds; J. Thurnam, M.D., Devizes; C. P. Collyns, Esq., Dulverton; M. Shurlock, Esq., Eynsham; G. S. Ogilvie, Esq., Stapleton, Bristol; E. S. Mayor, Esq., Bristol; John S. Bartrum, Esq., Bath; Hugh W. Diamond, M.D., Surrey County Asylum; W. D. Husband, M.D., York; James P. Sheppard, Esq., Worcester; Thomas Workman, Esq., Bayswater; William Gibbon, Esq., Kettering; C. B. Nankiville, M.D., Torquay; R. Giles, M.D., Oxford; Comte de Montizon; Edward Mainwaring, M.D., Bournemouth, Hants; Dr. Ross, Madeira; Cordy Burrows, Esq., Brighton; Chas. W. Bell, M.D., Manchester; J. Sharpe, Esq., Warrington; Peploe Cartwright, Esq., Oswestry; Thomas Smith, M.D., Cheltenham; William Philpot Brookes, M.D., Cheltenham; Forbes Winslow, M.D., London; Francis Sibson, M.D., London; Thomas Hodgkin, M.D., London; George Bottomley, Esq., Croydon; John Property, Esq., London; G. Bury, Esq., Whetstone; Henry Lee, Esq., London; Richard Woodhouse, M.D., Reading; Edgar Sheppard, Esq., Enfield; F. C. Batt, Esq., Abergavenny; T. W. Jeston, Esq., Henley-on-Thames; Edward Ray, Esq., Dulwich; Rev. D. Bell, Bleasdale Parsonage; James Williams, Esq., Apsley Gulse, Woburn; Henry W. Rumsey, Esq., Cheltenham; Gustavus Foote, Esq., Kington, Herefordshire; Wm. Hey, Esq., Leeds; D. Rice, Esq., Stratford-on-Avon; B. Rice, Esq., Littlemore; J. Hitchman, M.D., Derby County Asylum; George Burrows, M.D., London; J. Bowling, Esq., Hammersmith; G. H. Haslop, Esq., Buckingham; Owen Roberts, M.D., St. Asaph; Bell Fletcher, M.D., Birmingham; Eason Wilkinson, M.D., Manchester; George Southam, Esq., Manchester; William James Wilson, Esq., Manchester; W. W. Williams, M.D., Gloucester; William Ley, Esq., Littlemore; John J. Field, M.D., Torquay; E. Ambler, Esq., Stalbridge; Caleb Williams, Esq., York; Thomas Grimwood, Esq., Walton; T. Herbert Barker, M.D., Bedford; A. Hamilton, Esq., Ampthill; John William Harriss, Esq., Exeter; William Clapp, Esq., Exeter; Stanton Wise, M.D., Banbury; Hamilton A. Roberts, Brynmewrig, Bangor; Forbes Winslow M.D., London; Thomas Tapley, Esq., Great Torrington; Charles Chadwick, M.D., Leeds; James Turnbull, M.D., Liverpool; Thomas Paget, Esq., Leicester; Charles Mayo, Esq., Winchester; Charles Mayo, jun., Esq., Winchester; Jas. Mayo, jun., Esq., Winchester; Henry James Stokes, M.D., Islington; Henry Cooper, M.D., Hull; Robert Hardy, Esq., Hull; Augustus Eves, M.D., Cheltenham; W. Budd, M.D., Bristol; Charles Cowan, M.D., Reading; Geo. B. Clark, M.D., Colchester; T. Ogier Ward, M.D., Kensington; A. D. Dunstan, Esq., Holmes Chapel, Cheshire; Edward Pope, Esq., Tring; Dr. Duke, Rugby; William Wilson, Esq., Brighton; W. H. Duncan, M.D., Liverpool; C. C. Wallis, Esq., Castle Cary; Richard N. Strew, Esq., Steyning; G. H. Fosbroke, Esq., Bideford; J. G. Ruaher, Esq., Peshore;

Joseph Toynbee, Esq., London; Richard Eaton Rusher, Esq., Oxford; Thomas Sawyer, Esq., Clifton; James George Davey, M.D., Northwoods; Joseph Lancaster, Esq., Clifton; Paul William Swain, Esq., Devonport; Phillip Grubb, Esq., Warminster; Benjamin Gilson, Esq., Halstead; Henry Pocock, M.D., Coventry; Thos. Clark, Esq., Wellingborough; Thomas Mellor, Esq., Manchester; James Nash, M.D., Worcester; Samuel Crompton, Esq., Manchester; James Paxton, M.D., Rugby; P. Miller, M.D., Exeter; R. Burridge, M.D., Taunton; B. Chevallier, M.D., Ipswich; Wm. C. Trotman, M.D., Clifton; W. R. Kelly, M.D., Taunton; H. Kent, Esq., Wrotham, Kent; J. W. Kellgall, Pangbourn, Berks; J. W. Metcalfe, Esq., York; G. Curme, Esq., Dorchester; E. H. Ambler, Esq., Late Stalbridge; Duncan Sinclair, M.D., Halstead; H. Pout, Esq., Yalding; H. M. Gould, Esq., Wateringbury; S. Hare, Esq., London; T. Shapter, M.D., Exeter; W. H. Michael, Esq., Swansea; A. W. Davis, M.D., Presteign; J. W. Workman, Esq., Reading; T. L. Walford, Esq., Reading; W. T. White, Esq., Kempsey; J. Mash, Esq., Northampton; T. Bull, Esq., Great Grimaby, Lincolnshire; W. Eddowes, Esq., Pontesbury, Salop; John Conolly, M.D., Harnwell; G. N. Robinson, M.D., Leadwell; R. Turner, Esq., Tunbridge Wells; H. Veasey, Esq., Woburn, Bedfordshire; J. Hodgson, Esq., London; E. Waters, M.D., Chester; J. Soden, Esq., Bath; A. Prichard, Esq., Bristol; A. B. Rye, Esq., Banbury; T. Thompson, M.D., London; J. Frankerd, Esq., Langport; W. W. Munceton, Esq., Curry Rivel, Somerset; F. N. Gosling, Esq., Worcester; E. Hussey, Esq., Oxford; G. Cowley, Esq., Winslow, Bucks; F. Symonds, Esq., Oxford; J. Ormond, Esq., Bath; Thos. Lightfoot, M.D., London; E. Daniell, Esq., Newport Pagnell; G. F. Paxon, Esq., Cranfield, Beds; J. Faircloth, Esq., Northampton; G. W. Hastings, Esq., Temple, London; James Stilwell, Esq., Uxbridge; A. Stilwell, M.D., Hillingdon; J. W. West, M.D., Dorset; G. May, Esq., Reading; R. Jones, jun., Esq., Astrop; R. Jones, Esq., Brackley; J. McCarogher, M.D., Chichester; J. F. Lamb, M.D., Philadelphia; J. C. Williams, M.D., Nottingham; J. H. Pring, Esq., Weston-super-mare; W. Barker, Esq., Wantage; E. J. Hayward, Esq., Wantage; J. Whiting, M.D., Lynn; C. E. Sheppard, Esq., Worcester; &c., &c.

The preliminary meeting of the Council took place in the Town Hall at seven o'clock on Tuesday evening, and the

#### FIRST GENERAL MEETING

was held, by the permission of the Rev. the Vice-Chancellor of the University, in the Convocation House, at ten o'clock. Shortly after the time appointed for meeting,

Sir CHARLES HASTINGS moved that Dr. Jenks, of Brighton, take the chair. (Applause.)

Dr. JENKS accordingly took the Presidential seat, and then addressing the meeting, said it devolved on

him to take the chair, and formally open the proceedings, and then resign it (after having held it for the usual term of one year,) to his successor; before doing so, however, he had to express his grateful sense of the honour done him in his appointment as President at the last meeting, and the high satisfaction it had afforded him to preside, for so long a period, over a body alike so numerous and influential as the one he was now addressing. He would not detain them by giving an account of the transactions of the past year, as there would come regularly before them in the Report of the Council, but he could not refrain from congratulating them on the successful progress and onward march of their Association. The great gratification which he experienced at meeting them in this ancient city was greatly diminished by the lamented decease of the late Regius Professor of Medicine in this University, Dr. Kidd. That estimable and respected man, being far advanced in years, was most desirous of having a meeting of the Association in Oxford before he paid the debt of nature, but unfortunately his wish had not been realized; they had, however, the satisfaction and consolation of knowing that his intention would be fully carried out by his successor the present Regius Professor, Dr. Ogle, a gentleman who had been recommended by Dr. Kidd to preside over this, their twentieth anniversary. Under his auspices, and those of the many gentlemen he saw around him, he (Dr. Jenks) could promise them a very successful meeting. It did not befit him, as he had previously remarked, to detain them with any lengthened remarks, and in vacating the chair he would say that he should remember the honour conferred upon him by his appointment to the office of President as long as life was spared him. (Applause.) With the best wishes for their health and happiness, he begged to introduce to their notice his successor Dr. Ogle. (Much applause.)

Dr. OGLE having taken the Presidential chair, amidst very hearty applause, rose and spoke as follows:—

GENTLEMEN,—The introduction with which my predecessor in this office has just favoured me, far from being a matter of simple form and courtesy, is, as I am well aware, a measure no less of need than propriety.

There are many here to whom I am equally in name and person unknown.

When in the early days of this Association those gentlemen to whose exertions it mainly owes its origin found here in Oxford that friendly reception, that earnest encouragement, and that decided support, which my much esteemed and deeply regretted friend, the late Dr. Kidd, both proffered and supplied to them, I was myself in deepest affliction; death had very recently invaded my home, and had bereaved me of what I there held dearest. That I might the better discharge the domestic duties which had thus devolved on my sole care, I withdrew at once and entirely from all engagements which would entail upon me distant sojourns and lengthened absence from my home and family; and thus it was that the pleasure and profit which the annual meetings of this Association supply to its members have been lost to me, and that I am a



stranger to so many of my professional brethren, from whose acquaintance I might, under happier circumstances, have derived both gratification and instruction. Yet, gentlemen, I pray you to believe that though so late in joining the Association, I was neither opposed to the purposes it contemplated nor have I been indifferent to its progress and eventual success. At the suggestion of that revered friend and associate whom I have already named, whilst yet he was in life and happy in anticipation of this day's meeting, the Council of the Association paid me the compliment of inviting me to preside on this occasion, a compliment which I am quite sensible I mainly owe to a courteous respect for my years and academic position; yet, therein I am nevertheless well content, assured as I am that no such considerations would have secured to me the commendations of the one party nor the choice of the other, had I been deemed personally unworthy of this distinction; and although the partial kindness of friends but too frequently misjudges the capacity of one to whom they are attached, I shall venture to say, that in so far as an earnest regard for the honour and dignity of our profession,—an indignant contempt of those audacious impostors of past and present time professing medicine, whose atrocious frauds are surpassed only by the sordid motives which prompt them—frauds alike injurious to an honourable calling and to the welfare of the community,—so far, I say, as these sentiments may entitle any one to such an honour, I may vindicate for myself the occupancy of this chair, without fear of challenge or of molestation from any quarter.

Under the circumstances in which I am placed, you will concede to me your indulgence, and pardon me the egotism in my proceeding to say of myself that I am, and always have been, the opponent of all unnecessary impediments to the acquirement of professional privileges; and that as regards the discipline and economy of the medical community, whether as determined by legislative enactments, or adopted by general consent on the principle of mutual concessions, I am an advocate of the freest policy which is consistent with the nature of our institutions, and conducive to the common interests of us all; but I scruple not to add that we shall do well to bear in mind, that so long as in His inscrutable wisdom, the all-wise and all-benevolent Author of every blessing sees fit to distribute with unequal hand the gifts of talents, means, and opportunities, so long must inequalities exist among us, which it is neither practicable nor desirable to efface. This remark, I am well aware, would come from me with singular ill grace, were I not indeed of full and honest purpose to promote whatever may conduce to the general welfare of the profession, and to do away every hindrance to open lists and a fair field for all.

Without making any special reference to, or entering into discussion of, the several proposed bills and new charters at this time before the medical public, I would observe that it is hopeless to effect any permanently satisfactory arrangements, until the statutes of our academic institutions have been revised, and their proceedings brought more into unison or parallelism with

each other than is at present the case; for how is it possible that without a sense of its patent injustice can equal respect be challenged, and equal privileges claimed for academic distinctions to be had at one university at the cost of a small pecuniary payment, but which at another are to be obtained only by residence and a course of study to be continued during years, and a proficiency to be tested by a severe and searching examination.

I will presently set forth the main features of our system here in Oxford, meanwhile I do not hesitate to say that I deem the cost of education in this place not simply a very serious drawback on our usefulness, but in so far as it can be avoided, a palpable wrong to the community. These sentiments, gentlemen, have not their origin in the desire of saying something from this chair which may commend me to your favourable opinion, by an affectation of candour and honest judgment. I am happily able to show, that long before I could have had thought of this occasion, or opportunity of setting forth such opinions, I had submitted them to the consideration of Her Majesty's Commissioners of this University, and had presumed to suggest such measures for diminishing the grievance alluded to and for extending as widely as possible the advantages of our institutions as I deemed of just and practicable application, and by reference to the report which has been lately published under authority of these gentlemen, it will be found that I am entitled to claim credit for sincerity in the declaration which I have been bold enough to make. I am happy in being able to add, that there are many members of the academic body who, taking a like view of the matter, are equally with myself anxious to effect changes whereby the portal of this great national institution may be thrown more widely open, and the liberal bounty of our many founders and benefactors rendered in fullest measure productive of the good which their piety, their patriotism, and their benevolence contemplated. I should, however, be guilty of a great injustice to many very amiable and excellent men, whose intelligence I am constrained to acknowledge, and whose integrity it were worse than idle to dispute, were I to represent the differences on this point existing among us in this place as a contest of selfish interests against public rights, or of bigot opinion against honest conviction; the truth is, that the system transmitted to us from a distant date, and well-suited to the state of society a century or two since, is become, through those changes which time in flourishing states ever rapidly brings about, in some particulars obsolete; yet so long has it been an honest boast to us, so long has it been the acknowledged instrument of general good, as many an honoured name attests—statesman, divine, jurist, philosopher, poet, and last, not least, physician—that well indeed may such as have long been used so to regard it, claim our forbearance ere we too rudely condemn that caution, which, as it were, fears to quit the long-trodden, secure and well-known foot-path for the broad but untried highway to which they are invited. These observations apply especially to the regulations by which the advantages of the University

are restricted to the members of the existing collegiate establishments. Apart from such considerations, our proceedings (and I refer now specially to those in medicine) are in my judgment of careful forethought and of just enactment. The statute which regulates them requires that candidates for the degree of Bachelor in that Faculty should have kept residence and have undergone examinations in every respect the same as in the case of such students as seek a Degree in Arts. This is a four years' course, i.e., sixteen terms, during twelve of which at least the candidate must have resided strictly within the walls of his college. On the successful completion of this course, he is required further to have given three entire years to the diligent study of medicine, in attending the lectures of teachers of repute in the various subjects of professional instruction and the clinical practice at some hospital "*melioris notæ*," of large accommodation and well-frequented access, the candidate's choice being fettered by these conditions alone, he is in other particulars at full liberty to consult his own convenience, and act by his own judgment in the matter. We deem it unadvisable to encourage his further stay in Oxford, and even unjust to enforce it, from the conviction that the metropolitan schools, or those of large and populous towns or districts alone can supply to the student opportunity of becoming familiar with acute disorders, and of witnessing the variety in mode which disease in chronic form exhibits.

On testimony that our candidate has so far duly complied with the requisitions of the Statute, he is subjected to an examination, public so far as regards the admission of academic graduates in whatever faculty, and members of the medical profession legally authorized to practice, of whatever grade and in whatever department.

The subject matter of examination comprises anatomy, physiology, pathology, and therapeutics, with chemistry and botany, so far as these illustrate the art of medicine; and lastly, the Statute requires that the examiners be careful to test the candidate's acquaintance with the writings of Hippocrates, Aretæus, Galen, and Celsus. By tacit understanding this is practically limited to the work of Celsus, the aphorisms and epidemics of Hippocrates, those parts of Aretæus which treat of the signs of acute and chronic disease, and that portion of Galen in which the uses of the parts of the body are discussed. I need make no observation on the first four items of this list—the proper and essential subjects of medical study. Some may deem acquirements in chemistry and botany of less value than that at which we rate them; but I feel well assured that no intelligent practitioner would do otherwise than approve as of most just and reasonable demand, that proficiency in these disciplines which my judicious friend and colleague, Dr. Daubeny, exacts. And in regard to acquaintance with the ancient writers above named, we are to bear in mind that our candidates have already gone through the exercises and examination for a degree in arts, implying a certain familiarity with Greek and Latin literature, and that consequently no very heavy additional burthen is imposed upon them; and as to its

utility, I shall not here dilate upon this point, but refer you to the very curious and interesting facts bearing on the question related by that accomplished scholar and very intelligent physician, the late Dr. Joseph Adam, in his life of Mr. Hunter.

The Examiners are in number, three, Doctors of Medicine, Graduates of Oxford, viz.,—the Professor holding that chair, with which Her Majesty has lately been pleased to honour me, and two assessors, nominated by the Vice-Chancellor, and subsequently approved by convocation. At this time all three are Fellows of the London College of Physicians. On their approval of the candidate's sufficiency a licence to practise, with the degree of M.B., is conceded to him; but he has yet to wait a second three years, making in the whole ten from his matriculation, when, with experience so matured, on satisfactory testimony to his moral character, he is at length admitted to the Doctorate, and left to his own course. The Statute has now been in force seventeen years. I deem its provisions to be in theory unobjectionable; and I am happy in being able to add that in practice it has proved successful. With very few exceptions, all our medical graduates since the above date have, with a view to practise within the liberties of the London College, submitted themselves to a second examination at the Censor's Board of that institution; and in no instance has our judgment of the candidate's sufficiency been reversed.

I have ventured to occupy you with these details from various considerations, among which is the natural desire to secure to our graduates the just respect of their professional brethren; and to obviate, so far as regards our proceedings in medicine, the unfavourable impressions which the exclusiveness of our Collegiate system, and certain prejudices and observances among us, elsewhere obsolete, have a tendency to convey.

In drawing up the Statute, Dr. Daubeny and myself enjoyed the co-operation of our late intelligent friend and colleague, Dr. Kidd, whose aid and superintendence was for many years given towards carrying out its purposes; and though latterly he had withdrawn, through infirmity of advancing years, from the active duties of his professional position, he ceased not to take a lively interest in all that affected the credit and prosperity of the University, more especially in matters having reference to the faculty whose well-being had been committed to his charge. To him indeed we owe it that we are this day assembled here in Oxford. The indulgent concession of your visit hither, effected indeed at the cost of the promised gratification to our brethren at Manchester, was at his request. Alas! how unexpectedly has the purpose of the changed arrangements been frustrated! how have our anticipations been foiled. His unlooked-for decease has greatly impaired our power of suitable reception, and has entailed upon myself a mournful duty, little anticipated when I first consented to undertake that which pertains to this chair, but which, happily, is no less accordant with the usage of our Association than becoming my

own position and consonant with my inmost feelings. Permit me, then, as one having opportunity, and from whom, consequently, the just expectation of his many friends may reasonably await this debt of piety and friendship,—permit to me, I say, some few words in truthful eulogy of our much regretted friend. His position as at once Regius Professor in Anatomy and also Lee's Prælector at Christ Church, enabled him in the latter capacity to discharge simultaneously, during by far the greater part of his term of office, the duties of both trusts. Some few years since, feeling himself through infirmity and advanced life, unequal to the task, he resigned Lee's Prælectorship, under just expectation that during his remaining years indulgence would be conceded to him by the academic authorities, and the lectures of his successor at Christ Church be accepted in full acquittance of whatever might otherwise, in strict observance of the Statutes, be still due from him as Regius Professor. His years, his character, and his services to the University, well entitled him to ask, and in equal degree justified the academic authorities in granting, such boon. He was not one to neglect his charge from love of leisure, deficient sense of his duty, or disregard of its obligations. To him, as sometime Prælector in Geology, the University owes the commencement of that fame which under his successor has been so amply perfected, in the study of that science; and, whatever may have been the merit of others, he undeniably was the first to diffuse in this place a knowledge of modern chemistry. As an anatomist and in physiology, his reputation is established for patient investigation, careful observation, and sagacious conjecture. As a teacher he was eminently successful in giving an interest to his subject by a lucid arrangement of his matter, a happy facility of illustration, and a ready command of language. As regards moral and social worth; I knew him long and intimately, and in declaring my own, I give but expression to the one unanimous judgment of those among whom he lived,—that he was a gentleman of most generous sentiments, and of most upright conduct. Entire strangers to each other before I settled myself as a fellow practitioner in this place, the intercourse of years gave rise to feelings on both sides of sincere, and, I may indeed say, affectionate regard. When last I saw him, I had no thought nor even a wish to succeed him. Had he been spared to us a few years longer my own years would have forbidden my seeking the succession. We all know how unlooked for was his immediate summons, yet herein was his happiness and gain, for few among us will be found better prepared for that dread event. Of strictest integrity in his dealings with others, his scorn of all that was mean and false, was tempered only by Christian pity for those who practised evil. His talents, naturally good, were duly cultivated and matured by study—his attainments varied, justly acknowledged, and amply adequate to his position; of easy access, cheerful habit, and most agreeable conversation; he was at once to us a credit and a stay; above all, he was a Christian, in heart and hope, in faith and practice. Herein, then, be we con-

soled, relying in full confidence on the Divine assurance, that "Blessed are they who die in the Lord." One grateful task he left me, namely, the care to provide that the University should testify on this occasion to this company collectively that respectful consideration which, in truth, she has ever been prompt to show to individuals whose labours have benefitted, or whose virtues have improved their fellow men; and this, from a sense of the honour which is due to merit, and of the obligations incident to her own position, bound as she is to set forth by her own example, and by honouring that of others, every incentive to exalted patriotism, and those other social virtues, under which safeguards alone can the free development of the intellectual powers prove conducive to the welfare of mankind. In this task I neither anticipated, nor have I experienced any difficulties, seeing that that which alone could have proved a matter of embarrassment had been effected before the charge in question had devolved upon me. My brethren of the faculty of medicine concurring with me in the application, an arrangement suggested by Dr. Kidd met with favour at the Board of Houses, and, as on the occasion of the former visit of the Association, two of its then most distinguished members were admitted to the Academic Doctorate in its fullest privileges, so on the present it is permitted to me, in testimony of respect for the Association collectively, to invite to the Honorary Doctorate in Civil Law some three of its members, gentlemen by whom the compliment would be duly appreciated, and through whom, by their talents, their attainments, and their reputation, may be reflected back on the University the honour which that compliment confers. I may here state that this degree—the one to which the higher honorary admissions are now restricted,—is a distinction which the most exalted personages have condescended to accept, and those of highest reputation in literature and science have been proud to bear. It would be long to rehearse the list, adorned by names which shed a lustre on their times and country, suffice it to cite from among our own brethren those of Brodie, Alison, and Owen, very lately enrolled among the number, and that of Paris, the learned President of the London College of Physicians, who, the just pride and boast of his own University, has not declined to let us at Oxford share the honour of his name and fame.

It may easily be believed that the embarrassment to which I just now alluded, was the difficulty of selecting from among so many worthy of this distinction, the three to whom it should be awarded; but, happily for myself and colleagues, we have found escape from so invidious a task. In the correspondence of Dr. Kidd with the Council of the Association, submitted at his decease to my perusal, I found the names of three gentlemen set forth as those on whom the lot had fallen, by whose intervention I neither know nor have I been too curious to inquire. These names the faculty have most willingly accepted, no less from respect of the individuals themselves than from that which is due to the memory of our deceased friend. It will be admitted without dispute, that Sir Charles

Hastings, Dr. John Forbes, and Dr. John Conolly, are well worthy the distinction to which they are invited; and though I have no other voice in the matter than that of consent and commendation to the Vice-Chancellor, it affords me a peculiar satisfaction that the choice has favoured the three gentlemen above named; for in offering my congratulations to you, Sir Charles Hastings, and to you, Dr. John Forbes, I may revert to those days of our early manhood, when from the schools, to which a long series of illustrious names, as teachers, had secured a pre-eminence in medicine, as frankly conceded as it was fairly earned, we commenced our respective courses which have happily run so prosperously to us all; yours, gentlemen, by the merits of a just desert, mine by the favour of propitious fortune; and with you, Dr. John Conolly, to whom the praise of high and well-deserved success is equally due, may I recall those days when, snatching opportunity from amid the toils of professional duty, you were wont, at no small cost of your personal comfort and convenience, to gratify by occasional visits the circle of your friends in Oxford, of whom, alas! so few survive.

It remains only for me to add that a Convocation will be held for these admissions at two o'clock this day in the Sheldonian Theatre adjoining the place where we are now assembled, and that it will be open to any member of this company who may be pleased to attend.

In conclusion, gentlemen, I bid you all a hearty welcome, on the part of myself and the practitioners resident in Oxford. We will do our best to make your visit agreeable to you. We trust you will accept this assurance, given in all good faith, and that you will pardon whatever deficiency our inexperience or any other untoward circumstances, may cause.

Mr. SHEPPARD, the Secretary, then read the

#### REPORT OF THE COUNCIL.

The time has again arrived when it is incumbent upon the Council of the Provincial Medical and Surgical Association to render an account of the proceedings of the Society during the past year, and they do so under circumstances as favourable as on any previous occasion.

It is in the first place desirable shortly to allude to the alteration of the locality in which we assemble. It is well known that Manchester was the place fixed upon at the Brighton Meeting for receiving the Association in 1852; but soon after the last Anniversary the President of the Council received a letter from the then Regius Professor of Medicine in the University of Oxford, warmly expressive of his gratification at seeing the continued advancement of the Association, and earnestly entreating that an early Meeting of the Association might be fixed at Oxford. He moreover stated that he had arrived at that period of life when the days which remained to him were few, and he entertained the hope that, before he finished his career, he might have the happiness of welcoming the Members to his Alma Mater. Moreover, Dr. Kidd proceeded further, and inquired whether by any means it could be arranged so that the Anniversary for 1852 might be held at Oxford instead of at Manchester. Under any circumstances an application coming from such a party, and enforced by such considerations, would have demanded the deliberation of your Council; but it likewise so

arose that about this time some unexpected difficulties were encountered in carrying out the arrangements at Manchester, and this induced the Central Council to communicate to the Manchester Council the strong desire which Dr. Kidd had expressed to receive the Association at Oxford. The Manchester Council were summoned together, and they recommended that the request of the Regius Professor of Medicine should be granted, as they thought it better that the Anniversary at Manchester should be deferred. The President of the Council, after this, lost no time in addressing Dr. Kidd, whose warm feelings prompted him at once to negotiate with the Vice-Chancellor of the University, who promised his aid in receiving the Association with due honour. Dr. Kidd also named his friend, Dr. Ogle, as being peculiarly fitted to undertake the office of President-elect, which office, on account of advanced years, he himself did not feel equal to. Thus the Central Council became pledged to meet at Oxford, under the auspices of the Regius Professor; and the negotiations for this purpose were scarcely brought to a close, when suddenly Dr. Kidd was removed from the scene of his earthly labours. The gloom which this mournful event cast upon our proceedings can be better felt than expressed; and for some time it was doubtful what course should be pursued, but Dr. Ogle had been recommended as the President-Elect by our deceased friend, and the profession in Oxford were still willing to do the best for our reception under the loss they had sustained; moreover, the Manchester Council were still of opinion that it was desirable to defer the Meeting at Manchester. It was therefore determined by your Council that the venerable University of Oxford had irresistible claims upon the Association, and that an Anniversary spent in her ancient Halls and Colleges could not fail to give strength and vigour to our noble Association.

#### *Number of Members and District Branches.*

Your Council are enabled to report that the number of the Members has rather increased since the last Anniversary. The number of Members who have died during the year is about twenty, and the number who have resigned is about forty, the number of new members admitted since the Brighton Anniversary is 183, and the number now upon the list amounts to 1629. Since our last General Meeting, two District Branches have been added to those before existing, one called the Midland Branch, including Derby, Nottingham, Leicester, and Lincoln; the other, the South Wales and Monmouthshire Branch, including Swansea, and the chief towns in South Wales, together with Monmouth. These new District Branches are expected to add many new Members to our ranks, as they have both been formed in districts where heretofore there has been but little exertion called forth to make the advantages of the Association known, but now, from the zealous manner in which those who have commenced these Branches are endeavouring to advance the objects of the Society, your Council are encouraged to expect further progress. The system of District Branches, it may be remembered, is found to work very beneficially, and whenever any circumstances arise which point out any locality as likely to avail itself of the advantages that result from these local reunions, your Council do not fail, as far as possible, to take steps to forward their establishment.

#### *Finances.*

The Finances may still be stated to be in a healthy state, notwithstanding a considerable number of the Members are yet in arrear. Great exertions have been made to get the Subscriptions generally paid up; but in a Society consisting of so many Members widely scattered throughout every part of England and Wales, it is found almost impossible to secure a punctual payment of Subscriptions, but the income, nevertheless, still

exceeds the expenditure, and your Council trust that by an economical use of the funds entrusted to them, there may be no pecuniary embarrassment. On the present occasion your Council will enter more into detail as to the state of the Finances, because they are desirous that no Member should be ignorant of the exact position of the Society's affairs. They will first, then, give a debtor and creditor statement of the cash received and paid by the Treasurer, and afterwards render an account, as near as can be done, of the assets and liabilities of the Association.

#### *Treasurer's Account.*

##### *Receipts.*

	£	s.	d.
Balance from last Account .....	94	3	1½
Subscriptions .....	1365	11	11
Advertisements .....	157	8	11
Sale of <i>Journal</i> and <i>Transactions</i> ...	21	14	9
	1638	18	8½

##### *Expenditure.*

Printing, Binding, and Postage of <i>Journal</i> and <i>Transactions</i> .....	1086	0	11
Salaries .....	355	0	0
District Branches .....	29	5	7
Miscellaneous .....	75	18	1
	1546	4	7

Balance .....	92	14	1½
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##### *Assets and Liabilities.*

<b>Assets:—</b>			
Subscriptions due .....	1000	0	0
<i>Transactions</i> and <i>Journals</i> on hand .....	40	0	0
	1132	14	1½
<b>Liabilities:—</b>			
Bill due for Printing, to Deighton and Co. about .....	54	0	0
Bill due to Manchester Accountant .....	7	10	0
	64	10	0

##### *Publications.*

Your Council since the last Anniversary Meeting have published the eighteenth volume of the *Transactions*, and the printing of the nineteenth volume is commenced. The extent and number of the communications that will be contributed at this Anniversary must very much determine the period at which the next part or volume of the *Transactions* shall be published. Some time must necessarily elapse before it can be in the Members' hands.

The *Journal* has been regularly published every fortnight. Your Council being desirous of enriching this publication by a greater number of, and more valuable reports from, Provincial Hospitals and Infirmaries, have, out of their own fund, which was instituted for the purpose of encouraging such pursuits, offered two Prizes of Twenty Guineas each, for the best series of Medical and Surgical Reports that shall be sent for publication in the *Journal* between October, 1851, and October, 1852. Already many valuable Reports have been sent in to the Editors from Provincial Hospitals, and there is every reason to expect that this department of the *Journal*, which has hitherto been scantily supplied, will receive many important contributions. As respects the general management of the *Journal*, your Council have reason to believe the Members are generally of opinion that it has improved under the present Editors. In so large a body, however, there will always be differences of opinion as to the best mode of conducting such an important element in the success of our Association as its publications. Your Council have during the year received suggestions pointing to some alteration in the publications. This is a question which

cannot with advantage be discussed in a General meeting of the Members, and your Council consider the most judicious course to pursue will be to appoint a Committee of Members to take into consideration any suggestions that may be made for improving the publications, and especially as to the Editorship of the *Journal*. This Committee may either report to the Anniversary Meeting before it rises, or may be empowered to report to the Central Council, and, in conjunction with them, to carry out any plan that they may recommend.

##### *Medical Reform.*

Your Council are glad to be enabled to report some progress in medical legislation. The new Charter which has been granted to the Royal College of Surgeons of England is a great improvement on the Charter of 1843, and although it does not contain all the provisions for which this Association has contended, yet it firmly establishes the representative system in the constitution of the governing bodies of the profession, and thus has given satisfaction to a large body of our members.

The College of Physicians has also been endeavouring to obtain a Charter, and the draft that has been submitted to the Secretary of State by that learned body is conceived in a liberal spirit; and although your Council cannot commit themselves to all its details, yet they have no hesitation in stating, that should this Charter be granted to the College of Physicians, it will very materially improve the medical polity of the kingdom.

Seeing the probability that the College of Physicians and College of Surgeons would ere long obtain new Charters, your Council have been anxiously endeavouring to submit to the Legislature a comprehensive measure, which might settle, on liberal principles, the medical polity of the profession. Being assured by Sir George Grey, the late Home Secretary, that he would give a favourable consideration to any Bill for improving the medical profession which should receive general support, a Committee was formed of members of the Association, at the latter end of last year, whose object was to frame a Bill in conformity with the principles so long advocated by the Society. This attempt was so far successful, that in the early part of this year the Draft Bill was submitted to the Central Council, who, after a careful consideration of its clauses, were of opinion that it fairly represented the opinions so long promulgated and so undeviatingly maintained by this Association in their memorials to the Secretary of State, and in their petitions to the Houses of Parliament. They therefore resolved upon taking the opinion of the members at large on this Draft Bill, and in order to do so they requested the district Branches to meet and to consider its provisions. Meetings of most of the Branches were consequently summoned, and the result has been that the Bill has been enthusiastically received by the great body of the profession in the provinces, and a very considerable majority have declared themselves in favour of an attempt to pass it through Parliament. Nor has the opinion in favour of the Bill been confined to the members of the Association; many societies not connected with this body have met, and have passed unanimous resolutions in favour of the Bill. So that this Association has at length succeeded in framing a Bill in accordance with the feelings and wishes of a large majority of the profession in the provinces. It would take up too much time, and indeed it is unnecessary, for your Council to enter into a consideration of this Bill, as it has already been so thoroughly canvassed. Had Sir George Grey remained in office, he might have passed the Bill during the present Session of Parliament, but the change in the Government has necessarily retarded our progress. It is, however, satisfactory to state, that Mr. Walpole, the present Home Secretary, has expressed his readiness to give his attention to the Bill so soon as the state of public affairs will permit him to do so.

In the present state of affairs, your Council consider the better course to pursue will be for the Association, at this Anniversary Meeting, to come to some general resolution approving of the Bill, and then to refer it to a Committee, who should be empowered to negotiate with the Government and with the medical corporations, and to make such modifications in the Bill as circumstances call for. As expenses are likely to be incurred in prosecuting this matter, the Committee should be allowed a sum, not exceeding £200, for necessary expenses.

#### *Reports of Committees.*

The Committee on Medical Ethics, the Income-Tax Committee, and the Committee on Irregular Practice, will be severally called upon for a Report.

#### *Benevolent Fund.*

The Benevolent Fund has progressed steadily, and its Funds have gradually augmented; but this increase of income has not been commensurate with the overwhelming tide of misfortunes it has been called upon to relieve.

#### *Conclusion.*

Thus have your Council endeavoured to indicate the state and condition of our Noble Association, and they call upon all zealously to co-operate in the great work which lies before us. During the twenty years the Society has existed, many important objects have engaged its attention, and willing labourers have been found to aid in the task. Nevertheless all our congratulations must be mingled with the regret that so much has been left to be accomplished. After years of struggle and of difficulty, we seem at length approaching the time when medical polity will be placed on a more enlightened basis, and it is so far gratifying to reflect, that the principles of medical legislation, which, years ago, were originally promulgated and advocated by this Association, and which then appeared all but impracticable, are now become generally popular, are advocated by a large majority of the profession, and will, no doubt, ultimately be adopted by the Imperial Legislature.

We have much, then, to encourage us to pursue our course. Let not difficulties deter us,—let not slothfulness or indifference paralyze us. We are all brethren working for one common cause—the cause of humanity, and our labour is the labour of love.

#### *Notices of Motion for the Oxford Meeting, 1852.*

Dr. Tunstall, of Bath, gives notice that he will propose the following addition to Rule 14 of the Laws of the Association:—“After the words *General Council*, to add,—“That every Member of the General Council shall be an *ex-officio* Member of the Council of the Branch within whose limits he shall reside.”

Dr. Cowan, of Reading, gives notice that he will move,—“That the *Provincial Medical and Surgical Journal* be published weekly, and that it be Edited and published in London,”

Mr. Bree, of Stowmarket, gave notice at the Brighton meeting that he should bring forward a motion for establishing a prize to be called the “Jenner Prize.”

Dr. JENKS said the report which had just been read must be admitted to be, speaking in general terms, most satisfactory; he was not aware that there was anything in it which could lead to any discussion. The progress of the Society, and the flourishing state of its affairs, were subjects for congratulation, and he thought what

had been said in the body of the report relative to the progress of medical legislation, was very satisfactory. He believed the Bill which had been recently submitted to Parliament, would form the basis for useful legislation affecting the medical profession. Entertaining these views, he should move that the report now read should be adopted and printed.

Mr. SODEN seconded the motion.

Dr. COOKWORTHY (Plymouth) said, before the motion was adopted, he would call the attention of the meeting to a subject which he had mentioned at the Council meeting on the preceding night. He would observe, that what he was about to move, was not intended so much as an amendment as an *addendum* to the report. It was not his intention to elaborate, but he might premise by saying, that though he was far from disparaging the London College of Physicians in what they had done, he thought that any incorporated society, or even the Government of the country, should not impose restrictions or expense on any parties whatever, more than were needful or called for. It appeared to him that all Extra Licentiate of the Royal College of Physicians in London should be admitted members without any charge whatever. He further thought that provincial physicians, being Fellows of the Royal College of Edinburgh, should be admitted *ad eundem* on payment of a small fee for registration; and that all British physicians who had passed and taken a degree in any of the Universities should be admitted on payment of a small sum, seeing they had already paid a stamp duty on taking their degrees. He thought that as members of a liberal profession, and subjects of a free country, they had a right to claim from the Legislature that they should be admitted to that College on simply paying what was necessary, and no more. (Hear, hear, and applause.) So far as his influence with members of the House of Commons extended, he should use it to impede the proposed Charter, unless some provision to the effect he had stated were made in it. He thought they ought to appoint a committee of gentlemen belonging to the three classes he had named to communicate with the Royal College of Physicians upon the subject, as he was disposed to trust to the liberality of that distinguished College that it would grant what was asked. Another proposition he had to submit was, that when admitted to that College they ought to take rank according to their order, or the date of their degree. There were many men practising pharmacy in virtue of a licence from the Royal College of Physicians, and it was a most anomalous thing that they should take rank before the older members of the profession who had graduated long before. (Hear, hear, and applause.) It did appear a little *outré* that, if they were members of a College, they should take rank below surgeons. He then read the following resolution which embodied his views on the subject, and moved that it be added to the paragraph in the Report having reference to Medical Reform:—“That this Association, fully admitting the propriety of uniting under the dominion of the Royal College of Physicians in London all Physicians, Graduates of Universities, practising in

England and Wales, and acknowledging the liberality of the proposed charter, are notwithstanding of opinion that the fees therein named to be paid on admission are unnecessarily large. The Association would also urge upon the College that their own Extra Licentiates should be admitted members without further payment; that many of the provincial physicians, being Fellows of the Royal College of Edinburgh, should be admitted *ad eundem* on payment of a small fee for registration only, and that Graduates of British Universities, actually practising as physicians, should also be admitted to become members of the Royal College of Physicians on payment of a smaller sum than that named at present in the Draft Charter, they having already paid a stamp duty on taking their degrees. The Association would also suggest, that the Graduates to be thus admitted members of the Royal College of Physicians of London should take order according to the dates of their respective degrees."

Dr. TUNSTALL (Bath) in seconding the motion, contended for the right of all properly-educated and duly-qualified British medical practitioners to be so admitted. He described the fees intended to be imposed for admission to membership as excessive, and objected most strongly to the proposed stamp-duty of fifteen guineas, urging that, as graduates had already paid the stamp-duty on their diplomas, it would be an act of injustice to tax them again. (Hear, hear.) In taking the course Dr. Cookworthy and he were pursuing, he thought the Association would feel they were actuated by the best motives for the welfare of the profession generally.

The PRESIDENT observed, that he understood Dr. Cookworthy did not propose his resolution as an amendment, but merely as an addition to the report.

Dr. COOKWORTHY assented.

Sir CHARLES HASTINGS said that, although agreeing in some particulars with Dr. Cookworthy, he must object to the proposed addition being made to the report. He thought it should be brought forward as a substantive motion. It would be found most inconvenient if they adopted the other course. The paper just read had been drawn up and deliberately agreed to by the Council; it was now presented, and should be received. The matter in question should have been mentioned to them at their meeting on the previous night, when, if approved of, the required addition could have been made.

Dr. COOKWORTHY contended that it was competent for the meeting to alter or amend the report in question.

Sir CHARLES HASTINGS said, if such were done, it would be the report of the Meeting, and not of the Council. He would suggest the desirability of appointing a Committee, to whom the consideration of the matter might be referred. (Hear, hear.)

Dr. COOKWORTHY felt so much interested in this matter, that he had come some hundred miles in order to watch over the interests of the provincial physicians. He was indifferent as to whether his resolutions were put in the form of an amendment, an addition, or a separate resolution; all he wanted was, that the point

involved in them should have the sanction of that body. He must say, that he could not agree with the dictum of Sir Charles Hastings, that a document of this nature could not be amended.

Dr. FORBES thought Sir Charles Hastings was right in point of form.

After some discussion it was agreed, on the motion of Dr. Cormack, seconded by Mr. Hunt, that the report should be received.

This having been done, Dr. Cookworthy moved that the resolutions he had submitted should be added to the report in a place indicated.

Mr. NUNNELEY expressed himself of opinion that the report must be referred back to the Council if an alteration were required to be made in it, as they and not the meeting were the proper parties to make it. The meeting could only receive or reject the report, but could not add anything to or retract from it.

Dr. COOKWORTHY said he must protest against this doctrine. When he tried to bring the subject before the consideration of the Council on the previous evening he was told he ought properly to submit it to the general meeting; and now he was adopting the course recommended he was told he ought to have gone to the Council. He contended that the general body had a right to entertain the question of alteration or amendment.

The PRESIDENT said the question for the meeting seemed to be, whether the report should be adopted as it stood, or whether Dr. Cookworthy's resolutions should be incorporated in it. (Hear, hear.) He then read the paragraph in the report, to which the addition was to be made, and also the proposed *addendum*, whereupon

Dr. HRYGATE remarked that before the resolutions were put to the meeting he wished to ask one question, namely, whether the new charter of the College of Physicians obliged all practising members of the profession to join the College? because he and others might not think it quite so high an honour to become members as it was imagined to be. He should like to know if there was or was not a compulsory obligation imposed, as that would make all the difference?

Dr. FORBES said the Charter contained nothing compulsory regarding the subject referred to; but an Act of Parliament was sought to be obtained which proposed to make it compulsory. If the College of Physicians tried to get such an Act passed, then would be the time to oppose it.

Dr. TUNSTALL thought they ought not to wait; but that they were bound to ask the members of that Association to protect the interests of the profession generally. They should obtain an expression of their opinion before another year was permitted to elapse.

After some conversation on matters of detail it was determined that the resolutions proposed by Dr. Cookworthy should be read over, and submitted separately for the approval or disapproval of the meeting. The President accordingly read and put the first, viz.,—"That the fees required on admission to membership were excessively large," which was affirmed almost unani-

monously. He then treated the second in like manner, when

Mr. BAILEY objected to the course pursued, and thought it would be simplifying the business if the report were adopted, and the matter under consideration made the subject of a separate motion.

Various members having severally expressed their sentiments amidst some confusion,

Mr. NUNNELEY said that as many members, owing to their not being in possession of correct information as to the amount of fees proposed to be required from the Extra Licentiates, did not feel competent to vote on the point submitted to them, he would beg leave to move, as an amendment, "That a Committee be appointed to watch over the interests of the provincial physicians, to whose consideration the resolutions of Dr. Cookworthy should be referred."

Mr. MARTIN seconded the amendment.

Dr. COOKWORTHY considered that the appointment of a Committee would be idle; and would only have the effect of getting rid of the question.

Dr. HALL thought the Association ought to have a pledge that the action of the Act of Parliament should not be retrospective.

The amendment having been put from the chair, was declared carried.

Sir CHARLES HASTINGS bore testimony to the liberal spirit evinced by the members of the College of Physicians towards the profession generally in the preparation of the new Charter.

Dr. COOKWORTHY having been induced to consent to the reference of his resolutions to a Committee, and to act as a member of it, on the motion of Dr. TUNSTALL it was ordered that such Committee do present their report next morning (Thursday.)

The original motion for the adoption of the report was then put, and carried unanimously.

Sir CHARLES HASTINGS said he had a very pleasing duty to fulfil. All those who were present at the meeting last year, must have felt extreme satisfaction, and those who were not so present, on reading the report in the *Journal*, must have experienced a similar feeling at the urbanity and ability with which the proceedings were conducted by the late worthy President, Dr. Jenks. (Cheers.) That gentleman had come a great distance in order to be present with them to-day, and to testify his good feeling towards their Association. He was sure every gentleman present would respond most cordially to the motion he was about to propose,—“That the thanks of this meeting be given to Dr. Jenks, the retiring President; and that his name be placed (as customary) on the list of Vice-Presidents.”

Dr. FORBES seconded the motion, which was carried unanimously.

Dr. JENKS, in acknowledging the vote of thanks, expressed the gratification he experienced from finding that his exertions had given satisfaction.

On the motion of Sir CHARLES HASTINGS, Messrs. Bartrum, Carter, and Nunneley, were appointed to audit the accounts of the Association.

Dr. BOND (Cambridge) moved,—“That the thanks of this meeting be given to the Council of the Association for their services during the past year, and that they be requested to continue their services, with the following additional members:—

Dr. Cormack . . . .	Putney
Mr. Gillett . . . .	Taunton
Mr. Randolph . . . .	Milverton
Dr. Burridge . . . .	Taunton
Dr. Howell . . . .	Swansea
Mr. Bottomley . . . .	Croydon
Dr. Raddcliffe Hall . . . .	Torquay
Mr. Bayley . . . .	Chippenham
Dr. Barclay . . . .	Leicester
Dr. Hitchman . . . .	Mickleover, Derbyshire
Mr. Reid . . . .	Canterbury
Mr. Alford . . . .	Taunton
Mr. Bridge . . . .	Wellington, Somerset.”

Mr. PROPERT seconded the motion, and in so doing bore testimony to the zeal with which they discharged their duties.—Motion carried.

#### PUBLICATIONS OF THE ASSOCIATION.

Dr. COWAN (Reading) said he was quite sure that none present would look upon him in any other light, as to the course he was about to take, than as one who felt a deep interest in the welfare of the Association; certain it was he had no individual interests to serve or ends to gratify. It was not his desire to find fault, or, as it was termed, “pick holes,” in the character of any one whatever; but he must say that if they looked back to the past, however much cause they might have for rejoicing at what had been done, there was still much to occasion anxious solicitude. The number of subscribing members had been gradually diminishing of late years. In 1845-6-7 there were more than 1800; while at the present time it was doubtful whether 1600 could be found on the list. He felt that the cause of this was to be found in the fact of the Association not having carried out the objects it proposed to accomplish. The *Journal* had never been what it ought to be—an efficient organ of the Association; and, conducted on the plan it had hitherto been, never would be. He was aware that in moving an alteration in its mode of conduct, and change of place of publication, he should be met by the objection that by making such a change they should be losing their provinciality. Though he should be the last to do this, he yet must say that provinciality was not all to them as an Association; on the contrary, they wished to identify themselves with all their brethren of the profession. They did not wish to exclude from their ranks their metropolitan brethren; but to blend all in one body, united for the furtherance and protection of their mutual interests. The Association, they were informed, numbered 1,600 members; but looking at the number of medical practitioners in the kingdom, and the important objects the Association was established to accomplish, they ought to count their members by thousands. (Hear, hear.) By removing the publishing and editing



of the *Journal* to London, and making it a true exponent of the views and feelings of the Association, and a standard of reference to the medical profession generally, he considered they would soon be enabled to realise this, and induce almost every member of the profession to join their ranks. The removal of the publication would not alter its feature of provinciality; but its continuance at Worcester would be only perpetuating provincial weakness and provincial defects. The Association possessed a claim upon the profession possessed by none other; and could it be said that if it had been managed judiciously they should not number, after twenty years' existence, more than 1,600 members, and after holding Anniversaries in all parts of England? (Hear, hear.) He held that they were in a position to bring out a better periodical than any merely private speculator, if their energies and funds were rightly directed. Dr. Cowan went into the question of the relative expense in bringing out the *Journal* weekly and fortnightly, and pointed out that by the course he indicated the Association might bring out a first-rate professional literary weekly publication for about the same or rather a less sum than they were now paying for the bringing out fortnightly a journal which did not give satisfaction. He observed that in the whole range of his experience he had never found one who had expressed himself satisfied with the *Journal*. In making these remarks he did not wish to be understood as personally reflecting on the Editors; he was speaking for the welfare of the Association, which could not be promoted by the present publications. What he would recommend was this,—have the management of the *Journal* centralised in London; let there be a London Editor, who, it would be seen at once, would possess advantages from his position which a provincial Editor could not have; and make it *the* best medical periodical in the kingdom—one that would be read and referred to by all, instead of being a defective publication, as at present, not read but by a fraction of the professional body. The Association ought to give to its members a journal which should supply them with all they required in periodical literature. They might rely upon it, the Association would never improve unless the *Journal* was improved; unless they could come before the public with something worth their acceptance and support they would never experience it. It was his conviction that the Association was dependent for its continuance on the energy and zeal of a few of its members, deprived of which it would tumble to pieces. This was, however, a state in which it was not desirable to remain. They might, perhaps, linger on from year to year, and might have some slight accession to their numbers, but they would never accomplish the objects for which the Association was established. They must by an effort seek to effect an improvement in periodical medical literature. The individuals with whom he acted, and who shared his views in this matter, had no selfish objects to gratify; they sought only the good of the whole body of members, and he was ready to aid the carrying into effect the

proposed changes to the utmost of his power. His plan for the future management of the *Journal* would be, to centralise the labour of Editorship in one individual, (for it was impossible for two men, and these, too, separated by long distance, to work together,) and print and publish in the metropolis. Some might object that this would do away with the supervision of the Central Council. The contrary of this would be the case. The influence of the Council could be equally well exerted at London as at Worcester. What would be effected principally by the change, would be a complete revolution in the literary department. He thought no valid objection could be urged against the plan, either on the ground of want of provinciality, or of defect of management. Though he should be the last to wish to differ in opinion from any individual, yet upon this subject he felt so strongly, from a deep conviction of its importance, that even if they were all opposed to him, he would advocate it. As matters now were, if he for one endeavoured to induce persons to take in the *Journal*, what sort of answer did he receive to his application? why, a contemptuous "I do not want your journal;" but if the plan he recommended were adopted, and they had an efficient journal, would not the aspect of affairs be altered?—would not friends join them in thousands? This accession would not be gained by excitement,—it would not be by going to Brighton, or Oxford, or any other place, but by an appeal to the reason and by conviction. From information he had received, and calculations made, he found that he could farm their journal out in London, and publish a first-rate weekly one, for £1200 a-year, in which they might calculate on having £100 for advertisements annually, and a very large accession of subscribers. Surely, then, this would be better than staying where they were. If any gentleman, however, had any reason for not wishing the improvement of the *Journal*, why let him state it. He had, himself, much more to say upon the subject, but he would abstain from remarking further, and would conclude by moving, "That in future the *Journal* be edited and published in London, and that it be published weekly, instead of fortnightly, as at present." (Dr. Cowan resumed his seat amidst much applause.)

Dr. WOODHOUSE seconded the motion.

Dr. ROBERTSON wished only to offer a very few remarks in reply to the eloquent observations of the previous speaker (Dr. Cowan.) He might observe, he had listened with great pleasure to a good deal of what he had said, but he could not agree with him in his conclusions. With respect to removing the publication of the *Journal* to London, that experiment had been tried already and failed. It was tried in 1844 when he was President, and Dr. Streeten and Dr. Hennis Green had the conduct of it, who experienced an endless amount of trouble. It by no means followed, that because London was the centre of unity, it must be perforce the centre of success. He was sure they must all remember that the publication he referred to, with all the advantages derivable from having a metropolitan Editor, possessing all

the means of obtaining information, &c., failed entirely as a commercial speculation. The reason why it failed as such was the competition which it had to encounter. Some professional men took in the *Lancet*, and some other medical periodicals, and so the *Journal* did not derive that amount of support which was necessary to ensure its success. He was therefore disposed to object to the removal of its publication to London, partly because such had been tried already, and partly because he thought the Association would lose by adopting such a course the healthy supervision of the Council, and particularly that of the founder of the Association, Sir Charles Hastings. (Hear, hear.) He was content with the *Journal* as at present managed, but he thought if all the members of the Association were only to work well—do their duty, and put their shoulders to the wheel, the *Journal* might be made better than it was. He must confess, however, that he did not think the mere atmosphere of London would effect so beneficial a change as was supposed.

Dr. HEYGATE considered that without some more substantial reasons than those which had been adduced by Dr. Cowan, he did not see what good would result from the removal sought for. He might remark, that in his own neighbourhood the profession were all satisfied with the *Journal* as at present conducted. Where, he would ask, did they see a better publication of the kind? Let them only look at the articles. He, for one, thought they would lose a great deal by transferring the publication to London, and could not see any corresponding benefit likely to be derivable therefrom. After all, and notwithstanding the data supplied by Dr. Cowan, the change would be but a matter of commercial speculation. (Hear, hear.)

Mr. WALSH said he did not rise so much as an Editor of the *Journal*, as a member of the Council, to say a few words respecting the present motion. He fully concurred with Dr. Cowan in wishing to improve the *Journal* in every possible way. He agreed with him that there existed room for improvement, and improvements had been pointed out by him to the Council, but they had not been carried out, partly in consequence of the regulations of the Association not admitting of it, and partly for want of funds. He still thought that it was merely a question of expenditure whether they might not have the best medical journal in the kingdom. (Hear, hear.) He must, however, challenge Dr. Cowan to come forward and prove his figures. He maintained that it was impossible simply to print a weekly journal for a less sum than that specified by Dr. Cowan, without including the Editor's salary or publisher's profits. It would take the whole sum. He was ready to show by evidence from Manchester, Birmingham, and other large towns, that such a publication could not be printed for a less sum than that fixed by Dr. Cowan. While admitting, therefore, that the *Journal* was capable of improvements, he thought he was justified in calling upon Dr. Cowan to prove the correctness of his calculations. (Hear.)

Dr. EDWARDS as an old member of the Association, and one who felt interested in its well-

being, must say that in his opinion, so long as the Editorship of the *Journal* was divided, and shared by two individuals, that publication would not be, as it should, the efficient organ of the Association. At present it was, in his opinion, having a damaging effect. He was aware that he was here touching on delicate ground, and he would say that there were no men for whom he entertained more regard than for the present Editors. He did not wish his observations to be considered as conveying any personal reflection on them, but in the *Journal* as now managed he saw what would eventually swamp the Association. He would yield to no member in zealous effort to enlarge the boundaries of the Institution; but when asking his medical friends in Liverpool, Chester, and North Wales, to join it, and also subscribe to the *Journal*, he had been met with the question,—“What have you got to show us in return; show us a *quid pro quo*.” He knew only two medical men in his neighbourhood who took in the *Journal*, without at the same time also taking in the *Lancet* and *London Medical Journal*, and its pages were seldom out. The fault of this, he maintained, did not lie with the subscribers. Let them only look at the next number of the *London Medical Journal*, and at the names of the writers therein. If they were to ask any of these gentlemen to contribute to the journal of the Provincial Medical and Surgical Association, the reply would be,—“We are not going to bury our articles in that catacomb.” (Laughter, and “Oh.”) These gentlemen were well aware, that among the great body of the profession this journal was not looked at, nor read. He apologised for the warmth of his observations, but he yielded to no one in wishing the welfare of the Association, in which he was sorry to see the seed of decay instead of the germ of success. He did not, as he had previously said, wish to say anything against the present Editors of the *Journal*, with whom he sincerely sympathised. They were tied hand and foot, as was evidenced by their last leaders, and precluded from bringing out that high-spirited periodical which the profession generally required, and which was necessary in order to enable the Association to maintain its position, and effect the objects for which it was established. Dr. Edwards concluded by expressing himself warmly in favour of the proposed change of publication and management of the *Journal*, and intimating that his support would be willingly rendered to aid in carrying it out.

It being now one o'clock, Mr. NUNNELEY moved an adjournment, which was at once agreed to.

#### CONFERRING OF HONORARY DEGREES.

At two o'clock the VICE-CHANCELLOR held a Convocation in the Sheldonian Theatre, and conferred the Honorary Degree of D.C.L. upon the following members of the Association, who were presented by Dr. Phillimore:—Sir Charles Hastings, Dr. John Forbes, and Dr. John Conolly. This was understood to be intended as evincing the esteem entertained for the Association by the University, in thus bestowing upon three of its leading members the highest honours in its power to

bestow. Dr. Burrows and Dr. Ranking were also admitted, *ad eundem*.

## SECOND GENERAL MEETING.

### THE ADJOURNED DEBATE.

On the re-assembling of the members in the Convocation House at three o'clock, the debate on the motion of Dr. Cowan was resumed.

Mr. NUNNELEY (Leeds) said he was one of those who thought the *Journal* had improved under the present Editors, but he felt sure neither of those gentlemen would feel offended at him if he said he thought it might be still better conducted; and that it was capable of improvement had been admitted by one of the Editors. He was of opinion that it would be better to appoint a Committee to investigate the question in all its bearings; for although they might be satisfied with the *Journal*, there was no reason why it might not be so much improved as to enable members to dispense with taking in other medical publications. He was aware it might be urged, that the fault mainly rested with the members themselves, as they did not send in contributions to the *Journal*. He thought there ought to be but one Editor, who should be responsible for what appeared in it, but this was a point for the decision of the Committee; and it would also be a question for them to consider whether the "Transactions" and the *Journal* might not be blended in one. What was required by the members was, a periodical which should give them not only the ordinary medical news of the day, but the best scientific information, so as to keep pace with the progress of scientific improvement, and to possess an interest for others as well as the mere professional readers. That such was not effected by the *Journal* at present was, he thought, pretty well evinced by the fact, that only £21 had been received from the public for the sale of both *Journal* and "Transactions" for the year. If something were not done, they might anticipate a loss of their members. In York there were seven members of the Association, and some of them spoke of seceding; he should, therefore, move as an amendment to Dr. Cowan's motion,— "That a Committee be appointed, with full power to consider such changes as might be necessary in the management of the *Journal*, and to carry the same into effect in 1853." Mr. Nunneley added a list of gentlemen he wished to constitute such Committee.

Dr. ROBERTSON seconded the amendment.

Dr. TUNSTALL thought that Dr. Cowan had brought forward such a proper proposal that it ought at once to be affirmed. He expressed himself as not averse to the appointment of a Committee; but previous to doing so, he thought the meeting should come to a decision, aye or no, on the points submitted to its consideration. He was in favour of having but one responsible Editor, instead of having two as at present, who were shackled in their action, and strongly reminded him of Macheath dancing in fetters. (A laugh.) The speaker was proceeding to allude to some personal matter between himself and one of the

Editors (Mr. Walsh), when he was met by loud cries of "Question."

Mr. LORD (Hampstead) spoke in rather strong terms regarding the *Journal*, which he described as an *effete* publication, "stale, flat, and unprofitable;" and which he said he understood many of the members did not read at all, but left it on their shelves with the leaves uncut. He exhorted the meeting to adjudicate at once on the question whether they would continue to have a journal supplied to them, backward in intelligence and torpid in delivery, or such an efficient organ as that proposed by Dr. Cowan.

Mr. CROMPTON (Manchester) observed, that if his recommendation had been acted on in 1849, they would not be placed as they were at present with regard to the *Journal*. He could speak as to the opinions of the medical profession in the north being that it was a very unsatisfactory publication. He found that the number of subscribers was 1,927 in 1845 (the greatest number); since which time they had been gradually falling off. He wished to ask Mr. Walsh if he could inform them how many copies of each publication of the *Journal* had been struck off year by year during the time he had been connected with its management.

Mr. WALSH stated that he believed the present number was 1,675; it had been down as low as 1,550. He believed that the number of *paying* members of the Association was greater now than it had ever been. In pursuance of a resolution adopted by the Association with respect to defaulters, a number had been struck off the list of members, some of whom were seven, eight, or nine years in arrear, and who, though they swelled the list, were a dead loss to the Association. Since he had been engaged in the Editorship the number of copies had gone up from 1,500 to 1,675, and the advertisements had doubled. (Loud cries of "Hear, hear.")

Mr. CROMPTON having observed upon the singularity of the circumstance that although more members were stated to be now on the books, yet that about 1,650 members only paid £1,350, and desired some explanation,

The SECRETARY read various explanatory extracts from the accounts, and in the course of conversation that followed, Mr. CROMPTON hastily observed that he did not believe there were so many members on the list as represented; but being called to order by Sir Charles Hastings, he retracted the assertion.

Dr. RANKING could have wished that politeness had been combined with eloquence by some who had addressed the meeting. (Laughter.) He might observe with respect to the number of members that some members had died, others had been struck off because they were in arrears; and it should be remembered, also, that in consequence of the depression in the agricultural districts medical gentlemen residing therein had been compelled to decline subscribing to the *Journal*, the *Lancet*, and the quarterly medical publications. He knew it to be so in Norfolk and Suffolk, where they were obliged to be careful in the disposal of every guinea. As to what had been said about the *Journal* being allowed to lie on the shelves

er tables of members uncut, he thought much stress need not be laid on that; for how often did they see valuable works similarly treated. He had himself seen a translation of Louis "On Phthisis," by Dr. Cowan lying by with the leaves uncut. (Laughter.) He would only remark, in conclusion, as the management of the *Journal* was complained of, that if he was in the way he should be happy to resign the post of Editor. ("No, no.")

Sir CHARLES HASTINGS said it was clear from the Secretary's statement that the number of paying members was greater now than it had been for some years. In the course of the past year they had formed two new branches, which had brought in an accession of a hundred members; and he thought if they continued to go on steadily they should increase still more. (Applause.) He must say, if gentlemen were prepared to have a weekly publication of the *Journal* they must give up the "Transactions." During the whole course of the twenty years the Association had been established the expenditure had been kept within the income; but he verily believed if they engaged in the publication proposed their expenses would be so much increased as very shortly to involve the Association in bankruptcy. (Hear, hear.) He would willingly vote for the appointment of a Committee, because he thought inquiry would be productive of good.

Dr. COWAN, in reply, stated that Mr. Walsh had challenged him to prove his figures respecting the cost of publishing the *Journal* in London. He gave it to the meeting on the word of a London printer, whom he had consulted on the subject, that the *Journal* could be brought out weekly, with better type and better arrangements altogether, for £1140 a-year, this exclusive of editorship; but a person could be found, who would devote himself wholly to the performance of the duty for the salary now paid to the joint-editors (£250 per annum.) So that speaking in round numbers, for an outlay of £1,400 they would have a first-rate weekly periodical, in place of their present one, and he could not doubt that the change would be productive of good. It was not intended to compete with the London journals, but simply to supply the members of the Association with a sound literary periodical, every way suited to their requirements, and which should advocate and advance the interests of the profession generally. Dr. Cowan met the objections which had been urged in the course of discussion, against the removal of the publication as destructive alike of the provincial character of the *Journal* and of the influence of the Central Council; and in conclusion remarked, that if the meeting decided in favour of his motion, he was willing to take the Committee which had been already named, in order to carry out the details.

Mr. WALSH complained, that in reply to his challenges of proof by figures, Dr. Cowan had receded from his first statement as to total costs of publication, and now stated that the £1200 (in round numbers) he at first mentioned did not include the cost of Editorship. He (Mr. W.) said that he was ready to prove from documents which he held in his hand, that the cost of print-

ing a journal of the present size, including only paper, stamps, journeymens' wages, and merely four per cent. upon the cost of machinery would amount to £1118. This did not include any charge for printer's or publisher's profits, and was founded upon data obtained from the *Manchester Times* Office and from Birmingham, where printing was done as well and much cheaper than in London. He believed, therefore, that when Dr. Cowan came to the real working of the matter, he would find himself sadly mistaken.. (Spoke, spoke.)

Dr. COWAN replied that he was quite right in his calculations, and that for £1400 a year he could do all that was required.

Mr. WALSH expressed himself as doubtful that such a publication as the one contemplated could be got out for the money.

Dr. COWAN: All I know is, that I have an offer from a London printer to do so.

The PRESIDENT then put the amendment, in the usual way, by a show of hands, but the numbers appeared to be so equally divided, that it was urged there should be a poll; an attempt was accordingly made to take one, but in consequence of the confusion which ensued, it proved unsuccessful. It was then suggested that those in favour of the amendment should sit on the left of the chair, and those opposing it on the right, and that the respective numbers should be counted by two tellers. A number of gentlemen who declined to vote either way retired to the adjoining room. The result was as follows:—

For the amendment ... ..	61
Against it ... ..	59
Majority ... ..	2

The announcement of the numbers was received with much applause, and an exciting scene ensued, and in the midst of the confusion attendant on this, the President declared the *original motion* (which had not been formally put to the meeting) carried.

Dr. EVES (Cheltenham) wished to ask whether it would be a seemly proceeding, in a Society like theirs, to allow so important a change to be effected on the strength of so small a majority? (Laughter, and a cry of "The House of Commons.") All the members were equally anxious to benefit the Association; and he did think, when opinion was so nearly balanced as the recent division had shown, they ought not to proceed until they had appealed to the whole body, and ascertained their feeling respecting it. (Hear, and "chair.")

Dr. COWAN having again signified his willingness to accept the Committee previously nominated by Mr. Nunneley, moved a resolution for its appointment, with an instruction to superintend the future publication of the *Journal* in London. On the list being read over by the President, the greater portion of those nominated withdrew their names immediately. After some conversation, a Committee consisting of eight or nine gentlemen was understood to be appointed, though the proceedings were here extremely confused, and the appointment, if made at all, was done in a most irregular manner.

In reply to a question from Mr. Walsh, as to the position the Editors were placed in by the recent vote, Dr. COWAN said he wished it to be understood that no alteration would be made in the present arrangements until January, 1853.

Some members expressed a hope that the Editors would consent to continue their services in the meanwhile.

Dr. RANKING at once declined, and resigned his post as one of the Editors.

Mr. WALSH said, that although his feelings prompted him to follow the example of his colleague, yet, as he had always taken a warm interest in the prosperity of the *Journal*, and feared it might be injured by the sudden withdrawal of both Editors, he would lay aside his feelings, and go on with its conduct for the present as well as he could. (Much cheering.)

#### INCOME TAX COMMITTEE'S REPORT.

Dr. SMITH (Cheltenham) read the following report of the Income Tax Committee:—

*Report on the Property and Income-Tax, as affecting the Medical Profession.*

"The Committee appointed at the last Anniversary to consider and devise means for relieving the medical profession from their unequal share of the present Property and Income Tax, beg to report that they have lost no opportunity of bringing the subject before Her Majesty's Government and influential Members of Parliament. The recent political changes have, however, prevented their exertions from producing as yet any practical result. They have the authority of Mr. Hume, Chairman of the Income-Tax Committee of the House of Commons, for stating that from the information which he has obtained, there can be no difficulty in adopting a more just mode of rating professional incomes. Owing to the immense amount of business before the Chancellor of the Exchequer, and to the ascertained fact that he was determined to recommend the continuance of the Income-Tax in its present form for another year, your Committee have not sought a conference with him. The number of witnesses which have been already heard against the measure before the Income-Tax Committee of the House of Commons have hitherto prevented your Committee from tendering their evidence; but upon the assembling of the new Parliament, they expect to appear before a Committee to be appointed for completing the inquiry. From the amount of gross injustice which this impost has been proved to have produced, your Committee entertain a strong hope that it will, in the next Session of Parliament, either be materially modified or totally repealed; but still they earnestly urge upon every medical practitioner the necessity of treating this question, not as a general, but as an individual one.

"Your Committee would suggest to the members of the Association the propriety of petitioning both Houses of the Legislature against the continuance of this impost. And they would moreover advise this meeting, and also the district branches, to nominate gentlemen to wait upon the individual members of the House of Commons resident within their district.

"Should these suggestions be carried out with energy and spirit, your Committee confidently believe that they will have the pleasing duty of announcing at your next Anniversary, that this odious, inquisitorial, and unjust tax has been expunged from the Statute Book." (General cries of "Hear.")

The Report was received and adopted.

#### IRREGULAR PRACTICE.

Dr. CORMACK read the report of the Committee on Irregular Practice, and in so doing congratulated the Association that there were no longer any respectable members of the profession who would maintain intercourse with homoeopathic professors; in bringing about which improved state of things the Association had been mainly instrumental. (Applause.) The report was as follows:—

"The Committee on Irregular Practice, have attentively considered the subject confided to them by the Anniversary Meeting of the Association at Brighton in August last.

"In consequence of the limits assigned to the Committee they have not considered themselves authorized to enter upon any of the other forms of Irregular Practice, although they regard them equally with Homoeopathy as opposed to the sense of the profession.

"The Committee have endeavoured to frame the bye-laws which they now propose for adoption, in such a way, as on the one hand, to maintain a high tone of professional honour in the Association; and on the other, to guard against the risk of accused parties being expelled from insufficient evidence, or so long as there is ground to believe that they have repented of their conduct, and are prepared to promise not to repeat it.

"The following is a draught of the bye-laws which the Committee request the Central Council to submit to the consideration of the anniversary meeting to be held at Oxford:—

"1. Candidates for admission to the Provincial Medical and Surgical Association, shall be required to state, in writing, to the Members proposing them, that they neither are, nor intend to become, professors or practitioners of Homoeopathy

"2. That when any member is convicted by the Central Council, or by any of the Local Councils, of publicly professing homoeopathy, of practising homoeopathy, or of holding professional intercourse with a homoeopathic professor or practitioner, this conviction, along with the necessary proofs of its justice, shall be officially reported by the Secretary of the Central Council, or by the Secretary of any of the Local Councils, to the next ensuing anniversary meeting of the Association; that it shall then be competent for the meeting, provided there be a concurring majority of two-thirds of those present, to direct the President in the Chair to erase the name of such convicted member at once from the roll of members; but that it shall likewise be competent for the meeting by a simple majority, either honourably to acquit the accused, or to accept from him, in entire satisfaction for his conduct, an expression of regret, and a promise not to repeat it; or to postpone final judgment till the next anniversary meeting

JOHN ROSE CORMACK, M.D., London.

CHARLES COWAN, M.D., Reading.

CHARLES HASTINGS, M.D., Worcester.

JONAS MALDEN, M.D., Worcester.

W. H. RANKING, M.D., Norwich.

JAMES TUNSTALL, M.D., Bath.

C. J. B. WILLIAMS, M.D., London.

This Report was also received and adopted.

## MEDICAL ETHICS.

Dr. GREENHILL being called on by the Chairman to read the report on Medical Ethics, said the Committee were sorry to say, that in consequence of the death of one of their members, and a difference of opinion which prevailed among the others, no report had been prepared.

## NOTICE OF ALTERATION OF LAW.

Dr. TUNSTALL moved a resolution, having for its object, the alteration of rule 14, to the effect that every member of Council should be an *ex-officio* member of the Council of the Local Branch in the locality in which he might reside.

Dr. COOKWORTHY seconded the motion.

The proposed alteration was warmly opposed, as having a tendency to interfere with the present popular mode of election; and on the motion being put, only two hands were held up in its favour.

The meeting adjourned at five o'clock.

## THE CONVERSAZIONE.

Dr. Acland (Radcliffe's Librarian) having very courteously proposed to receive the members of the Association in the Radcliffe Library, a very numerous party of gentlemen attended a conversazione in that splendid building, at half-past eight o'clock. The Library was brilliantly lighted up for the occasion, a splendid candelabrum, with numerous branches, being placed in the centre. Around the pedestal which supported it were ranged a variety of choice greenhouse plants. We should think there could not have been less than five hundred persons present, including the Vice-Chancellor, several heads of houses, the Mayor, and several Aldermen and Councillors of the city, and all the members of the Association who attended at the Anniversary. It would be impossible for us in our limited space to particularize the varied objects which were presented to the admiring gaze in every portion of this beautiful building, we may therefore briefly state, that besides the usual interesting ones there were several tables containing objects of much interest to the scientific, professional, and general observer. The pendulum experiment of Foucault, showing the rotation of the earth, excited great attention; as did also preparations for the microscope by Mr. F. Symonds and Mr. Topping; pathological and physiological preparations from Christ Church College Museum; and pathological and microscopical preparations by Lionel Beale, Esq., M.B. A variety of osteological specimens from Christ Church College Museum, and some exhibited by Mr. Flower, a professional gentleman, of London, were much admired; among these was a skeleton of the python, and also of a large crocodile, ten feet long, stated to be the finest specimen in England. N. S. Maskelyne, Esq., (reader in mineralogy,) had a table devoted to a display of daguerreotypes, demonstrating the improvements which have been effected in this wonderful invention. Among the articles of a practical character connected with the medical and surgical profession, Messrs. Weiss exhibited a selection of sur-

gical instruments, with the recent improvements; and Messrs. Sparks and Co., a large assortment of bandages, and kindred surgical apparatus, including the new patent elastic stockings, knee-caps, &c., &c. The achromatic microscopes and apparatus of Messrs. Smith and Beck, to whom the Council medal of the National Exhibition was awarded in 1851, attracted much observation; and the London Gutta Serena Company exhibited a choice collection of gutta serena manufactured articles from their works, showing the varied uses to which that substance is capable of being applied. Tea, coffee, and other refreshments were served in the galleries, the whole of the arrangements being most judiciously conducted, and a very agreeable evening was consequently enjoyed. We should not omit to notice that one of not the least attractive objects to the visitors was formed by the exhibition of two of the leaves of the gigantic water lily—the *Victoria regina*—with flower and seed vessels; these were placed near the staircase at the entrance, and we were given to understand had formed a part of the plant growing in the conservatory at the Botanical Gardens. The greenhouse plants, before mentioned, were also furnished from these gardens.

## THIRD GENERAL MEETING.

THURSDAY, JULY 22.

A public Breakfast was provided this morning at half-past eight o'clock, at the Star Hotel, which was extremely well attended.

The Association again assembled in general meeting in the Convocation House, at twelve o'clock, when the President announced that in consequence of the length of time which had been occupied in the discussion relative to the publication of the *Journal* on the preceding day, the strictly routine matters only would be proceeded with.

## CHARTER OF THE COLLEGE OF PHYSICIANS.

Dr. COOKWORTHY informed the meeting that the Committee appointed yesterday, to consider and report upon the subject of his proposed addition to the report of the Council, had unanimously adopted the following resolution, which he would with permission read:—

"That the Committee appointed yesterday to take into consideration the bearing of the proposed Charter of the College of Physicians of London on the Provincial Physicians of England and Wales, have met, and not feeling themselves in a position to present a detailed report, have unanimously resolved to invite all Provincial Physicians now in Oxford to meet this day at 5, P.M., in the Divinity Schools (permission having been obtained), and there to form a Committee authorized to put themselves in communication with their brethren, and with the London College of Physicians, with the view of making such suggestions as may appear necessary to protect the interests of the Provincial Physicians practising in England and Wales without compromising the welfare of the profession at large or the public good, the only proper end and object of legislative enactment.

"J. COOKWORTHY, M.D.,

"On behalf of the Committee.

"Oxford, 22nd July, 1852."

The report of the Committee was received and adopted.

## MEDICAL REFORM.

Dr. ROBERTSON said he had been called upon to move a resolution relating to the Medical Reform Bill. The subject had been before the notice of the profession for a number of years, and they had had frequent opportunities of discussing it. He might observe that Mr. George Hastings, (son of Sir Charles,) barrister, who had been concerned in the drawing up and preparation of the Bill about to be submitted to Parliament respecting it, was in attendance to explain its leading provisions. The resolution was as follows:—

"That this Association consider that the Draft Bill for Medical Reform, which has been prepared by the Central Council, embodies the principles uniformly advocated by the Association, and that the Bill be referred to a Committee, who are hereby empowered to make such alterations and modifications in the Bill as to them may appear expedient, and also to negotiate with the Home Secretary, and with the Medical Corporations, with a view that such Bill, on the earliest opportunity, be presented to Parliament, in order to its passing into a law."

Mr. CARTWRIGHT, in seconding the motion, said, it was important that a Committee should set to work actively to carry out the Draft Bill emanating from the Central Council; it was the more necessary, as there was reason to fear that the apathy of the profession on this long-debated question was so great, that when all differences were nearly adjusted, the final and crowning measure of the whole would be lost for want of energy. The Draft Bill (if not a perfect measure) had given much more universal satisfaction to the profession at large than any other measure submitted to it. It was unnecessary for him (Mr. Cartwright) to enter into details of the construction of the Bill, as that would be much more ably done by a talented barrister (Mr. George Hastings), who would fully explain the provisions of the Bill to the meeting. The construction of the Bill was simple, not interfering with any *strictly professional* corporations, and appointing such penalties only as were necessary to correct irregular practice. The Bill was based on the adoption of the two new Charters of the Colleges of Physicians and Surgeons, which were framed in a liberal spirit, and the latter of which has already come into operation, and tended much to heal those disputes which had existed between the College of Surgeons and their members. (Applause.) The governing body (in the present Bill) was to be formed by one-third of its members being appointed from the College of Physicians; one-third from the College of Surgeons; and one-third independently selected from the bulk of general practitioners by the Secretary of State; the Council would also receive weight and dignity from the addition of the Regius Professors of Oxford and Cambridge, and from the President of the Colleges of Physicians and Surgeons. It was his firm opinion, that a Council so selected from the *élite* of the profession, would carefully watch over the interests of the general practitioner, and would be found of much greater utility, more effective, and more agreeable to the profession, *than any third incorporation*. (Applause.) Mr. Cartwright would here appeal to those gentlemen

who had favoured the proposed third incorporation! As it was now clearly impossible to carry out the institution of a third incorporation, he suggested that the appointment of such an independent Medical Council as the Bill provided for, would form a neutral ground on which the members of the Institute of General Practitioners could unite with the promoters of this Bill, and provide effectually for what they were all deeply interested in, the improvement of the *status* of that hard-working and deserving class, the general practitioners of the country; he hoped the appeal he now made would end in some of the Institute gentlemen being now appointed on the Committee. The advantage of this would be, that, if by mutual concessions an understanding could be come to, they could approach the Colleges of Physicians and Surgeons as one body, united to obtain a Bill for the general benefit of the profession; it was already known that the College of Physicians approved of the measure; he hoped the College of Surgeons would listen favourably to their requirements; and such unanimity on all sides would greatly enhance the favourable opinion, which the Home Secretary was disposed to entertain of the measure; in fact, it had been stated, that if it could be presented to Mr. Walpole under such circumstances, it would be adopted as a Government measure. He would urge the Committee to push forward to such a consummation; and in the hope, that ere long, this long-agitated and most important measure would be honourably and satisfactorily arranged by legislative enactment, he would conclude by seconding the nomination of the Committee proposed by Dr. Robertson, to carry out the proposed Draft Bill of the Central Council. (Applause.)

Mr. G. HASTINGS (barrister,) then rose, and at considerable length explained the steps he had taken in the preparation of this measure, under the direction of the Committee of the Association. He observed that it was at first desired to include within the scope of its provisions Scotland and Ireland, but from the difficulties ascertained to exist, it had been deemed advisable to confine its action to England and Wales, as reciprocity of practice could only be secured by uniformity of education. It was his belief that had Sir George Grey remained in office, so impressed was that gentleman with the importance of the subject, a measure would have been passed by the late Government which would have proved acceptable to the profession generally, but the change of administration had prevented his doing so, and singularly unfortunate was it that such change occurred only a day before Sir George Grey would have taken up the Bill. After the formation of the present Ministry, he (Mr. Hastings) had an interview with Mr. Secretary Walpole, to whom (having the honour of a personal acquaintance) he explained his views more fully probably than under other circumstances he could have done, and Mr. Walpole assured him he would give the matter his best consideration, and that if a Bill should be laid before him which should have the support of the profession generally, he should feel it his duty to bring it before Parliament;

he (Mr. Hastings) consequently thought that they might expect ample justice at the hands of the Home Secretary. (Applause.) He had in the course of his proceedings endeavoured to ascertain the feeling of the House of Commons on the subject, and with that view had asked the opinion of several influential members, the result of such inquiry being the raising of a belief in his own mind that the members of that House were heartily sick and tired of Medical Reform, as there had been already a number of bills before them relating thereto, and it had in consequence become very distasteful to them. Such being the case, he was induced to think, that if a bill, meeting the views of the general body of the profession, were submitted, the House would gladly pass it, in order to get rid of the subject and its (to them) attendant annoyance. (Applause.) Mr. Hastings, in proceeding to explain the bearings of the proposed measure, observed that they were already familiar to the members of the Association, a copy of the Bill having appeared in the *Journal*. After having given a short description of the principal provisions, he said, in drawing the draft of the Bill, it had been his earnest study to meet the views, and carry out the wishes of the great body of the medical profession throughout England; and it was his belief, that if the Association failed in the endeavour to carry out Medical Reform, no other single body would be able to take the matter up, and it must be allowed to drop; the consciousness of this ought, therefore, to incite them to a continued, vigorous, and united action. (Mr. Hastings sat down much applauded.)

Mr. WALLACE expressed his dislike of the manner in which the representative Council was to be constituted under the proposed Bill, and which, he believed, would not satisfy the profession, who required the representative principle to be fully carried out. He had stated this objection when the Draft of the Bill was under discussion by the Committee, and he hoped that the part relating to the constitution of the Council would be struck out.

A MEMBER said, that while two medical colleges had been spoken of as having been consulted, (the College of Surgeons and the College of Physicians,) no mention had been made of a third and no less important one—the Apothecaries' Company, to whom they were so much indebted. He thought that with respect to the Council, the selection ought to be made one-half from the general practitioners; and also that in the promotion of the Bill, the opinion of the Society of Apothecaries should be taken, and their support solicited.

Mr. STEDMAN, observing that the meeting was under obligations to the legal gentleman who had so ably addressed them, said the gentleman who had last spoken had expressed his regret that the Society of Apothecaries had not been consulted, he, however, had to mention that another equally important institution had been passed by—the Institute of Medicine and Surgery. As a member of the Council of that Institute, appointed by 4000 members, he could not allow the omission to pass without noticing it.

Mr. G. HASTINGS said it was but right he should

state, that when drawing up the draft of the first Medical Bill, he wrote, at the same time forwarding a copy, to the Society of Apothecaries as well as to the Colleges of Physicians and Surgeons, stating that he and the Committee were anxious to have their opinion in writing, or, if they would favour him with a personal interview, he would explain any portions they might wish. The Apothecaries' Company took no notice whatever of his letter; and when the second draft was drawn, he did not think it worth while to trouble them with it. As to the Institute of Medicine and Surgery, a similar course was taken in the first instance, which resulted in their giving notice of opposition to the Bill; and no application had been made in the second instance. (Loud cries of "Hear, hear.")

Mr. BOWLING (of Hammersmith) regretted that in the Bill there was no provision made for examinations in midwifery. He thought there were more lives unnecessarily lost in that branch of the profession than in any other. Some stringent statutory regulations were required to ensure to the public proper obstetric education.

The Rev. Mr. BELL said, that though the practice of medicine was no longer his occupation, and though he had assumed a still more sacred calling (applause), yet he was proud to continue to be a member of this Association, and had always much pleasure in participating with his medical brethren in the advantages of these annual meetings. (Applause.) Many years ago he had advocated changes not very different from those which were now so likely to be harmoniously carried out. He did not, however, like to trust all the details to any Committee; and he would wish to add to the motion a clause directing the proposed Committee to convene a special meeting of the Association to consider their amended edition of the Bill.

After some debate it was at last agreed (on the suggestion of Sir Charles Hastings) that the Committee should be instructed to communicate their amended Bill to the Central Council, by whom, if the alterations involved great changes, a special meeting of the Association was to be called. This arrangement gave general satisfaction, and terminated a discussion, which at first seemed likely to occupy a long time.

Mr. LORD (Hampstead) eloquently insisted upon the claims which general practitioners had upon society. Their position was not an inferior one; inferiority was the result only of misconduct and ignorance, and these might as easily degrade the pure physician and the pure surgeon as the general practitioner. He feared the representative system had been too much lost sight of in the Bill; but if a good Committee were appointed, he pledged himself to be contented with what they did, even though he felt that the Bill might not give all that was required by the profession. (Applause.)

Mr. HUNT wished to hear the names of the proposed Committee.

The PRESIDENT (after some discussion) thought that the best course would be to put the original motion; but if Mr. Hunt pressed an amendment, he would of course take the sense of the meeting upon it.



Mr. HUNT stated that he did not wish to put his suggestion as an amendment.

The motion of Dr. Robertson was then carried by an overwhelming majority.

Mr. PROPERT moved that the following gentlemen do constitute the Committee to take charge of the Bill:—Dr. Robertson, Mr. Cartwright, Mr. Walsh, Mr. Bree, Mr. Noble, Mr. Bottomley, Mr. Southan, Mr. Stedman, Sir Charles Hastings, Mr. Hastings, (Secretary,) and that five be a quorum.

Mr. NUNNELEY (Leeds) seconded this motion; which was unanimously carried.

It was then moved and seconded that Mr. Proport and Mr. Nunneley be added to the committee. Mr. Nunneley's name was added, with his consent; but Mr. Proport having excused himself from acting, in consequence of the great demands upon his time in connection with the Medical College, the name of Dr. Webster (Dulwich) was substituted for his.

Dr. EDWARDS moved that the thanks of the Association be given to the son of Sir Charles, Mr. Hastings, of London, for his talented and judicious exertions on behalf of the Association in the cause of Medical Reform. The bill was ably drawn up, and had, been most lucidly explained to them. This proposal was received with much enthusiasm, and was unanimously carried; whereupon the President thanked Mr. Hastings in the name of the Association.

#### AUDITORS' REPORT.

Mr. NUNNELEY, on behalf of the auditors, stated that they had gone through the accounts, and although they had no doubt of their being substantially correct, yet as the vouchers for some of them were wanting, they had not felt themselves justified in signing them. The auditors hoped that a better system of keeping the cash-account would be adopted in 1853; and that, in fact, a totally different system would be adopted, not only with the cash-account, but with all the other books, so as to render the business-transactions of the Society more clear than at present.

Mr. BARTRUM coincided with Mr. Nunneley's remarks, and described the mode of keeping the accounts as complex beyond measure. They were greatly obliged to the Secretary for the attention he had paid, and explanations given, and also for his promising to effect an alteration in this respect before the lapse of another year.

*An Abstract Statement of the Income and Expenditure of the Provincial Medical and Surgical Association, from July 31st, 1851, to July 17th, 1852.*

#### RECEIPTS.

1851.—August 4.

	£.	s.	d.
To Balance from last year's account	94	3	1½
“ Deighton and Co., for Advertising	64	4	5
“ Charehill ditto ditto	93	4	6
“ Churchill for Sale of Publications	21	14	9
“ Subscriptions .....	1365	11	11
	£1638	18	8½

1852.—July 17.

Balance..... £92 14 1½

#### DISBURSEMENTS.

	£.	s.	d.
By Deighton and Co., for <i>Journal</i> ...	732	1	3
“ Deighton and Co., for Printing and “Transactions” .....	225	5	0
“ Churchill, for Advertising, Printing, &c. ....	67	12	6
“ Eginton, for Woodcuts .....	2	17	0
“ Anniversary expenses .....	50	2	3
“ Collectors and Commissions at several towns, as Branch expenses	29	5	7
“ Postage Stamps for Vol. XVIII., and Pamphlets of “Irregular Practice” .....	48	4	2
“ Tainton, for binding Vol. XVIII. of Transactions .....	12	18	0
“ Dr. Ranking .....	125	0	0
“ Mr. Walsh .....	125	0	0
“ Mr. Sheppard, Secretary .....	105	0	0
“ Mr. Bottomley .....	5	0	0
“ Postages, Envelopes, and Miscellaneous expenses .....	17	18	10
“ Balance carried down .....	92	14	1½
	£1638	18	8½

Audited and examined,  
NASH AND WATKINS.

17th July, 1852.

#### BENEVOLENT FUND REPORT.

Mr. NEWNHAM then read the Report of the Benevolent Fund, which will be published in the next number.

Dr. FORBES, in moving “That the Report be received and adopted, and that the warm and grateful thanks of the Association are due, and are hereby tendered, to Mr. Newnham for his services to the Benevolent Fund, and that he be requested to continue his services as Treasurer and Honorary Secretary,” took occasion to allude to the benefits derivable from the establishment of a fund of this kind, and to urge the importance of the consideration upon all members of the profession.

Dr. JENES, in seconding the motion, paid a deserved compliment to Mr. Newnham for his kind and charitable disposition, remarking that he possessed what was the most earnest aspiration of the devout Mahometan—“the prayers of the poor.” (Applause.)

The motion was unanimously carried.

Mr. NEWNHAM returned thanks in very appropriate and feeling terms.

#### THE ADDRESS IN MEDICINE.

Dr. EASON WILKINSON (Manchester) being called upon by the Chairman, read the Address in Medicine. In consequence of the shortness of the time remaining at the disposal of the meeting, he was compelled greatly to abridge his cleverly-written paper.

At the conclusion, Dr. WAITING, amidst much applause, proposed a vote of thanks to Dr. Wilkinson for his able and talented address, coupled with a request that he would allow the same to be printed. Dr. Whiting observed that he had the more pleasure in proposing the motion, because he thought the attention of the profession had not been enough directed to what was termed physical education, therefore it became them the more to take it up. This had been noticed

in the address which they had just heard. Great evils doubtless arose from a bad physical training of children; and he would suggest to the profession generally that there should be diffused among the public more information regarding this interesting subject. In his own neighbourhood he had adopted a plan which, as his time was not so much occupied in professional pursuits as formerly, he had been enabled to prosecute successfully, namely, the delivery of philosophical lectures in a popular form; the result of which effort had been his receiving the general thanks of the town wherein he lived. He thought if other professional gentlemen would take up the subject in a similar way in their respective localities great good would result. (Applause.)

Mr. WALLACE seconded the motion, which was carried *acem. com.*

#### THE ADDRESS IN SURGERY.

JAMES TORY HESTER, Esq. (Oxford) then delivered the Address in Surgery, which was extremely well received.

On the motion of Mr. HODGSON, seconded by Mr. CALES WILLIAMS, a vote of thanks was passed to Mr. Hester for his talented Address, accompanied by a request that he would allow the same to be printed.

It was understood that the respective Addresses in Medicine and Surgery should appear in the "Transactions" or *Journal*, as decided by the Council.

#### ANNIVERSARY MEETING, 1853.

Sir C. HASTINGS called attention to the subject of selecting the town in which the Anniversary Meeting of the Association should be held next year. The Council had come to the understanding that it should be held at Cambridge; and that the Regius Professor of Medicine there should be proposed as President-elect. (Applause.) But they had also present among them a deputation from Swansea, the metropolis of South Wales, and equally connected with Bristol and Bath, who sought to obtain for that town the honour of their meeting. If the opinion of the Association should be favourable to this latter place, he should propose Dr. Gwynne Bird as President-Elect. They would recollect they would be opening up fresh ground in this quarter; and their friends had been pressing them repeatedly to go there. Then they had also present some friends from York, who wished to have the next Anniversary Meeting of the Association held in their city. They were, however, willing to waive their claims in favour of Swansea; and as regarded Cambridge, Dr. Bond had assured them that it would be for their interest to delay visiting that university for a twelve month. Their choice remained between the two, as to which was the most eligible.

Mr. HUNT moved that the choice of place for holding the annual meeting should be left to the Central Council.

Mr. HODGSON seconded the motion.

It was finally agreed that Swansea should be the place

of meeting, and that Dr. Gwynne Bird should be the President-Elect.

Dr. RADOLFF HALL, of Torquay, was formally requested to deliver the "Address in Medicine," and Mr. Prichard, of Bristol, the "Address in Surgery," at the next annual meeting.

Mr. MICHAEL (Swansea), expressed the gratification which the profession at Swansea and its neighbourhood would experience from the choice just made, and assured the members of the Association a hearty welcome. (Applause.)

#### COMMUNICATIONS.

The "Report of Cases in the Oxford Infirmary" was read by the House-Surgeon, Mr. HUSSEY, to whom a vote of thanks was duly passed.

JOSEPH TOYNBEE, Esq., F.R.S., F.R.C.S., Aural Surgeon to St. Mary's Hospital, &c., read an interesting paper "On the Use of Artificial Membrana Tympani, in cases of Perforation or Destruction of that Organ." After detailing the results of some researches into the functions of the membrana tympani recently laid before the Royal Society, in which it is shown that the guttural orifice of the Eustachian tube is closed except during the momentary act of swallowing, he pointed out the fact, that for the function of hearing to be perfect the sonorous vibrations communicated to the tympanum ought to be confined within the walls of this resonant cavity, that they may duly impress the membrane of the fenestra rotunda, and thereby be communicated to the internal ear. Inferring from these researches that the deafness attendant upon perforation or destruction of the membrana tympani is produced by a want of the due concentration of the vibrations, by their diffusion into the meatus, and their absorption by its walls, Mr. Toynbee suggested the use of some means whereby the orifice in the membrana tympani should be closed, and the tympanum again rendered a shut resonant cavity. After some experiments, he had an artificial membrana tympani constructed, by Mr. Weiss, composed of vulcanized Indian-rubber, in the centre of which is fixed a small plate of silver and a silver wire, whereby it can be introduced or withdrawn at pleasure. This artificial membrana tympani has already been applied with such complete success by several patients, that they are able by its aid to hear sufficiently well to carry on general conversation. One man, a patient of St. Mary's Hospital, who had been discharged from the army on account of his deafness, has entered upon his duties again. A young lady, who had not heard at church for many years, can now hear the sermon perfectly well. Patients can apply the artificial membrana tympani themselves, can remove it at pleasure, and its cost is not more than a shilling.

Dr. HITCHMAN (Derby) read a paper on "The Pathology of Insanity."

Dr. FORBES WINSLOW, referring in complimentary terms to the kind and hospitable reception which the members had experienced at Dr. Acland's *soirée* on this

previous evening, moved a vote of thanks to the Radcliffe Librarian, which being seconded by Mr. NEWNHAM, was carried unanimously.

Dr. CONOLLY proposed a cordial vote of thanks to the Vice-Chancellor, Heads of Colleges, and the Local Authorities, for the extremely kind reception which had been afforded the Association.

Dr. RADCLIFFE HALL seconded the motion, which was carried by acclamation.

The PRESIDENT having vacated his seat, the same was thereupon taken by Sir CHARLES HASTINGS, who, in suitable terms, proposed a vote of thanks to the President, upon whose conduct in presiding over the proceedings of the anniversary he passed a just and well merited eulogium.

Mr. TOYNBEE seconded the motion, which was instantly agreed to.

The PRESIDENT was happy to find his conduct had given them satisfaction, and he sincerely thanked them for their kind expressions of esteem.

The business proceedings of the anniversary then terminated.

Professor QUEKETT gave a microscopic demonstration in the Anatomical Museum of Christ Church College, at three o'clock, P.M.

#### REPORT OF THE MEETING OF PROVINCIAL PHYSICIANS AT OXFORD ON THE PROPOSED NEW CHARTER OF THE ROYAL COLLEGE OF PHYSICIANS.

Agreeably to previous arrangements a number of British Graduates, members of the Provincial Medical and Surgical Association, assembled in the Divinity School of the University of Oxford, on Thursday, July 22nd, (permission having been previously obtained). Among the gentlemen present we observed Sir C. Hastings, M.D., D.C.L., Worcester; A. Robertson, M.D., F.R.S., Northampton; J. McCoragher, M.D., Edin., Chichester; W. P. Brookes, M.D., St. A., Cheltenham; E. Mainwaring, M.D., Glasg., Bournemouth; H. Cooper, M.D., Lond., Hull; T. G. Hake, M.D., Glasg., Bury St. Edmunds; Forbes Winslow, M.D., Aberd., F.R.C.P., Edin., London; J. C. Cookworthy, M.D., Edin., Plymouth; James Tunstall, M.D., Edin., Bath; E. Howell, M.D., Edin., Swansea; C. R. Hall, M.D., Torquay; A. Eves, M.D., Cheltenham. Dr. Robertson was unanimously voted to the chair.

After a preliminary conversation, in which the bearings of the proposed Charter, in relation to its effects on the provincial physician, was fully gone into, the following resolution, proposed by Dr. Forbes Winslow, and seconded by Sir Charles Hastings, was unanimously carried,—

“That the cordial thanks of this meeting be tendered to the President and Fellows of the Royal College of Physicians of London for the extreme liberality displayed in the provisions of the proposed Charter of incorporation; at the same time the meeting beg to suggest to the President and Fellows, whether the clause relating to the fees payable upon the admission to the membership by those who, at the date of the Charter,

are graduates in medicine of British Universities, be not open for reconsideration, with the view of reducing the amount to be paid for the diploma itself, especially by those who have long practised beyond the jurisdiction of the College, and of endeavouring to exempt all candidates, being graduates of British Universities, from payment of £15 stamp duty, they having already paid a stamp duty on taking their degree.”

Proposed by Dr. Brookes, and seconded by Dr. Cookworthy, and unanimously resolved,—

“That a Committee be formed, to communicate with the Royal College in relation to the proposed Charter, and that it consist of Sir C. Hastings, Dr. Winslow, Dr. Eves, Dr. Hake, Dr. Tunstall, Dr. Brookes, and Dr. Cookworthy; that Dr. Tunstall be requested to act as Honorary Secretary, and that he do communicate the above resolution to the Registrar of the Royal College of Physicians.”

Thanks being voted to the Chairman, the meeting adjourned.

JAMES TUNSTALL, Hon. Sec.

#### THE DINNER

Took place at the Town Hall, at seven o'clock, there were about 180 gentlemen present. The President of the Association, Dr. Ogle, took the chair, and among those near him were the Vice-Chancellor of the University, (Dr. Plumptre,) Sir Charles Hastings, M.D., Dr. John Conolly, Dr. Jenks, (late President,) Sir C. Clark, Dr. Acland, Dr. Forbes, (President of the Royal College of Surgeons,) Dr. South, (ex-President of the Royal College of Surgeons,) the Bishop's Chaplain, Wm. Ward, Esq., (Mayor of Oxford,) Mr. Alderman Spiers, (Sheriff of Oxford,) the Senior Proctor, the Junior Proctor, Dr. Shepherd, Dr. Jackson, Dr. K. Shepherd, Dr. James, (Vice-President,) W. Cleobury, Esq., James Torry Hester, Esq., G. P. Hester, Esq., (Town Clerk,) F. Symonds, Esq., J. L. Hansard, Esq., (Local Secretary,) Dr. Giles, J. Godfrey, Esq., T. Allen, Esq., J. Freeborn, Esq., (J. Martin, Esq., W. Rusher, Esq., J. P. Sheppard, Esq., (General Secretary,) — Briacoe, Esq., A. Paul, Esq., Mons. Battel, and many other distinguished names in the profession. The repast, which was of first-rate character in all its appointments, was furnished by Mr. Holland, of the Cross Inn. Grace was said by the Vice-Chancellor.

The tables having been cleared, the PRESIDENT rose, and gave the health of “Her Majesty the Queen,” (three times three,) Grimmitt's Quadrille Band, stationed at the upper end of the room, playing the National Anthem, the company joining in chorus.

The PRESIDENT next proposed the health of “Prince Albert,” (cheers); might he long live to foster by his example the social and domestic virtues, and the arts by his patronage. With the toast he would couple the healths of the rest of the Royal Family.” (Drunk with applause, the band, at the request of the President, playing the air,—“Dulce domum.”

In proposing the toast of “the Bishop of Oxford and the Clergy,” the PRESIDENT said that on the like festive occasion last year, at Brighton, they were favoured with the attendance of the Bishop of Chichester; and he was authorized to state, that the Bishop of Oxford would have been present with them that day, had it not been for an unexpected engagement. He regretted they were deprived of an opportunity of listening to the

servid eloquence of the respected prelate, (hear, hear;) but, however estimable the prelates of the Church might be, they must entertain as great respect for the parochial clergy, for few had more opportunities of noticing the Godly spirit and self-denying zeal with which these men discharged their duties than had the practising members of the medical profession. (Cheers.) The toast was drunk with three times three.

The BISHOP'S CHAPLAIN acknowledged the toast, expressing regret for the absence of the Lord Bishop, and commenting on the connection existing between the studies of theology and medicine. He showed how religion had taught the way to render patient and submissive the mind, under circumstances which to the heathen alike of ancient and modern times would have rendered life itself unendurable; and how the researches of medical science had given such a knowledge of the subtle diseases to which the human frame was liable, as to be enabled successfully to treat and overcome those hitherto deemed incurable. On the part of the Bishop and Clergy he returned them his most sincere thanks for the compliment they had paid them, and he hoped that both the members of the medical profession and the clergy would, in their several vocations, labour for the good of all. (Cheers.)

The PRESIDENT proposed the "Army and Navy, and especially the medical branches connected with both Services." (Much cheering.)

Air-Band—"British Grenadiers."

The PRESIDENT next gave "The Vice-Chancellor and the University Authorities." (Cheers.) He noticed the presence of the Vice-Chancellor and Proctors as a graceful compliment to the Association; and concluded a short but fervent address, by expressing an earnest hope that the University of Oxford—that venerable and venerated institution—might long prosper and continue to diffuse sound learning, and that sound religion, good morals, and just and liberal principles might ever flourish and abound within its walls. (Drunk with three times three, and one cheer more.)

The VICE CHANCELLOR and Proctors rose, and were received with renewed applause. On its subsidence the former said it had been a matter of great gratification to every member of the University in having an opportunity of showing every attention to such an honourable body as were the members of this Association, who had reflected honour upon it by holding their anniversary meeting this year at Oxford. It would have been hard indeed if this University, which was always anxious to pay a compliment to those distinguished in literature and science—(cheers)—and especially to those whose lives were devoted to the physical amelioration and improvement of mankind—it would, he repeated, have been hard indeed if the University had not felt and testified gratification at receiving so many members of the medical profession as he had now the honour of seeing around him. (Cheers.) Not only were the University glad to pay a compliment to men so eminent in scientific research, and in the distinguished services which they had rendered in their several paths of life—but he (the Vice Chancellor) might truly say that the names of many present would go down to posterity in connection with institutions which have for their object the amelioration of the ills to which

humanity is subject. (Applause.) He trusted this University would always give such an education to her sons as would combine religion with science—(hear, hear)—and that such had been the case might, he thought, be seen in the establishment of hospitals and similar institutions to administer to every affliction which it had pleased God to put upon them. (Cheers.) He wished to propose a toast. The University had yesterday the honour of enrolling among its members three distinguished men, belonging to the Provincial Medical and Surgical Association, upon whom the Honorary Degree of D.C.L. was conferred in the Theatre. He wished to be allowed to say that he trusted the compliment which was paid to those three gentlemen would be considered in some measure as a compliment also to the whole body of the profession. (Cheers.) It would be obvious that but a limited number must be selected on whom to confer degrees, and therefore he repeated that the selection made was intended as a compliment to the profession at large. (Renewed applause.) He had now very great pleasure in proposing that they should drink the health of the three distinguished individuals whom the University had yesterday the honour of enrolling among her members in the Theatre—namely, Sir Charles Hastings, M.D., Dr. Forbes, and Dr. John Conolly. (The toast was drunk with great applause.)

SIR CHARLES HASTINGS said, Mr. President, Vice-Chancellor, Proctors, members, and friends,—I had yesterday the pleasure, in a comparatively private party, of returning my grateful thanks to the Vice-Chancellor and Proctors of this University, for the very distinguished honour that was conferred upon me and my two friends, Dr. Forbes and Dr. Conolly, (whom I see around me on this occasion, (cheers,) on the assembling of the Provincial Medical and Surgical Association in this ancient and venerated University of Oxford. I need not say that the compliment to which I have referred is one of the most distinguished compliments that can be paid to any person, belonging to any profession. (Cheers.) I need not say that to be thus complimented is indeed an honour in such a place—where some of the most eminent of statesmen, philosophers, and poets, born in this and every age since the University existed have received the like distinction; and, gentlemen, I need not say that this honour, received through three individuals, is a most distinguished and positive compliment to the whole profession, and such an one as was not contemplated as likely to be received by this Association from so distinguished an University as that of Oxford. (Applause.) It is impossible for me to find language adequately to express my feelings for having been placed in so distinguished a position; and if it was possible to enhance that distinction it arises from the fact that I was accompanied by two friends to whom I have been for years most affectionately and tenderly attached. Gentlemen, I say, if it were possible to have added to the distinction, it was in being selected in conjunction with two gentlemen who occupied a position compared to which I feel my own unworthiness. And I cannot but think that the fact of being selected with those honoured gentlemen was in consequence of my having taken an active part in the concerns of this Association; for I consider myself otherwise unworthy of

the high distinction that has been conferred on me. (No, no.) I can say that the University of Oxford will ever receive from our profession every possible endeavour to do her no discredit, and that by continuing to ameliorate human nature, we hope to fulfil the destiny to which providence has called us. (Sir Charles resumed his seat very warmly applauded.)

The PRESIDENT then gave—"The President of the Royal College of Physicians, and the President of the Royal College of Surgeons," which was duly honoured.

The PRESIDENT of the Royal College of Surgeons returned thanks, and expressed a fervent wish that the present anniversary might prove an earnest that in future the profession would be closely combined, and that by-gones would be no more remembered. In the course of his remarks he enlarged upon the Charter of the College, and on the importance of a sound education to their profession as the basis of future eminence and success, and alluded in grateful terms to the feelings which must have imbued their minds while wandering along the banks of the far-famed Isis, and breathing the atmosphere of learning in this ancient University.

The PRESIDENT, in proposing "The Mayor and Corporation," remarked that there was not a more loyal, hospitable, or courteous body than the Corporation of the city of Oxford. (Great applause.)

The MAYOR returned thanks, and after expressing the gratification it had afforded him in offering the city buildings to the Association, remarked upon the importance of the medical profession, and paid a compliment to the President and other resident members of the profession, remarking that they were second to none in the talent and humanity displayed in administering to the "ills that flesh is heir to." (Cheers.)

The PRESIDENT next proposed the health of "The Founder of the Association, Sir Charles Hastings," whom he warmly eulogised for the zeal and energy with which he had always attended to the interests of the Association. Might he long live to enjoy the respect which was so deservedly his due, and to witness its continued prosperity and increasing success. (Cheers.)

Sir C. HASTINGS said, I rise on this occasion, for the twentieth time, to thank you for the honour you have done me in drinking my health on a similar occasion to the present. It is, gentlemen, now twenty years ago that this Association was established at Worcester, when some members of the medical profession—some of whom (alas! how few) were present with them that day—met for the purpose of forming themselves into an association, whose object should be the protection of the interests of medical science, and the promotion of peace, good-will, and harmony among the members of the medical profession. Gentlemen, this was the origin and design of our Association,—these the mottoes on our banner; under it we have prospered hitherto, and I hope we shall continue to prosper. As regards the present condition of the Association, I may say,—

"*Si monumentum queris, circumspice.*"

(Cheers.) Many and great objects have engaged our attention; we have buckled on our armour, and fought the battle manfully; we have hitherto succeeded, and now stand in a position at the present time, notwithstanding all that might have been said to the contrary, more proud than at any preceding anniversary. (Hear,

hear.) We have received from the University strong and convincing proof that our exertions have been appreciated by the great, the noble, and the good. (Cheers.) What greater reward can the exertions of good men receive than the meed of praise of those who are capable of estimating those exertions. (Hear, hear.) That we have this reward is patent to us all. Has not the Vice-Chancellor told us that he regards our Association as a most important one? and are we not placed in this high and honourable position, not only because the Association is esteemed for what it has already done, but also for what it proposed to do? Let our watchword then be—"Onward." (Cheers.) Let us look at the difficulties which beset medical legislation, and then consider what has been accomplished with respect to it. When we first met at Worcester, the medical corporations of the metropolis were hostile to their brethren in the provinces; but now the President of the Royal College of Physicians, the President of the Royal College of Surgeons, and the Head of the Apothecaries' Company, have all come to wish us "God speed," and to say they will help us. (Great applause.) This then, gentlemen, is our triumph,—may we go on prospering and to prosper. I care not what is said, here are 1632 members united together in one bond, desirous of advancing the profession, and showing that they love one another. (Cheers.) This is true philosophy,—this is Christian philanthropy. (Hear, hear.) I care not what some parties may say about our not advancing; I affirm we are advancing in our onward course,—that we do improve the profession by administering to the ills of humanity. (Cheers.) We will continue in this good course; the medical corporations and ourselves will pull together in this great and grand work, until we have placed our profession on the highest pinnacle of fame it is destined to occupy, and which it must occupy in future and better times. (Much cheering.) Gentlemen, I thank you most sincerely for your kindness; and with regard to our great, noble, and flourishing Association, all I can say is—*esto perpetua*. (Renewed applause.)

The PRESIDENT of the COLLEGE of SURGEONS then proposed, in suitable terms, the health of Dr. Ogle. (Much cheering.)

The PRESIDENT, in returning thanks, said he ascribed his appointment to his high position as President of that Association, more to their kindness than to any merits of his own. (No, no.)

Dr. JOHN CONOLLY, being called on by the President, rose and said: Mr. President and gentlemen, I have the honour to remind you of one of the most brilliant, scientific, and hospitable entertainments ever offered to the members of this Association in any of their meetings in past years. I am quite sure that every gentleman who had an opportunity of being present last night at the *conversazione* at the Radcliffe Library—(prolonged applause)—that every one on leaving that institution must have said to himself, "Here, at least, have I passed one or two of the most intellectual hours of my existence." (Cheers.) He must have felt all the better qualities of his intellect, and all the better feelings of his heart, called forth by witnessing all that the human intellect has brought into play up to the present time, by the kindness of one of

the most intellectual, accomplished, and amiable men that any of us have the privilege to call our friend. (Cheers.) I see that you receive these simple words of mine with the utmost enthusiasm—"We do,";—not from the value of the words themselves, except that they faintly express the feelings of every man's heart in this room. I think there are none of us provincial people who have come here to Oxford but must feel perfectly overpowered by the grand spectacle afforded by this great University; as we walk among the monuments of learning, and the great schools, which must exercise such an influence on mankind, and reflect that they are presided over by men who have received us with such kindness, and who are distinguished for their kindness and warm cordiality—I say we must feel gratified, after all the great and the learned are ready to do their utmost to evince their respect and honour towards us, and this, too, in such sincerity and kindness. (Much applause.) I think all must be impressed with that feeling, and that we shall go away from this city impressed with that feeling—(hear, hear)—impressed with feelings of affection and regard towards this University, and inclined to exclaim—"Never mind, there may be faults and defects in these ancient institutions, but there is also something great and grand in them"—(cheers)—and sufficient to excite regret that many like himself should not have had the opportunity of being educated therein. We all can see that we might have been more useful in our profession and better citizens; and notwithstanding this, we have been received here with kindness as belonging to the great family of mankind. (Cheers.) Last night we were entertained under the magnificent roof of the Radcliffe Library by one of our own profession, where we saw all that could charm the intellect, engage the affections, and enlighten the understanding; and we felt, above all, that we were there under the auspices of a gentleman, of whom it is no empty praise to say, that he is one of the lights, and also one of the great charms of the profession at the present day. Gentlemen, I thank you for your patient attention—you are always but too indulgent to me. ("No, no.") I beg to propose that we drink "The health of Dr. Acland." (Prolonged applause.)

Dr. ACLAND (Radcliffe Librarian) returned thanks, and in so doing said:—If in attempting to receive you last night I had been actuated by any personal motives, I could not have now addressed you. Dr. Conolly has been pleased, in most eloquent language, to paint the feelings of his heart rather than the circumstances I had myself been engaged in on the preceding day. A good painter, if he paints at all, paints not what he sees but what he feels. (Cheers.) I will at once dismiss any personal consideration, but I think you will believe me when I say that in inviting you last night I asked you not to meet me, but to meet together at the Radcliffe Library. (Hear, hear.) That Library was founded by a physician, and its trustees have devoted it to medical and natural science. When the office of keeper was vacant, several candidates appeared. I was induced to offer myself as a candidate in the hope that the office might not pass out of the hands of the profession. Your President (Dr. Ogle) will remember

that I said to him in a narrow lane in Oxford, soon after the lamented death of Dr. Kidd, that the Regius Professor of Medicine, whoever he might be, certainly should have the dome of the Radcliffe Library as his official residence. (Cheers.) At that time I had not the slightest reason to believe that the office of Librarian would be conferred upon me; but I wished that he who was at the head of medicine in Oxford, should be at the head of the Library also. (Hear, hear.) The Radcliffe Library is placed within the walls of Oxford, one of the most ancient Universities in the world. Now, but few medical men issue forth from this University; and this, I contend, is wrong. The work of education in Oxford, in respect of medicine, is defective. (Hear, hear.) Although I appear here as one of her youngest officers, I am anxious that this opportunity shall not be lost of making known that Oxford has a great work to do for itself and for the country in this respect; and that she can and will do it. (Hear, hear.) Gentlemen, I know how you felt last night at the Library; by what you there saw I know you were satisfied. (Cheers.) And why satisfied? Because you met in a great artistic edifice, second to none in Europe;—you met your President;—you saw represented there *art*;—and you also recognised in the persons of the Vice-Chancellor and the Proctors the representatives of *learning*. (Applause.) Because, in addition to the improvements of Weiss, of Smith, and others, you saw there representations of *science* in the deeper and hidden paths, made known in the works of Cuvier, Owen, and other great men. Trained in such ways the medical student, when looking upon any organic structure (the *dry bones*, as formerly called), whether healthy or morbid, will see in it some sort of an expression of the laws of nature which God has implanted therein. (Hear, hear.) Dr. Acland, after some other observations, concluded by stating that he attempted thus humbly to represent in this University those feelings of learning and truth which were shared by all, in a greater or less degree, and which made them all so happy last night. (Dr. Acland then resumed his seat, whereon the whole company rose and gave him three hearty cheers.)

The PRESIDENT proposed "The health of Mr. South, ex-President of the College of Surgeons." (Cheers.)

Mr. SOUTH returned thanks, and gave "The Medical Profession in Oxford."

Mr. CLEOBURY returned thanks as senior surgeon; but unfortunately spoke in so low a tone of voice as to be inaudible except in his immediate vicinity.

The next toast from the chair was, "The health of Dr. Jackson (Physician to the Infirmary), and the Staff."

Dr. JACKSON expressed his sense of the honour conferred, which he said was as unexpected as undeserved.

The PRESIDENT then proposed "The health of the ex-President, Dr. Jenks." (Great applause.)

Dr. JENKS, in returning thanks, said it was now thirty years since he had paid a visit to Oxford. He felt sure that no place could vie with it either in the number and extent of its public buildings, nor yet in the magnificence of their endowments; and equally certain was he that no place could have been found where so

scientific, delightful, and successful a meeting could have been held at the present had been. (Cheers.)

Dr. ACLAND proposed, "The health of Professor Quekett, and all the various 'artizans and labourers' who had assisted the Association on the preceding night;" and signified his regret for the Professor's absence from the festive board. He alluded to the great advantages derived by the surgical profession from the inventions of scientific artists.

The PRESIDENT next gave "The health of Mr. Hansard, the Local Secretary, and the Dinner Committee." (Cheers.)

Mr. ALLEN (Oxford) acknowledged the compliment.

Dr. FORBES gave "The health of the Vice-Presidents," coupling with it the name of Mr. James, of Exeter, at which place it would be remembered the Association met with a very hearty reception. (Cheers.)

Mr. JAMES, in acknowledging the toast, testified to the pleasure it had always afforded him to aid Sir Charles Hastings in promoting the interests of the Association, and expressed himself much gratified that harmony had been brought about between the members of the profession in the metropolis, and those in the provinces, a state of things which he hoped would long continue to exist. (Loud cheers.)

The PRESIDENT then left the chair, it being eleven o'clock, and the proceedings of the Twentieth Anniversary terminated.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, AUGUST 4, 1852.

WE insert the report of the proceedings at Oxford exactly as furnished us by the reporter appointed by the Central Council, and we do not, therefore, hold ourselves responsible for its accuracy, though, in the main, we believe it to be a faithful record of this remarkable meeting.

We have styled it remarkable, inasmuch as it has been distinguished by careless misstatements of facts which have been brought forward by gentlemen in the heat of debate, for whose veracity we have the greatest respect, and who, we verily believe, were actuated by a sincere desire to advance the cause of the Association, and of the profession at large. But it has also been remarkable for the most curious termination of a debate, founded upon these false data, which ever occurred in any society of educated men. For it is the fact, as recorded by our reporter, that after the amendment of Mr. NUNNLEY had been negatived by a majority of two, and after the triumphant party had insisted upon the right which their slender majority gave them, of carrying out their intention, (appealing to the

custom of the House of Commons,) they yet, apparently overwhelmed by success, neglected to follow up their victory by having the original motion carried. We can only account for this by supposing that they were not prepared for their success; but whatever the cause, certain it is that if tried by the customs of the tribunal to which they themselves appealed, (the House of Commons,) it will be found that we are just as if nothing had been done at Oxford *quoad* the change of place for publication. We do not know, nor do we individually care, what may be the result, but we are quite clear that such is the state of affairs; and it is still more unfortunate that no special meeting can rectify the error, for every change of law must be made at an *anniversary* meeting.

We have taken no part whatever in the late debate in defence of the *Journal*, because we could not conscientiously say that we thought it as good as it might be made; but we did expect, that when a fair and impartial Committee was offered, and of which the members were approved of by Dr. COWAN, to investigate the reasons of our want of success, with full power to do all which was contemplated by Dr. COWAN, if so decided by them;—we repeat it, that we did expect that a society of gentlemen, and men of education, would not have refused that trial and investigation which every one has a right to ask, and in this country has usually only to ask in order to receive. We therefore cannot do otherwise than feel some slight exultation, when we find a party, who were so ready to blame others for neglect of duty, themselves neglecting so obvious a termination to their labours. And we rejoice, for the sake of the Association and for the sake of the profession to which we belong, that there will be an opportunity offered next year of cancelling the act of injustice which has been so nearly committed, by going into the investigation in a full and satisfactory manner.

That an act of injustice was attempted, is quite clear, since it is impossible to go into such a complicated business in a general meeting, *unless that meeting resolves itself into "a Committee of the whole house;"* for after the party attacked has once spoken, he must keep silence, let what may be said, as was the case on the recent occasion.

We are not now going to attempt a refutation of Dr. COWAN's positions, which, when stripped of the eloquent language in which they were

wrapped, amounted simply to these three propositions:—1st, that the Association was going down in its number of "subscribing members;" 2nd, that the cause of this defalcation is, that the *Journal* is not what it ought to be; and, 3rd, that the only way to make it so, is to remove it to London. But, as we have publicly made a statement to the effect, that the number

of "subscribing members" was never so large as at present, which statement was as publicly disputed—for it cut Dr. COWAN's ground from under his feet—we publish the following table, which shows the *apparent* number of members in each of the last twelve years, together with the *real* money-receipts in each year, which last is the only test of the advance of the Association.

YEAR.	Members.	Gross receipts, including Balance in Hand.			Balance in hand.			Net Receipts, Deducting Balance.			Average of three years.		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1841	1250	1440	8	5	Unknown.			1140	8	5	}	1382	4 3
1842	1350	1721	1	0	582	1	0	1139	0	0			
1843	1628	2102	14	4	535	10	0	1567	4	4			
1844	1784	2161	12	0	613	16	7	1547	15	5	}	1564	4 5
1845	1927	1856	16	8½	501	2	5½	1355	14	3			
1846	1856	1867	9	6½	78	5	10½	†1789	3	8			
1847	1858	1417	9	3	113	17	6	1303	11	9	}	1513	7 3
1848	1795	1436	19	5½	Deficient £22. 10s.			1436	19	5½			
1849	1760	1718	0	4	18	0	4½	†1700	0	0			
1850	*1800	1632	6	8	16	2	6	1616	4	2	}	1592	13 1
1851	1506	1726	18	1	109	18	1	1610	19	7			
1852	1632	1638	18	8½	94	3	1½	‡1544	15	7			

\* Year in which defaulters were first struck off.

† Great exertions were made this year to get in the arrears in consequence of the payment to Dr. Hennis Green.

‡ First year of office held by Mr. Sheppard, when the arrears were worked up very closely.

§ This year only consisted of eleven months, in consequence of the anniversary meeting occurring one month earlier than usual, otherwise the receipts of the year would have exceeded £1600, and consequently, the average of the three years would have been about £1630.

From this table it will be seen that, making allowance for the last short year, our receipts in the last three years have averaged about £100 per annum more than the average of the previous three years, or of the average receipts of 1845, 1846, and 1847, the years selected by Dr. COWAN, which were £1516. 3s. 2d. This carelessness in making his calculations of the past on the part of Dr. COWAN, who had every opportunity of referring to the reports published year by year in the *Journal*, is sufficient to lead us to suppose that he is equally incorrect in his budget for 1853. But here we cannot possibly disprove his assertions, since we have failed, both publicly and in private, to obtain a sight of those calculations upon which he based his proposition. We can only say, *ex uno disce omnes*.

As we premised in the early part of this article we do not charge Dr. COWAN and his party with more than carelessness, but of this they must stand convicted by the evidence of figures which cannot be controverted. We know that these mistakes might easily be made, but

we think that due care was not taken in so grave a matter; and we contend, that when the whole basis of calculation adduced by one gentleman, is disputed by another, the least that the former can do is, to go into the matter and settle its truth before proceeding to an irrevocable decision upon it. Such was the course we should have expected from Dr. COWAN, and such, we think, on cool reflection, he will himself consider ought to have been taken.

We have, in justice to ourselves, thought it right to publish the above remarks on the past, and for the future we have only to remind the members of the Association, that as the sole responsibility of the conduct of the *Journal* devolves upon us, by the resignation of Dr. RANKING, we trust that we shall have their support so long as we hold the office of Editor. We have been asked to do so until a successor is appointed, and though burning with a sense of the injustice committed, we have complied with the request, and whether we hold that office for six months or longer, we will leave no stone unturned



to improve its management. From some experience in this arduous duty, we believe we have arrived at a knowledge of the causes which have impeded that full success which all have equally at heart, and whether as Editor, or as a member of the Central Council, we shall at all times be ready to give the results of our experience to any Committee, either large or small, which may be empowered to investigate this important element in the success of the Association. But it neither comports with our ideas of professional decorum nor of the character of a gentleman to bandy words in an assemblage of excited partizans.

It is a common proverb that "lookers on see the most of the game," and we therefore are induced to insert the following extract from the leading article of the *Medical Times and Gazette*, which puts the matter in so clear a light, that it is unnecessary for us to do more than thank our *confidre* for his kind and complimentary defence of our position :—

"Admitting the expediency of the Association having its own organ, of which we have some doubts, the question of removal turns entirely on two points—Can the *Journal* be got out cheaper in London, and can its matter be better done? With regard to the first point, no very satisfactory evidence was laid before the meeting. Dr. COWAN stated that the *Journal* could be published in London for £1200 a-year, and Mr. WALSH disputed the fact. With respect to the second point, we take leave to say, that the scientific value of the *Journal* must depend entirely on the members of the Association themselves. The original communications are the mainstay of a scientific journal; and, unless there are good contributors the best Editors in the world would make a mess of it. No one can deny, indeed, the ability of Dr. RANKING and Mr. WALSH; and we doubt whether the Association can procure any Editors in London who are better qualified than these two eminent practitioners. Would, then, the mere publication in London improve and widen the class of original contributors? We doubt it very much. It is the circulation of a journal that draws contribution. Men make known their labours through the medium that gives them the greatest publicity. One speaker said, at the meeting, that good writers, when asked to contribute to the *Journal*, replied, that they "would not bury their articles in that catacomb." But there are journals in London, as well as in Worcester, which are merely decent burying-places for non-viable essays. The experiment has already been tried by the Provincial Association, and proved

to be a failure; the next time it is tried, the result will be the same.

"If the members of the Association do not like their *Journal* to be a "catacomb," let them put into it something that has vigour, and will live. They are the real culprits in this matter, and not those scape-goats—their Editors. We believe that Dr. RANKING and Mr. WALSH have been most unhandsomely treated. We have not hesitated to differ occasionally from the *Provincial Journal*; but we have always had a sincere respect for its Editors. They have, we believe, done all that men could do; but they have been lukewarmly supported by the great body of their members, and have been cramped by want of funds. If the members of the Association want a good journal, they must work for it, and they must pay for it, and then they may publish it, if they like, at the Land's End."

### Correspondence.

#### ON THE CASE OF DOUBLE AMPUTATION REPORTED BY "NIL DESPERANDUM."

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—In a case of double amputation related by "Nil Desperandum," the patient does not appear to have had chloroform administered. Would you ascertain the reason, as I am very much interested, having lately had occasion to perform the operation twice, in neither of which was it deemed advisable to use the remedy. If this should involve much trouble, pray think no more about it.

Yours very truly,

JOHN LAWRENCE, JUN.

[As we have not the address of "Nil Desperandum," we shall be obliged by his answering the above question.—Ed. J.]

### Medical Intelligence.

#### DEATH OF MR. VINCENT.

The medical profession and the public generally will regret to hear that this estimable gentleman expired suddenly on the evening of the 17th instant, at his country house, Woodlands Manor, near Wrotham, Kent. Mr. Vincent commenced the study of the profession under the late Mr. Long, of Lincoln's Inn Fields, and was the last and favourite apprentice of that gentleman; and, at his master's death, succeeded to his practice, which he carried on until a few years since, in the same house, exactly opposite the College of Surgeons. Of this institution he became a member on the 20th of March, 1800; and on the 12th of July, 1822, he was elected a member of the Council, in the vacancy occasioned by the decease of Mr. George Chandler. Previously to this, however, he had been appointed an Assistant-Surgeon to St. Bartholomew's Hospital, from

which establishment he lately retired as Senior-Surgeon, with the respect and admiration of his colleagues, pupils, and numerous friends, who immediately opened a subscription to present a testimonial of their esteem to a man who had conciliated all parties by the extreme kindness of his disposition, and strict attention in the performance of his duties. On the 5th of January, 1828, Mr. Vincent was elected a member of the Court of Examiners, in the vacancy occasioned by the resignation of Mr. Thompson Forster; and on the 13th of July, 1832, he was unanimously elected President of the Royal College of Surgeons; in 1840, this honour was again conferred on him; and no doubt many who read this short biographical sketch of the deceased will remember the eloquent tribute paid to him by Mr. Lake, in the last Hunterian Oration. The deceased has left a widow and three sons; the eldest, John Vincent, is a barrister-at-law; the second is the Rev. Osman Vincent; and the youngest, the Rev. Richard Painter Vincent, is the perpetual curate of Woodlands, near Wrotham, Kent; a Church built, and to a great extent endowed, through the instrumentality of the family.

#### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted on the 16th instant:—William Bruce Ayerst, London; George William Callender, Clifton, Gloucestershire; Alexander Mackenzie Edwards, London; Henry James Ellery, Truro, Cornwall; James Hartley, Settle, Yorkshire; John Whitaker Hulke, Deal; George Allan Hutton, Newcastle-upon-Tyne; Charles Row, Shaldon, Devon; David Augustus Martin Talbott, Wrexall, Somersetshire; George Terry, Northampton.

The following gentlemen were admitted on the 19th instant:—William Bruce Armstrong, Dublin; John Milford Barnett, Belfast; Arthur Cuthbertson Edwards, Vaanburgh Fields, Blackheath; Frederick Hall, Lincoln; Robert Knaggs, London; William Jackson Marshall, Ilkinston, Derbyshire; Frederick Moon, London; James William Moorhouse, Australia; William Overend Priestley, Leeds; Otway Buxton Thibou, St. John's, Antigua, West Indies; Thomas Webb, Stratford-on-Avon, Warwickshire.

The following gentlemen were admitted members on the 23rd instant:—George Allcard, London; David Arthur, Neath, Glamorganshire; Richard B. Benson, Bayswater; Ebenezer Davies, Swansea, Glamorganshire; James Doubleday, Blackfriars Road; Wm. Edmunds, Canterbury; William Greenfield, Belfast; Joseph Kaye, Bombay; Henry John Davis Matthews, Camberwell; Henry Gaitakell Nurse, Montague Place, Islington; Edward Cooper Willis, Leamington, Warwickshire.

The following gentlemen were admitted on the 26th instant:—Thomas Brookes, Whitechapel, Salop; Henry Wm. Prattenton Brydges, New York; Thomas Quiller Couch, Polperro, Cornwall; James William Duffy, Chili, South America; Alfred Edmund Gabriel, Col-lumpton, Devon; Alfred Hodger, South Street, West Square, Southwark; Richard Hesking, Marazion, Cornwall; Henry Osborne, Northampton; Henry Sacheverel Edward Schroeder, Australia; Reginald Bayley Walters, Winchester.

The following gentlemen were admitted on the 28th instant:—Alexander Mundell Champneys, Mile End New Town; Clark Armstone Duckett, Spalding, Lincolnshire; Leopold Beharrell Fox, Shoreditch; Wm. Price Jones, Bala, North Wales; Marten Perry, Aylton Court, Ledbury; John Denning Tucker, Sheepwash, Devon.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 15th July:—Capel Bringlee, Beccles; John Cautley, Hedon, York-

shire; John Henry Gould, India; Harry May, Staffordshire; Peter Wood Spark; Algeron Sudlow, Weybridge; Charles Whitefield, Barnstaple, Devon.

Gentlemen admitted members on the 22nd July:—Henry Ayliffe, Adelaide, South Australia; Augustus Edward Davies, Rutlin, North Wales; Eugene Burke Durkan, Liverpool; Hanson Evison, Hull; John Wm. Howard, jun.; William Aston Lewis, Alderley; Edmund Shaw, Thatcham, Berks.

#### APPOINTMENTS.

Mr. Wildbore, of Charlotte Street, Fitzroy Square, and Mr. Adams, of Gloucester Crescent, Regent's Park, have lately been appointed medical officers for the western and north-western districts of St. Pancras.

#### KENT OPHTHALMIC HOSPITAL.

Major Wayth has bequeathed £100 to this charity; Miss Waller, of Sandwich, has also presented £20 towards the building fund.

#### OBITUARY.

July 10th, at Midhurst, Sussex, aged 30, Dr. Gooden, Assistant Staff Surgeon, and late of H.M. 84th Regiment.

July 13th, at Oldham, Thomas Fawsitt, Esq., a very active member of the Association.

#### BOOKS RECEIVED FOR REVIEW.

On the Anatomy and Physiology of the Male Urethra, and on the Pathology of Strictures of that Canal. By Henry Hancock, F.R.C.S. London: Highley and Son. 1852. pp. 86.

Researches and Observations on Scrofulous Disease of the External Lymphatic Glands; with Cases, showing its connection with Pulmonary Consumption and other Diseases. By Thomas Balman, M.D., M.R.C.S., and L.S.A. London: Longman, Brown, Green, and Longmans. 1851. pp. 189.

The Physical Diagnosis of Diseases of the Abdomen. By Edward Ballard, M.D., Lond. London: Taylor, Walton, and Maberly. 1852. pp. 276.

The Spirometer, the Stethoscope, and Scale Balance; their Use in Discriminating Diseases of the Chest, and their value in Life Offices; with remarks on the Selection of Lives for Life-Assurance Companies. By John Hutchinson, M.D. London: John Churchill. 1852. pp. 75.

The Symptoms and Treatment of the Diseases of Pregnancy. By William John Anderson, F.R.C.S. London: John Churchill. 1852. pp. 119.

The Half-Yearly Abstract of the Medical Sciences. By W. H. Ranking, M.D., Cantab. Vol. XV. January to June, 1852. London: John Churchill. Princes Street, Soho. 1852. pp. 384.

A Practical Treatise on Diseases of the Skin. By J. Moore Neligan, M.D., M.R.I.A. Dublin: Fennell and Co. 1852. pp. 429.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### NOTICE TO MEMBERS.

In consequence of the great accession of new members during the present year, the first eight numbers of the volume now in course of publication are out of print.

J. P. SHEPPARD.

Worcester, August 3rd, 1852.

Secretary.

#### TO CORRESPONDENTS.

Mr. Yearsley's communication arrived too late for insertion in the present number.

LECTURES  
ON THE  
DISEASES OF CHILDREN,

DELIVERED IN THE

Chatham Street School of Medicine, Manchester.

By DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pauth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pauth; Fellow of the Imperial Society of Vienna, etc.*

LECTURE XI.

*Fever in their objective appearance in infants and children under three years; their more alarming aspect; relation of different ages, to different kinds of fevers. The principal symptoms and their comparative analysis. The whole objective description of a primary paroxysm. Comparative and synthetic procedure in forming our opinion on a recently-developed fever; prudent reserve of the practitioner; changes to be expected within the first thirty-six hours.*

GENTLEMEN,—Having in the former series of lectures exposed what I would call preliminary notions, I come now to speak on special diseases. I intend, before all, to devote a few lectures to *fevers in infants and young children*, considered as they appear to your senses, by *objective symptoms*, without the aid of words on the part of the patient, and how to manage them accordingly. My inquiries will almost entirely refer to the *tender age under three years*, because in proportion to the advancing age, all kinds of peculiarities in form, diagnosis and treatment, and all kinds of difficulties become less. In this task I have no predecessors, and you will find nothing of the kind in books; but I am convinced of its usefulness and of the possibility of giving the young practitioner some valuable hints and directions.

Fever in children form a most arduous part of practice. You will have occasion to notice constantly, that as soon as a child shows the expressive symptoms of fever, the parents get uncommonly afraid and excited, and the position of the physician becomes a very difficult one. The reason of this is clear. It is the greater vehemence and obscurity of symptoms. Bethink yourself of two patients affected with the same kind and degree of fever; the one a man and the other an infant. On both you observe, without asking, a high degree of heat, great frequency of the pulse, both with great languor on their countenance, heavily moaning, and refusing food. You auscultate both, and find nothing important in the chest. So far you are on equal diagnostic terms with the man and the infant; but you feel not satisfied. That expression of languor and that moaning make you anxious, and you will now ask some questions. The man answers:—he feels no decided pain anywhere, but giddiness and heavy pressure in his forehead, fulness and pressure in the epigastrium, and bitter taste in the mouth. And now you feel satisfied and easy about the patient; you prescribe an

emetic with the fullest confidence. But suppose he could not have spoken a word; what a difference to your understanding of the case! And so you are with the infant; and yet you cannot stop there, you must endeavour therefore, by some other means of investigation, to supply the want of words.

There is reason for anxiety in these cases indeed. Strong fever is always connected with headache, and headache connected with fever in a child may appear as meningitis, whilst words might have convinced you otherwise. In the same manner, some obscure symptoms of pain in the abdomen, whilst the skin is hot and the pulse running over 140, may lead you to suspect enteritis, where an intelligent patient might have dispelled that fear. You see here the necessity of some other means of observation and diagnostic construction in order to supply the want of words.

And yet even the eruptive, and the typhoid, almost the only fevers you meet with in treatises on children's diseases, are treated, to a great extent, in a manner which supposes intelligent patients; and subjective symptoms, and other fevers are more neglected still.

My present task, therefore, is to draw your attention to those phenomena and signs, which you must detect for yourselves on the child affected with fever, who does not reflect and cannot express his sufferings; and to show you the way, how to form the diagnosis, or at least an opinion upon the case, and give you some directions for treatment.

I have not to speak here on the theory of fevers. Very generally, and with good reason, a great class of fevers is admitted, *primarily and essentially*, as *general disorders of the blood and nervous system*, which may begin as such, and run to a happy or an unhappy termination *as such*; but in the course of which also different local disorders can arise, of different importance. Even pneumonia or enteritis are sometimes preceded for a good while by fever, before they appear in their first rudiments. Our predecessors of ancient times said of similar instances:—“*Febris in pulmones,—in intestina lapsa.*” Our present purpose is to consider fevers on children, in which fever itself, with its general disorders, plays the prominent part; but it is clear in this task, we must frequently refer to different kinds of local affections, which may be concealed under the general phenomena of the disordered blood and nervous system, and which in many cases become more important than those general febrile disorders. Therefore a treatise on fevers cannot be kept strictly separated from those concerning local affections.

There is a facility in the fact, that children are liable to the same fevers as adults; that, consequently, the knowledge we have got by the words of intelligent patients, can fill out one part of the vacuum left on the speechless child. Thus the first advice I give you for that object of practice, is, when you have to attend a child in fever, take the case up exactly in its objective symptoms, then recollect or imagine one similar in a grown-up patient, after which make a sort of application of those symptoms of the latter, which you have or might have got by his words, to the illustration of the

former. I will explain myself by an example. Suppose you have before you a little child under heavy fever since yesterday, his skin very hot, the pulse about 150, the respiration very quick, accompanied by slight moaning, which appears to be short, as if cut off; the child lies quietly, with some expression of languor on his countenance, the abdomen a little tense. You cause it to be lifted up in the arms of the mother, examine every part of the body, use auscultation and percussion, with a negative result; languor and a plaintive moaning become more apparent. There must be pain somewhere, you say, but you know not where. You imagine, now, a similar group of symptoms on an adult. You might have requested him to make a deep inspiration, and upon trying to do so, he might have felt checked by pain in one side of the chest. Now you conjecture, perhaps, this may be the case with the child; but how will you ascertain it? You must find means to make him more deeply inspire. Under similar circumstances I have been led to lay my hand across the lower part of the belly, and push in a gentle and gradual way the viscera towards the diaphragm up into the chest, in order to restrict that cavity and constrain the child to forcible inspirations, which I could not obtain by words. In fact, in doing so, I obtained what I wanted; I saw the child could not freely inspire; he became angry under my pressing, and began to cry, but it appeared at once that even crying was precluded by pain. And now, by some more close examination by auscultation, together with appropriate positions and movements performed with the child, I could even conjecture in which side was the seat of pain. And then, regarding the degree of heat and pulse in proportion to the visible degree of pain in the chest, without râles, without dulness, only the second day after the fever had commenced, I was allowed to conjecture rheumatic fever with pleurodynia.

This may serve only as an example of a possibility. Your comparison and induction (different in different cases) will not always come to a clear conclusion on the child, but I believe you will find useful that little mental operation in your diagnostical exertions.

The relation of children to fever, however, differs in many points from that of grown-up people. Some species are at certain periods of childhood more, others less frequent; or their intensity and effects are different. Thus eruptive fevers are seldom met with before the fourth month; they are the most frequent between the seventh and twelfth year. Abdominal typhus is rare before the eighth, or at least not characterised in the same degree on the intestines, as from the eighth year upwards. Intermittents and bilious fever, even during severe epidemics, (as I had opportunity to witness some,) seldom attack tender infants; under the third month I scarcely remember one case of the former, and under a year and a half none of the latter. Again, we observe just in the most tender age a kind of secondary asthenic fever, which in this form is rare at a more advanced period of life. In general the course of any high fever is in children more rapid, towards recovery or death; remissions, however, are more salient, and very

common in young children. And there are many other peculiarities in the course, character of reaction, forms, and complications.

The nature, stage, and complications of a fever in a little child, we recognise merely by objective symptoms. The most apparent, constant, and therefore important of these are, *abnormal frequency of the pulse, and abnormal heat of the skin*. Proportional to the degree of these, we observe a greater frequency of the respiratory acts, lassitude, and others, less constant, or less accessible to our senses.

If we ask, which degree of frequency of the pulse, and which of heat, form the limit between simple excitement (erethism) and fever? This question it is impossible to exactly answer. A pulse of 120, 130, or more, may be present for some time in a healthy infant, whilst that of 90 may be, in an elder child, a febrile pulse. In general you must value the frequency with regard to the age. On average terms the pulse is more frequent in proportion to the more tender age; from about 5 to 25 more pulsations than in adults. As to the skin, we observe generally a little lower temperature in the first few weeks after birth, then it appears commonly higher than in mature age, but never attains in fever that high degree of *dry heat* which imparts to our hands almost a *burning* sensation before about the seventh or eighth year. The skin of young children maintains sometimes, even in high fever, a degree of softness.

According to the great sensibility and mobility of the tender age, both heat and pulse vary more than in adults in short spaces of time; slight causes are sufficient to increase both much higher within the limits of health, but this very sensibility will make them also more liable to be thrown into real febrile disorder. Matters connected with life do not allow absolute limits and terms. I should say, a child under three years can be considered to be in fever if, under ordinary circumstances, and in prolonged quiet position, its pulse is above 100, and at the same time the skin feels uncommonly hot.

The whole *objective appearance of an attack of primary fever*, I would characterise as follows:—For a few hours, sometimes even days, the child appeared to be less cheerful and lively than usual; persons accustomed to see it will have noticed a change in his countenance, and a degree of languor; sweet and quiet temperaments show restlessness and irritability; sleepiness, but no tranquil sleep. Elder children are desirous to be put into their bed, but infants and young children generally will not remain there quietly, and must be taken up in the arms.

These symptoms precede, in some cases, only very shortly, the stage of cold, if it has to come; in fact, however, *rigor* is by far not so common a symptom at the commencement of fevers in children as in grown-up people; and *shivering*, even in intermittents, (of which I have observed great epidemics,) is exceedingly rare under one year of age. Under the fourth month I have never seen it; if it takes place then, we observe the child slightly tremble, when it appears to draw the

limbs close to its body; the nails of its fingers become blue, the countenance pale and collapsed, bluish about the eyelids, breathing quicker and more audible, the pulse augments to about 95, 100, or more, and rather small. Vomiting is not unfrequent at that time; also a little dry superficial coughing, is not rare.

This *stage of cold*, if present at all, may continue for some minutes, and in little children rarely longer than ten or twenty; in older, in rare instances, an hour or longer, during which the skin feels cool, or at least less warm than usual, and that of the nose and feet decidedly cool. The skin does not, in general, feel so rough as in adults. During that time the majority of nurslings do not take the breast, or only for a short time.

After that group of symptoms, more or less complete, most generally without perceptible cold, and frequently only limited to languor and low spirits, the skin becomes gradually hot over the whole body; frequently first on the epigastrium, in some cases rather on the front, but it extends then to the hands and feet. The skin has lost its softness, but becomes not so dry as in older children or adults. The pulse increases to 140, 160, or more, particularly in young infants, and continues hard, and rather small; distinctions which, however, we cannot easily make in very young infants, their arteries being too small for it. In the same proportion the respiration gets more quick, frequent and noisy. In most cases heavy sleep befalls the child, but it is restless, with occasional loud moaning, and starting up. The eyes are shut, or half shut, with occasional or constant *perpendicular wrinkles* on the front; the mouth performs frequently a kind of sucking, or other unconscious movement; the countenance becomes flushed and turgid; increase of thirst, which in infants is manifested by frequent desire of, and avidity in, sucking; the tongue and cavity of the mouth may now become dryer than usual, but not always, and not to such a degree as in grown-up people; nor must you expect in them that thick, yellow, or brown fur on the tongue; no urine, or very scanty, and leaving some stain on the linen; the bowels more frequently confined.

*Dry heat* may last, or even increase, for some hours, seldom longer than twenty-four, without some change in its intensity. In infants and young children vomiting or eclampsy are not unfrequent during that stage, and under ordinary circumstances, and in good constitutions, seldom dangerous, but always very alarming to the family. Febrile headache may be considered as frequently their source. Intermittent paroxysms cause more frequently eclampsy than any other kind of fever.

As I have before said, in almost all kinds of continued fever, in young infants, the stage of heat comes on without previous, or at least without perceptible rigor. In elder children we observe sometimes in the beginning, cold (shivering) and heat alternating for some time, like as in adults, and then passing to the full stage of heat.

Now this description of fever, as far as it at present goes, (to the stage of dry heat,) varies very little as to the principal symptoms; but in its further stages these will present great differences.

In almost all favourable cases, after a certain time of dry heat, the skin becomes softer, less hot, and moisture appears over it, increasing to more or less decided perspiration, under which the pulse becomes less frequent and more expanded, signs of headache and languor disappear, and the child manifests in aspect and movements a gradual relief. *Sweat*, so profuse as we notice it so commonly in adults, is again rare in tender infancy.

The practitioner generally is requested to see the child in its stage of heat. In these instances your visit must not be a short one. Remain for some time, (and in a proper position,) the quiet careful observer of the child. If it be asleep, observe for awhile its position, how it rests, how it breathes, and its countenance; touch gently the pulse; look at and touch the skin; and if you find all the symptoms in harmony, and nothing salient, perhaps you would be wishful not to disturb it at that time. Occasional moaning during sleep in fever, is, in general, of no importance. But continued moaning, plaintive, or of a heavy kind, with occasional starting, usually frighten the parents. Under these circumstances, if you wish to give an opinion, and to prescribe something, you must cause the child to be taken up in the arms, and observe it also when completely awake. Frequently you will find it to be better when you see it awake, than it appeared to you when asleep. In general, during the height of heat, infants lie with their eyes shut, and not seldom show even difficulty in opening them when we make them awake. The moment when it is taken up, watch it most closely, and observe it again for a good while in a quiet position, from a distance; notice if perpendicular wrinkles on the forehead appear; then cause it to be put in various positions, its body and limbs to be variously bent and moved; explore the chest by ear and fingers, and use all that minute care and means of investigation which I have exposed in a former lecture on the *examination of a child*. In all cases of a primary paroxysm, you must closely observe the skin, eyes, eyelids, nose, mouth, and neck, the latter by careful touch; and then let the child drink in your presence, and observe the mode of deglutition; these are parts which, in the fevers of children, frequently manifest some slight signs indicative of the future character of the malady. Some slight sneezing may be, under circumstances, a precious sign to you, and in relation with others at that early stage of fever, allow you to form an opinion of the case.

I will not here spend any time in exposing the manner how to ask and value the mother's account of the former health of the child, the cause and commencement of its present ailment, and how much more minutely you must investigate the urine—as it appears on the linen, fresh or dry—and other excreted liquids; but supposing all that to be well accomplished, I beg to draw your attention to a single kind of comparative process relating to the most salient objective symptoms.

Consider the *mutual relation and proportion* of the following treble set of *symptoms*:—Heat and dryness of the skin; frequency and strength of the pulse; bearing

of the head, and languor of the countenance. Suppose the child is before you in the arms of the mother. You see it lays languidly its head on the shoulders; the eyes look languid, frequently half shut, and the child is continually moaning. This you will say is a heavy appearance. But you will be less alarmed if you find the skin very hot and a little dry, and the pulse between 130 and 160, just because there is what we may call a good proportion between these symptoms. An adult, under the same circumstances, might have his skin more dry, but his pulse only about 110 or 120; he would complain of headache, and, when sitting upright, of some giddiness. As to the child, you may express the opinion that it is under considerable fever, but that its constitution seems to resist it well. Suppose, however, you should find the child with the same expression of heaviness of the head, languor, and moaning, as mentioned, but the temperature of the skin lower, and the pulse above 170. Under this proportion and mutual relation of the same symptoms, your opinion should be less favourable than the above; you might say that the child is seriously affected by *that* fever; or, the fever has an asthenic character. This, however, will scarcely ever happen as early as within the first twenty-four hours.

I here suppose always cases of fever, where you can not detect any such local affections which are more important than those general disorders of which the fever itself consists. Under these circumstances, at your first call, and within the first twenty-four hours since the outbreak, you must not be in a hurry with your opinion and medicinal interference; because between twenty-four and thirty-six hours from the outbreak, in the majority, you will see one or other of the following changes, which will throw more light upon the case:—Perspiration, vomiting, or diarrhoea, with some influence upon the fever; remission or intermission, and a new exacerbation of paroxysm; or some local affection coming forth.

Catarrhal, rheumatic, and true inflammatory affections, if they have to occur in the course of a primary fever of a child, almost constantly offer to a clever observer their first rudiments before twenty-four hours are over. Those of a secondary kind and bad character may appear under a further stage of it,—*f. e.*, ulcerous angina.

Acute exanthemata in little children announce themselves also within the mentioned time by some change on the skin—an apparent degree of injection, recognisable by drawing, with some pressure, our finger over it. But, again, sometimes the prodroma protract their ambiguous and puzzling appearance, even as long as three or four days; but if the fever is *high and unre-mitted*, you may regard as an average term of the eruption, for that age, about thirty-six hours from the beginning of its present and uninterrupted paroxysm. I say from the present, because in those cases where the eruption appears several days, even a week or more, after the so-called invasion, the fever will not maintain that continuous height of symptoms, of the stage of heat, as we have previously described it. There are alien remissions in similar cases.

Some conjecture upon the nature of the fever we derive also from the epidemical genius of the season and place.

Asthenic or typhoid fevers, in the majority of cases, can scarcely be recognised before the third or fourth day; and typhus is, even at that time, and in children above the eighth year, frequently ambiguous. Influenza, however, which in young children and infants frequently appears as an *asthenic* bronchio-catarrhal fever, often shows that character already between twenty-four and forty-eight hours. The secondary asthenic fevers (so particularly proper to young children, of which I will speak more in one of the following lectures), can also be guessed sometimes as early as that, but rarely develop themselves clearly before the third or fourth day.

As another point useful to the formation of your opinion as to the dangerous or favourable character of a recently-developed fever, is the *period of prodroma*, which preceded its formal outbreak. In general I have found that prodroma which run a day or two longer before the outbreak, show a more severe character of the fever than shortly-lasting prodroma, or when the fever bursts out more suddenly.

The parents, anxious to get your opinion with regard to the character and danger of the case, generally incline to denounce a fault in diet, or cold, as its cause. You must not yield too easily to similar suppositions. In young children and infants, of healthy and good constitution, indigestion most generally causes vomiting, which makes the case clear. Sudden attacks of high fever in general arise from atmospheric or epidemical causes.

Finally, it scarcely need be mentioned that your prognostical opinion will be led also by the constitution and other circumstances of the child.

The mentioned anxiety of parents, and the questions they ask you at your first call, in cases of *violent fever*, concern very commonly meningitis; and the great majority of practitioners, by the same fear, resort to leeching immediately at their first call; though I am satisfied, if they had waited some hours longer, in ninety out of one hundred similar cases it would have become manifest that there was no necessity for it. It is febrile headache, as I mentioned, which causes that alarm, so much the more if convulsions had appeared. In this way very often the good course of the fever becomes troubled, and a favourable crisis delayed; this is, in particular, the case with weak and delicate children, who are the most liable to febrile troubles and headache, but the least liable to active congestions or meningitis.

As to a transient fit of eclampsy at the height of recently-developed fever, we must value the fact that strong fever is connected with headache and disordered spinal innervation, by which latter, in young children, eclampsy may easily be induced. I have shown it to hundreds of those who attended my courses in the Children's Hospital of Pesth, that in the majority of children who died by convulsion, dissection could not prove the anatomical character even of active conges-

tion, still less of meningitis. The same is the result of the extensive pathological inquiries of Dr. Bednar, published in Vienna in 1851.

These reflections I adduce only in order to counteract a little of that fear, too general, of meningitis in children during the stage of febrile heat. The alarming aspect of febrile headache in a speechless child, however, cannot be denied; I will, therefore, consider that subject, and some others connected with fever, more closely in my next lecture.

#### ON THE

### DIAGNOSIS OF CHRONIC OVARIAN TUMOURS.

By E. J. TILT, M.D.,

*Senior Physician to the Farringdon General Dispensary and Lying-in Charity, and to the Paddington Free Dispensary for Diseases of Women and Children.*

"Hydrops ovariorum ut plurimum steriles anmnasque mulieres occupat difficultus cognoscitur et vix sine sentio cadavere."—*Boerhaave (Aph. 1333.)*

#### (a) *Ovarian Tumours may be confounded with Tumours of the Unimpregnated Womb.*

RETROVERSION and retroflexion of the womb have been mistaken for incipient ovarian tumours, fallen into the recto-vaginal pouch, or confined there by false membranes. On examining, by the vagina, a patient suffering in this way, we may find a circumscribed tumour at the posterior portion of the vagina, painful on pressure, and resembling the fundus of the womb; but on a more careful examination, the os uteri will be found in its proper position looking backwards, the body of the uterus forwards. The mobility of the tumour, by the uterine sound previously introduced, will show whether or not it be uterine.

Retroflexion of the womb is more likely to simulate incipient ovarian cysts; for, as in this affection the fundus uteri is thrown back upon itself like the belly of a retort, while the os uteri remains in its natural position, the finger feels a tumour directly behind it, between the rectum and the vagina, but here again the uterine sound soon clears away any doubt that may have arisen, for it will be found that the concavity of the instrument will be obliged to pass backwards, following the course of the cavity of the womb, and through the walls of the tumour; the point of the instrument may sometimes be felt by the finger placed in the vagina. By a careful manipulation the tumour may be made to disappear and to re-appear so often as it is restored to its natural position, or again directed from it by the sound.

#### (b) *Ovarian Tumours may be confounded with Abscess of the Walls of the Womb.*

*Case.*—Some years since Professor Recamier was consulted by a medical man for his wife, who had long suffered from what was called ovarian dropsy. On making a very careful examination, Recamier discovered a round tumour about the size of a pigeon's egg,

situated between the rectum and the uterus. On exploring the rectum with the index of the left hand, while that of the right remained in the neck of the womb, more than usually dilated, he felt fluctuation, and as the pus seemed nearest to the posterior wall of the neck of the uterus, Recamier determined on making an incision there. To perform this operation, he placed the index of the left hand in the neck of the uterus, and guiding a convex bistoury on the pulp of this finger, he plunged the extremity of the bistoury into the abscess, a few teaspoonsful of pus came out, and to facilitate its egress he enlarged the inferior angle of the wound, by completely cutting through the posterior lip of the os uteri, the index of the left hand placed in the rectum serving to guide the bistoury, and prevented too deep an incision. During the following day a small quantity of pus was voided. Frequent injections were made, and the patient soon got well. This case shows how to detect and to cure similar instances of disease.

#### (c) *Ovarian Tumours may be confounded with Abscess of the Cavity of the Womb.*

Husson presented to the Anatomical Society of Paris a case of this description, the neck of the womb was completely obliterated, and its dilated cavity contained two tumblers of pus. Maisonneuve saw a similar case in a woman who died from cholera; and Dr. Reignier has repeatedly observed the same appearances in the old women of the Salpêtrière—the asylum for aged women in Paris. In Husson's case, the woman had experienced no symptoms, but some of Dr. Reignier's patients were troubled with bearing down pains. We admit that a case of that description might be taken for an ovarian tumour, and then, if a careful recto-vaginal examination were made, the swelling would be referred to the womb. If, on making a speculum examination, the womb were found obliterated, the presumption would pass into conviction; and if not, then the uterine sound would show whether the womb was normal and the tumour ovarian. The rarity of the case must be borne in mind.

(d) *Ovarian Cysts may be Confounded with Hydro-metra, or a Collection of Water in the Womb,* and we do not doubt but that some of the cases described as cases of spontaneous cure of ovarian cysts are to be referred to the rupture of such uterine tumours. The distension of the impregnated uterus by an aqueous liquid has been lately contested by Nægele and by Stoltz, although it is difficult to see why the mucous surface of the womb should not secrete a large quantity of limpid fluid, as well as the mucous surfaces of the maxillary and frontal sinuses. The disease has been too well described by Ferrelas (*Patho. Liv. vi., chap. 15*), by Mauriceau (*Traité des Maladies des Femmes Grosses*, tom. i., p. 74), by Lisfranc (*Clinique*, tom. iii, p. 346), to be thus denied. Dr. Storrey has also described a case (*Haye's Journal*, 1850). It will not do to say that the aqueous discharge comes from the ovary, because Vesalsus, Blank, and Nicolai have opened women who had long suffered from this disorder, and found the womb containing 84lbs. and even 180lbs. of

serum. This disorder is accompanied by the symptoms of pregnancy, and is generally considered such until after the ninth month of its duration. Then it is generally regarded as ovarian. In a case carefully related by Blegny (*Journ. de Médecine*, tom. ii., p. 92.) it was allowed to exist for twelve years, and the noble lady subject to this infirmity was only delivered from it by the violent concussion of coughing, by which means a large quantity of water was discharged.

After fully ascertaining the impossibility of the womb being distended by a child, it would be well to imitate Lisfranc, who, in one of his cases introduced a sound into the womb, and cured the patient in a month. Cruveilhier says, that in the few cases of this description that he had met with the disease was always taken for pregnancy, and the mistake only found out by the evacuation of the water. We ourselves have been similarly deceived, as in the following instance:—A lady, 25 years of age, and married three years, was said to be affected with ovarian disease, and consulted us for that disorder. She complained of swelling of the abdomen, uterine pains, and slight leucorrhœa. Her breasts were swollen and painful, the nipples were surrounded by a dark circle, and a yellowish creamy substance came from them. The catamenia had desisted for three months. Suspecting pregnancy or an uterine affection, we examined her, and were confirmed in our diagnosis by a dilated orifice, and a softening similar to what is met with at the third month of pregnancy. On making a speculum examination, the vagina was more livid than in an unimpregnated woman, and the os uteri was similar to what it should be in the first months of pregnancy. We pronounced the patient to be in the family way; but unsatisfied with our report, she consulted another doctor, who considered her case to be one of inflammatory granulation of the os uteri. He cauterized the cavity of the neck with nitrate of silver; but the night after the second cauterization the lady was surprised at finding herself wet, and on placing herself on the commode, she passed (without making urine) two pints of clear water, "similar," said her mother, "to the bursting of waters in a confinement." For two days did this water continue dribbling from her, when the swelling of the abdomen disappeared, all other symptoms vanished, and the catamenia reappeared two months after. Thus the patient had neither ovarian dropsy, as was at first believed, nor uterine inflammation, as was afterwards stated; neither was she pregnant, as we imagined. Our diagnosis was founded on rational grounds; and the error could only have been made clear by passing the uterine sound into the womb, which would have been an *unwarrantable* proceeding; for as such cases are extremely rare, and as pregnancy is an event of every-day occurrence, the risk of abortion would have been too great. In this case, therefore, the patient owed her recovery to an error of diagnosis.

(c) *Ovarian Tumours have been Confounded with Cystic Tumours in the Substance of the Uterus.*

In the Museum of the College of Surgeons of England there is a preparation removed from a patient

in whom this mistake took place; (Home 980, uterus 23,) it displays a portion of the uterus in which a large encysted tumour had formed. The patient had been twice tapped, and the cyst emptied. By means of the sound such a tumour might have been shown to be *uterine*, before it attained to a considerable size, or after it had been emptied, but at other times the possibility of distinguishing it from an ovarian cyst would be very great, if not impossible.

(f) *Ovarian Tumours may be Confounded with the Uterus Distended by the Menstrual Secretion.*

Mr. Benjamin Travers, jun., witnessed such a case in St. Thomas's Hospital, under the late Dr. Williams. Examination per vaginam detected a fluctuating tumour, which was freely opened with an abscess-lance, and a large wash-basin was filled with the retained menstrual fluid. The patient was in bad health, and presented general symptoms which led to the belief that the tumour was ovarian. Such a case Mr. Travers thought might again be mistaken for ovarian dropsy.

Roussell mentions a similar case, where all the symptoms of pregnancy were found, and only dispelled at the ninth month by a copious discharge of dark blood. A careful examination, corroborated by the fact of the patient's age, and by the history of the case, would, however, easily permit of a correct diagnosis. It may be well also to bear in mind, that the uterus, distended by retained menses, is not always regularly developed, but may increase to the right or the left, and give that obscure perception of fluctuation which is frequently found in a malignant mass. On each side of the central tumour may also be found smaller elongated tumours, formed by proportionally-distended oviducts, with obliterated abdominal ends, as in the case related by Dr. Jackson, in the *American Journal of Medical Sciences*.

(g) *Ovarian Tumours may be Confounded with an Accumulation of Gas in the Womb.*

Mauriceau, Schmitt, Lamotte, M. Lefevre, and many other authors, have seen examples of this singular occurrence. In Mauriceau's case the patient was 50, thought herself pregnant, had prepared every thing, when her hopes of progeny vanished in wind. The obliteration of the os uteri on the one side, and the clear sound furnished by the distended womb, will, we trust, enable the practitioner to prevent a woman in future giving so much trouble to herself, and so much amusement to her neighbours.

Although it be denied by Nægele and Stoltz, that the unimpregnated womb can be distended by gas, the fact is admitted by modern practitioners; by Peter Franck, (*Med. Pract.*), by Colombat de L'Isere, (*Traité des Maladies des Femmes*, tom. ij., p. 781.) and lately by Dr. Teissier, of Lyons, (*Gazette Med. de Paris*, Jan., 1844.) In these cases menstruation ceased, the patients were thought pregnant, one of them even said she felt the movement of the child, but after the noisy expulsion of foetid air by the vulva, the symptoms of pregnancy disappeared. Why should not the mucous membrane of



the uterus sometimes secrete air, as well as the bladder or the intestines? Why should it not be retained if the surface of the womb is agglutinated?

(b) *Ovarian Tumours may be mistaken for Uterine Fibrous Tumours.*

This mistake is much more liable to occur than any of the preceding, because the frequency of such tumours is great. Operators have often been deceived by these tumours, for we find that Messrs. Lizar, Heats, Otter, and Atlee have operated for ovarian disease, and only found an uterine tumour; and when they are pediculated, and thus easily moved, and central, as are ovarian tumours, it is difficult not to be mistaken. The absence of fluctuation, the hardness of the tumour, the very gradual progress of the disease, may indeed allow one to affirm that the tumour is solid; but were it not for the uterine sound, it would be difficult to affirm that it is not ovarian.

If we find that the uterine sound passes, as it were, into the morbid mass, if there is no possibility of separating the womb from the tumour, and if every movement given to the tumour conveys similar movements to the sound, we may consider the tumour uterine; but if we find the uterus small, and moveable, if the sound passes anteriorly to the tumour, and can be separated from it, and when thrown upon the rectum it appears healthy, then we may confidently affirm the tumour to be ovarian. The cavity of the womb may be lengthened, and the sound will indicate the modification of structure; but although the sound may only penetrate the womb to its normal depth, or two inches and a half, still the uterus may not be normal, for its enlarged cavity may be filled with a fibrous tumour, as in Dr. Atlee's fourth case.

*Case.*—In Dr. Simpson's ward at the Royal Infirmary, in Edinburgh, we saw a woman with a considerable enlargement of the belly, occasioned by a tumour, which had all the appearance of being ovarian, for it was central, moveable, and round. Such would have been the diagnosis of most medical men; but Dr. Simpson passed the sound seven or eight inches, and made us feel its extremity high up on one side of the tumour, whose nature and seat it thus indicated as uterine.

Such is the value of "a bent wire," when bent by the hand of genius, and it will long perpetuate the memory of its originator; but this instrument may still sometimes deceive us, and cause us to take an ovarian tumour for one of uterine origin, as in the following case related by Mr. S. Lee:—

*Case.*—A patient presented herself with an abdominal swelling on the right side, hard, and without fluctuation, not at all moveable, but it could be traced down into the pelvis; it had been a considerable time in its formation. The examination per vaginam discovered that the brim of the pelvis was occupied by a solid tumour; a small nodule was felt rather in front of the centre of the pelvic cavity, in which was the os uteri. The sound

passed upwards and forwards nearly four inches; it moved with difficulty, as through a cavity, the sides of which were much compressed. This examination was made in December.

Here, then, you have every characteristic of a fibrous tumour in the posterior walls of the uterus. The cavity is elongated, the uterus is fixed by the brim of the pelvis, and the tumour in the abdomen is hard and smooth, possessing no fluctuation. The tumour now rapidly increased, and in the January following had occupied the whole cavity of the abdomen. There was then distinct fluctuation in particular parts, and this fact disclosed to us the real nature of the case, viz., that it was a multilocular cyst, complicated with much solid matter. The reasoning from these symptoms was correct, although they were afterwards found peculiarly complicated; for instance, the uterus was quite healthy, and unconnected with the tumour, but the tumour had so elongated the left corner of its body, and so elevated it, that the uterine sound passed into the cavity thus formed, and the tumour itself contained such a large quantity of solid matter, that it pressed so strongly the uterus between itself and the pubes, as to cause it to become fixed and immovable, consequently leading us to suppose it to be a fibrous tumour.

11, York Street, Portman Square.

[To be continued.]

## CASE OF INVERSIO UTERI.

By CHARLES MARSHALL, Esq., WOODBRIDGE.

Read at the Suffolk Branch Meeting, July 25, 1862.

THE following rare and interesting case of inversio uteri recently occurred in my practice:—I was called to Mrs. D., aged 38, at six, P.M., on the 14th of May, in labour with her sixth child, having previously attended her on five similar occasions. The labour was in every respect quite natural; she was delivered twenty minutes before eleven the same evening, the placenta was retained till ten minutes past eleven, or half-an-hour after the expulsion of the child; there was a slight pain at this time, and on introducing my finger into the vagina, I could distinctly feel the placenta lying there, and the slightest traction caused the whole to be expelled. Up to this period nothing occurred to cause either myself or patient the least alarm; whilst, however, I was preparing a bandage to apply to the abdomen, the patient called out, that "the whole of her body was coming out, and that she was dying." I immediately hastened to her side and found the skin covered with a cold perspiration, no pulsation perceptible at the wrist, and gasping for breath. Brandy happened to be at hand, a quantity of which I managed to pour down her throat. There was little external hæmorrhage, and I therefore concluded these alarming symptoms resulted from internal hæmorrhage. On attempting to

pass my hand into the pelvis, I found the vagina blocked up by a large mass, which was in fact the *uterus completely inverted*; having never seen anything approaching to a similar case, I was at a loss how to act best for the safety of my patient. I had ordered the husband to call in one of my brother practitioners, and Mr. Jones was kindly in attendance in a very few minutes, whose account of the case I subjoin:—

"I saw Mrs. D. at forty minutes past eleven, P.M., found her pulseless, with her eyes turned up, and apparently sinking. I instantly placed her head in a depending position; upon applying my hand to the abdomen I missed the uterine tumour, and immediately suspected the uterus was inverted, which, upon examination, I found to be the case. My first impulse was to apply pressure to the most depending point, counter pressure being used with my right hand upon the abdomen, (where I could distinctly feel the os behind the pubes,) this produced no effect; I then grasped the uterus firmly for a short time, with the view of diminishing its size, and then applying the back of my fingers half closed to the *upper and posterior part* of the uterus, I was enabled gradually to return the part nearest the os, and when about half its volume was reduced, the fundus went up with a jerk."

A dose of ergot with brandy was now administered, the patient having previously swallowed half-a-pint of brandy in little more than a quarter of an hour; the pulse at the wrist became perceptible; the uterus contracted; a full dose of tincture of opium was given, and no untoward symptom has since occurred. I strictly prohibited Mrs. D. from leaving her bed till after the third week. I have seen her this day, five weeks after her confinement, she could walk across the room without any symptom of prolapsus uteri, and quite as well as in the same period after her previous confinements.

I consider the alarming symptoms I before alluded to, after the expulsion of the placenta, to have been caused by the second shock the nervous system sustained from such an event as *inversio uteri*, and not from *hemorrhage*, which was by *no means excessive*.

## CASES IN PRIVATE PRACTICE.

By ROBERT MARTIN, Esq., HOLBROOK.

Read before the Suffolk Branch Meeting, held on the 26th of July, 1862.

### CASE OF CALCULARY DEPOSITS IN THE EXCRETORY DUCTS OF THE SUBLINGUAL GLANDS.

RANULA is by no means an uncommon disease of the sublingual glands, and must have fallen under the observation of many present, but the case I am about, (as briefly as possible) to lay before you, the complete obstruction of the excretory ducts on both sides the frenum linguae by calculary deposit, is I believe somewhat rare. I have never before seen an instance of it in my practice, which extends over a period of thirty-seven years.

Benjamin Page applied to me, stating that he had long suffered from "sore mouth," the factor of which was intolerable, the whole mucous membrane of the mouth was highly inflamed, tongue swollen, and its point elevated by enlarged sublingual glands; at the bottom of a puffy swelling of the mucous covering of the right gland, was a small yellow spot, presenting the appearance of an ulcer, but on touching it with a probe, I was satisfied that it was a calculus. A free incision was made over it, and this calculus extracted. The left sublingual gland being even larger than the right, highly inflamed but not ulcerated, I made a free deep incision over it, the bistoury grated against a hard substance, which was for awhile, however, obscured by hemorrhage, but on passing a probe into the wound, I readily picked out the calculus, measuring three-fourths of an inch in length, and nearly an inch and a half in circumference. The wounds healed kindly, and in a few days the man was perfectly well.

### ON SEVERE INJURY OF THE KNEE-JOINT.

THE following case is one of practical interest, establishing the fact contended for by modern surgery, that severe injuries to large joints, with even extensive penetrating wounds into their cavities, do not invariably require amputation.

John Rumsey, aged 37 years, while mowing grass, March 8th, 1849, fell with his bent knee on the edge of his scythe, which divided the whole anterior part of the joint, the ligamentum patellae, with the external and internal lateral ligaments. To all appearance the leg hung by the integument on the back of the limb, the posterior ligaments, and flexor tendons. The patella was retracted, and a breadth of four fingers could be readily inserted between the head of the tibia and condyles of the femur; much blood was lost. Being from home, my partner, Mr. Jarman attended, and the question of immediate amputation suggested itself, but being without assistance, he contented himself by placing the limb in as comfortable a position as possible till my return, with the heel well raised, and he brought the edges of the wound together with sutures, having previously freed them and the joint from coagula and all extraneous matters.

On visiting the case some hours after, I found him free from pain, the limb comfortable, and no constitutional disturbance present. All went on *à la* prosperously for three days, when heat and pain with profuse discharge, rendered it necessary to remove the dressings, the edges of the wound retracted, the sutures were sloughed out, the whole interior of the joint was exposed, and the fearful extent of the wound was fully apparent; extensive abscesses formed in the course of the vastus externus and biceps muscles, constitutional symptoms of disturbance set in—rigors, irritative fever, and profuse night sweats. These symptoms, however, gradually yielded to treatment, and after a confinement to his bed for fourteen weeks, to his house for twenty-six weeks, and an inability to return to his usual employment of

eighteen months, he now again maintains a large family by his labour as a husbandman.

It will be noticed, that although great pains were taken during the progress of ankylosis to keep the leg straight, yet the inflammation and consequent shortening of the biceps, flexor, cruris, and outer head of the gastrocnemius, have produced a necessity in progression for eversion of the foot.

Although aware that Dr. Rhea Barton and Dr. Gibson, both of Philadelphia, are reported to have successfully operated for the removal of ankylosis of the knee-joint, I am too well satisfied with the result of this case to contemplate further interference.

## Hospital Reports.

### WEST NORFOLK AND LYNN HOSPITAL.

CASES ADMITTED UNDER THE CARE OF CHARLES COTTON, M.D., F.R.C.S., SENIOR SURGEON TO THE HOSPITAL.

#### *Stone in the Bladder—Lithotriety—Cure.*

WILLIAM KEMP, labourer, aged 64 years, admitted November 21st, 1848, with symptoms of stone of several month's duration. Catheter passed, and a moderate sized calculus detected.

Nov. 24th.—Bladder injected and screw lithotrite introduced. The stone was readily seized and easily crushed, the index of the instrument marking 9-12ths, and yielding to 5-12ths on the application of the screw. On withdrawing the lithotrite the blades of the forceps were found densely impacted with triple phosphatic fragments. To keep his bed and have constant hot fomentations to pubic and perineal regions. Anodyne draught directly. Slop diet; barley, gum, or linseed mucilage for drink.

27th.—Several portions of detritus have come away during micturition, giving but little inconvenience. Catheter-forceps introduced, and some more fragments withdrawn. Anodyne draught given and fomentations repeated.

30th.—Muco-purulent and calculous deposit in the urine; "feels a little cutting on making water, and rather weak; but is otherwise quite well."—R. Bals. Copaibæ, m. xx.; Liq. Potassæ, m. x.; Mucil. Acaciæ, oz., iss. Ter die sum. Full diet and gin.

December 5th—Made out-patient.

19th.—No difficulty attends micturition; urine clear; bladder carefully explored, and a catheter-scoop reintroduced, but not a particle of calculous matter discovered. Anodyne draught and hot fomentations. To remain an in-door patient a day or two. Repetatur mist. bis terve die.

30th.—Discharged cured.

#### *Stone in the Bladder—Eight small Calculi Removed by Catheter-Forceps—Cure.*

Samuel Fisher, farm labourer, aged 71 years. Admitted August 14th, 1849. Had suffered severely

the last nine months, from pain referred to the region of the bladder, and great difficulty at times in making water, aggravated by walking, or riding in any uneasy vehicle. By sounding with the finger in the rectum, several small calculi were detected. The urinary passages were found in a highly sensitive condition, and the patient complained bitterly of the examination. To be immediately put to bed, to have flannels wrung out of hot water to the pubis, frequently renewed.—R. Extr. Hyocyami, gr. ij.; Liq. Potassæ, m. xx.; Infusi Diosmæ, oz. ij. M. Fiat haust stat. sum. et repetatur ter in die. Bread and milk or broth diet, and linseed decoction *ad libitum*.

18th.—Better, irritation subsided; bladder injected with warm water and catheter-forceps introduced. A small lithate of ammonia calculus the size of a horse-bean, with its shell crushed, was then withdrawn between the blades of the instrument. Scoop reintroduced, bladder injected through it and a second similar calculus extracted. Hot water applications to the perineum. No alteration in diet or medicine.

19th.—No unfavourable symptom; some soreness and smarting; has passed urine freely, mixed with a few calculous particles and grit.

24th.—Three pisiform calculi removed by means of catheter-scoop.

September 1st.—Three other small calculi, in all eight, extracted with the catheter-scoop.

2nd.—No material ailment beyond a trifling soreness. Urine thick and scanty. Full diet and porter.—R. Tinct. Ferri Sesquichlorid., m. x.; Tinct. Hyos., m. xx.; Decoct. Pareiræ, oz. ij. Fiat haust. ter die sumendus.

7th.—Feels quite well and passes water without discomfort. Bladder explored; no other calculus detected.

10th.—Discharged.

*Remarks.*—The above cases (selected from upwards of a dozen occurring in hospital and private practice,) treated by the lithotriety or sliding catheter-forceps, without a single accident attending the operation, may be contrasted with that of Stebbing, reported in the *Provincial Medical and Surgical Journal*, of February, 1846, a patient in whom the kidneys were found to be mere cysts, and where death took place on the 6th day, after a few "irresistible attempts" to break up a large oxalate calculus.

The case of Fisher is destitute of any particular practical interest beyond that of showing the value of the sliding catheter-forceps, (invented by Mr. Weiss,) in cases where there is good reason to believe that the calculus is of small size, or when, after crushing, it is so desirable to prevent the chance of a fragment remaining to form a future nucleus. Indeed nothing can be more simple than the use of this instrument in cases to which it is especially applicable, if the following method be observed:—The injection of the bladder having been completed in the usual manner, and the stopcock-catheter withdrawn, the catheter-forceps, *plugged*, are to be introduced in its place, and the bladder fairly entered, the convexity of the fixed blade is then to be directed towards its posterior part, whilst the

moveable blade is withdrawn by the thumb, and the injection allowed to escape, during which the blades of the forceps must be gently closed and separated, from time to time, when the rush of the injection through the instrument, and the contraction of the bladder will almost surely force any foreign body within its grasp; of course especial care must be taken to dislodge with the stilet any unyielding calculus or fragment which cannot be withdrawn without over-stretching and injury to the urinary canal, for although instances have been witnessed of the extraction of incredible-sized calculi or fragments by this instrument, without any important casualty, others, again, have been observed in which such practice has been attended by miserable suffering and the most disastrous consequences.

[To be continued.]

## Proceedings of Societies.

### BATH AND BRISTOL BRANCH.

THE anniversary meeting of the BATH AND BRISTOL BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION was held at the General Hospital, on Thursday, July 15th, when there were present Drs. Davies, Gidley, Goodridge, Tunstall, and J. Watson, Messrs. Bartrum, Mason, Norman, Ormond, J. Soden, J. Smith Soden, Stone, of Bath; Drs. W. C. Fox and Davey, of Northwoods; Dr. F. K. Fox, of Brislington; Dr. Dyke, of Corsham; Dr. Woodforde, of Taunton; Mr. Vicary, of Warminster; Mr. Washbourne, of Corsham; Drs. Kay and Symonds, Messrs. Clark, Colthurst, Lancaster, Mayor, Sleeman, and Smerdon, of Bristol.

The notice of the meeting having been read by the Bath Secretary, Dr. SYMONDS, in resigning the Chair to Mr. Norman, thanked the members for their support of him during his period of office, and expressed his satisfaction, that in his successor, (Mr. Norman,) would be found a gentleman so acceptable to every member of the profession.

The minutes of the preceding anniversary having been read by the Bristol Secretary, the PRESIDENT read his Address as follows:—

Gentlemen,—My first duty in addressing you is to acknowledge my obligations and to return you my thanks for the honour you have conferred on me in appointing me the President of the Bath and Bristol Branch of the Provincial Medical and Surgical Association; an office which might have been placed in better hands—an office which was so ably filled last year that I must necessarily be placed in the position, “That when a well-praised actor leaves the stage, the eyes of men are idly bent on him who follows after.” That this is no exaggeration will be admitted by all who heard, last year, at Bristol, the eloquent and animated address of Dr. Symonds. But, gentlemen, I stand amongst friends, who will not require or expect more of me

than my capabilities are equal to, who will give to my defects all the indulgence which kindness can dictate. Gentlemen, I congratulate you on the return of this anniversary meeting, and on the number of members present, large considering the sacrifice you who are present must have made, and considering the larger number which have been kept away by the imperative duties of their profession.

The success which has attended the Provincial Medical and Surgical Association is a gratification to us all. That great improvement has taken place in our profession in the provinces no one can deny. Medical and surgical talent has acquired a higher degree of excellence, intelligence has become more diffused, and the character and position of the medical practitioner have become proportionately elevated. I think you will agree with me that some portion of this improvement has been effected by the meetings of the Medical and Surgical Association, and of its Branches. The social intercourse of members at these meetings, and the discussions on various subjects, have tended to improve and elevate the character of the profession, and to remedy many of its defects without the long-looked-for aid of legislation. It does, however, now appear that there is a greater prospect of arriving at a better understanding, and more union of opinion, amongst the members of the profession on the subject of legislation. In furthering that object the Provincial Medical and Surgical Association has rendered most essential aid, by obtaining through its various branches the opinions of nearly all the provincial practitioners, and a greater degree of unanimity, the want of which has been one great obstacle to the production of any satisfactory enactment. The new Charters obtained by our two Royal Colleges have removed some formidable impediments to practical legislation; and it is a subject of congratulation to the profession that these collegiate bodies have become convinced that, noble and excellent as their institutions were, they were capable of improvement, and of being modelled into forms more in accordance with the spirit of the age, and with the wants of the profession. Improvement in our profession has of late years been much advanced by the operation of the periodicals, and the establishment of a well-conducted weekly medical press. The journal of our Association has also contributed much towards the same object, and has proved a source of information and of gratification to the members. These publications, together with the two able half-yearly “Retrospects,” have so fully displayed the progress which medical science has made during the last year, that it would be superfluous to attempt, and impossible to accomplish, in an address of this kind, any regular enumeration.

The investigation of the minute anatomy of the various organs by means of the microscope, has been continued, and various physiological and pathological facts deduced therefrom. The structure and the morbid conditions of the kidneys are now being minutely and carefully examined by Dr. Hanfield Jones; and much light has been thrown, not only on the diseases of those

organs, but also on the morbid conditions of the system arising from organic disease, and the consequent imperfect function of the kidneys. The chemical and other changes found in the secretion of the kidneys are more constantly noticed, and carefully examined, by all practitioners in investigating the various diseases of the body, as well as the peculiar diseases of the kidneys.

The microscopic investigation of malignant growth is being pursued with zeal, and although as yet the light thrown on the subject may not have led to any curative discovery, we may hope that by further elucidation some better practical knowledge may be arrived at in that hitherto intractable class of disease.

It was well observed in the Address of the last year, that the type of disease, not only of epidemics but of ordinary maladies, varied much at different periods. In the greater part of the last year, judging from the different reports, from my own observation, and from what I have heard from others, it would appear that the amount of cases in the last year has been much below the ordinary average, whilst the number of deaths have been greater than usual, in proportion to the amount of disease.

Inflammatory affections of the thoracic viscera have formed, I believe, a considerable portion of the diseases of the last winter and spring. Cases of pleuro-pneumonia and bronchial pneumonia have been severe, and not unfrequently fatal.

My own observation and the reports of others, induce me to think that the almost forgotten and nearly forbidden remedy of bleeding, has been more called for, and more advantageously employed, than for some previous years; the peculiar type of disease may, no doubt, have occasioned this, but I am one of those who think that we have somewhat too hastily discarded this remedy from our practice, and have rushed from the rash, and it may be the fatal abstractions of blood, which at one time prevailed, too far in an opposite extreme, (a very common error in human reasoning,) and that we may have somewhat to retrace our steps, and not disregard blood-letting in every case, but allow our judgment, in the particular case under consideration to guide us. I am too old in the profession to allow my opinion to be formed on any one result, but a case which lately came under my observation may serve to explain, though not to confirm, the propriety of bleeding:—

*Case.*—I went some distance to see a young man, who, two weeks before had become the subject of bronchitis. His medical attendant had employed ordinary means, but after a few days his breathing became so bad, that he bled him somewhat largely, with considerable relief, but in two days more he again became worse; his medical attendant was deterred from repeating the bleeding, by the great prostration of strength in this hitherto robust man, and by the weakness of the pulse; he therefore trusted to calomel, tartar emetic, blisters, &c. When I saw him he had double pneumonia; the whole left side of the chest was perfectly dull; no respiratory murmur; the beats of the heart not audible; the pulse at the wrist very indistinct. The same state

of lung existed on the right side, excepting at the upper and anterior portion. His distress was great; he could not remain in bed, or recline in the least degree. His legs were cedematous. It was evident this state of things could not go on long, and his medical attendant agreed with me in thinking, that under the circumstances it would be justifiable to try another bleeding, which afforded very considerable relief almost directly; the quantity of calomel was increased, and the chest further blistered. The following day his medical attendant found him better, but the next day considerably worse, and guided by the relief afforded by the former bleeding, he bled him again largely; from that time his recovery was progressive, the calomel was continued for a time, but it never affected his mouth, and he has now perfectly recovered.

In cases of congestion of the brain, threatening immediate apoplexy, I cannot think it prudent to trust to the slower process of local depletion, instead of taking blood from the arm; nor in the first stage of enteritis can I think it wise, in every case, to avoid general bleeding, and apply leeches to the abdomen, which take blood from vessels totally unconnected with those which supply the villous coat of the intestine; or to rely wholly on calomel and opium, where the opportunity exists of early depletion, in addition to these means.

The asthenic influence of chloroform, which has proved so valuable in procuring an absence of pain in surgical operations, has been employed lately for the mitigation or cure of some of the more violent forms of spasmodic disease. The ease with which the effect of chloroform is produced in children, and the quickness with which they recover from its effects, might induce its trial in the violent convulsions of children. In tetanus, in hydrophobia, epilepsy, and the violent paroxysms of mania, it would be quite justifiable of employ this agent; I have had no experience of its use in these cases, but I have known it used with marked advantage in allaying the distressing paroxysms of angina pectoris.

Gentlemen, at the last annual meeting of the General Association, and at the meetings of most of the branches, the subjects, I might almost say the disreputable subjects of hydropathy and homoeopathy, have been strongly alluded to, and somewhat violently discussed; it may, therefore, be expected that I should allude to them, though I confess I would rather leave to the purifying effects of time the subsidence of such impurities, than, by stirring up, render turbid the pure stream of medical science. I hardly think that good policy or good taste were evinced in some portion of the notice taken of those fallacies. Our profession is not, nor can it ever become, one of bigotry or intolerance; our duty is, to view with calmness all moral theories, to extract the good, refute the error, and live in charity with all mankind. The use of water in medical and surgical practice has been employed long before the practice was distorted into the so-called science of hydropathy. Somewhere about 1807 or 1808, Dr. James Currie published "Medical

Reports on Water, as a Remedy in Fever and Febrile Diseases, whether applied to the Surfaces of the Body, or used Internally;" and I have his fifth edition, in two volumes, published in 1814. Dr. Currie has there pointed out the principles on which his agent should be used; its advantages in local inflammation and in febrile disease. He has also shown the danger of its indiscriminate use, and the cautions necessary in employing it. Well would it have been if they who have of late years introduced this remedy as a cure for *all* disorders, had studied the principles and observed the cautions of this author. Let hydropathy be stripped of all its meretricious aid, and water will take the place it before had as a medical agent.

The only claim which homoeopathy has to utility is a very indirect one, namely,—that it has induced some portion of the higher classes, who have debilitated their constitutions by luxury, and others who are labouring under a nervous and a morbid anxiety respecting their own health, to refrain from taking a deleterious amount of medicine, most frequently self-ordered, and brought them to believe, by the high-sounding names of the drugs said to be contained in their pillules, that they are doing a great deal when, in fact, they are doing nothing; the course they had before been advised to follow by every honest medical practitioner. But against this doubtful, and at all events, dishonest advantage is to be placed the allowing acute disease to take its course uncontrolled in those who have unhappily put faith in this practice; and it is not to be doubted that many lives have fallen a sacrifice to this infatuation, indeed I believe in this town a young physician, a practitioner of homoeopathy, died of acute inflammation of the brain, which might have been arrested, perhaps, in its earlier state, by intelligent treatment, but I suppose, like other jealous bigots, he preferred to die in the faith he had adopted.

Another false meteor which has visited the world at various times now flourishes somewhat under the name of the dreamer—Mesmer. Now, this so-called science has no pretension whatever to the name, as even its advocates say that the knowledge and the influence of it can only be felt and possessed by a few. This admission excludes all notion of its being a science. A scientific discovery has no sooner been made than it becomes known to every one; every one can appreciate and employ it. When steam was discovered to be the efficient and easily employed agent in producing that tremendous power—a vacuum, every one could understand its principle; and when mechanical ingenuity had discovered the way to convert the motion of the cylinder into a rotatory motion, steam was made available to all the purposes we now find it. As soon as it was discovered that metallic plates, under certain circumstances, would produce the electric fluid, the fact became generally known, and its application not confined to the few; on the contrary, at every railway station the fluid can be produced, and its agency employed to any distance to which a continuous wire can be carried, thereby enabling us really to effect, (what the mesmerists

pretend to,) the knowledge of what is doing in the most distant parts. But what most provokes one's ire is, that the doctrine of Mesmer has been introduced into the treatment of disease,—that persons who are otherwise sensible people, believe that they, (knowing nothing of the medical art,) can cure by this mysterious agent, the most formidable complaints; and not content with believing this absurdity themselves, they make the most strenuous endeavour to procure converts to their faith, of which they have so much dread on some other occasions, and unscrupulously intrude themselves into the chambers of our patients, persuading them that they can cure disorders much more quickly than we can, and even diseases which we make no pretension to do more than palliate, inducing the poor creatures to believe, and probably believing themselves, that they can give an earthly immortality to our frail and perishable bodies.

One other topic only remains, and that is one of melancholy import. Two of the members of this branch have departed this life since our last meeting,—Mr. Mortimer, of Clifton, and Dr. Henry Fox, of Bristol, and of Northwoods. Mr. Mortimer was a Member of the Royal College of Surgeons in 1804. He was a successful general practitioner for many years at Cheltenham, and afterwards at Bristol, where he died in November last. He was known and esteemed by all his medical brethren, and particularly by the members of this branch. Dr. Henry Fox was the second, but eldest surviving son of Dr. Edward Long Fox, of Brislington House. He was born at Bristol in January, 1788, and commenced his medical education at Glasgow in 1804, from whence in the following year he removed to St. John's College, Cambridge, where he took his degree of B.M. in 1811, having previously studied for two years at the University of Edinburgh, where he filled the office of President to the Royal Medical Society. He then established himself in Bristol, and speedily acquired an extensive practice. He was first elected Physician to St. Peter's Hospital in Bristol, and afterwards, in 1816, was elected Physician to the Bristol Infirmary. In the year 1832 he relinquished, for the most part, his general practice, and built an asylum for the insane at Northwoods, in the county of Gloucester. Dr. Henry Fox was well known to us all; we have enjoyed his society, his hospitality, and many of us his friendship. He was an intelligent physician, and a most amiable and conscientious man, possessing, perhaps, too sensitive a disposition to contend with all the asperities and difficulties of professional life; and there is some reason to believe that the disease under which he laboured brought his existence to a more rapid close, owing to the severity with which he was visited by those who had a legal superintendence of that branch of the profession which he pursued.

I have detained you, gentlemen, somewhat too long with this erratic address, I will now thank you for your patience and indulgence, and proceed to the business of the day.

The following report was then presented to the meeting by the Council:—

*Report of the Local Council for the Year 1852.*

"In accordance with the usual custom it is to-day the pleasing duty of your Council to review the proceedings of this Branch-Association during the past twelve months, though from their recurrence, and the similarity of the subjects engaging the attention, the members cannot expect to receive anything more than a passing review of some of the objects that have specially interested the medical profession, or have come under our own immediate notice.

"For the last several years Medical Reform has been an annual topic not always of a pleasing nature, and apparently doomed to be a source of continual disappointment. It is well known to you that at the beginning of the last Parliamentary Session, a Bill was carefully drawn up under the direction of the Central Council of this Association, relating to this oft-attempted subject, which Bill, while embracing all the points for years urged upon the profession and the Government by the Association, was framed, with the hope of meeting the wishes not only of the majority of the profession, but also the objections of the leading examining bodies of the kingdom. This Bill, for which the profession is indebted to Mr. Hastings, the son of our valued President of the Council, received a more unanimous support from the various conflicting interests than any that had hitherto been proposed, indeed it bid fair to become the basis of future legislation, when it was abruptly stopped by the resignation of the late Home Secretary, who had made himself fully acquainted with the details of this complicated subject.

"The Central Council having requested the opinion of all the Branches on this Bill, your Local Council having drawn your special attention to it by a circular to each member, gave it the most careful consideration, and with some slight modifications, which have been published in the *Provincial Medical and Surgical Journal* of March 3rd, were prepared to give it their best support.

"Since our last meeting a Supplementary Charter has been granted to the College of Surgeons of England, making several important modifications in the election of Fellows and the selection of its Council, which will be found productive of much service, as tending to allay the former feelings of irritation, and extend the popularity of the College. The formation of a Board of Examiners in Midwifery has been one of the most important practical results of this modified Charter, whereby a great anomaly has been remedied.

"Coinciding with the alteration of the Charter of the College of Surgeons is the proposal to alter that of the London College of Physicians, into which are to be introduced elements of a much more popular character than have hitherto existed in that body.

"These varied circumstances, as well as the suspension of the former endeavours to found a new licensing body for the General Practitioner, lead your Council to hope that the long-agitated subject of Medical Reform will ere long be set at rest, as never before have the various parties interested so little disagreed.

"On reviewing the proceedings of our own Branch, your Council are happy to find that the interest taken in the proceedings of the quarterly meetings continues

unabated. Those who had the gratification of hearing, at our last anniversary, the address of your retiring President, (Dr. Symonds,) can but congratulate themselves that meetings such as these have been the means of eliciting such philosophic views, confirmed as they are by practical experience, and tempered by the highest professional rectitude. The subjects brought before you during the past year have been of the usual varied character.

"Dr. Burne, at the September meeting, narrated a 'Case of Mumps,' illustrating the *sequela* of that complaint.

"Dr. Woodforde detailed the 'History and Appearance of a very rare Disease of the Tongue.'

"Dr. Budd gave the 'History of a Case of Abscess of the Cerebellum, originating in Caries of the Petrous Bone.'

"Dr. Swayne, in December, gave some valuable illustrations of the various cranial presentations.

"Mr. Conway Edwards detailed the effects of chloroform in different diseases.

"Mr. Barrett and Mr. Soden, at the same meeting, narrated some cases illustrating the obscurity of the inflammatory diseases of the bowels.

"Mr. Clark also exhibited a man on whom he had performed 'Dupuytren's Operation for Artificial Anus.'

"At the last meeting Mr. Bailey gave the 'History of a Case of Internal Strangulation,' presenting several points of considerable interest, and

"Mr. Nield favoured the Association with his experience in the application of nitrate of silver to the larynx.

"At this meeting Mr. Wilson introduced the subject of the payment, by the Life-Insurance Offices, of the medical attendant of those proposing to insure, but it not being customary to discuss such topics at our quarterly meetings, it was deferred till to-day, it being a subject in which the profession has taken an increasing interest; for while there is some difference of opinion as to the proper course of conduct in ordinary cases, many members are inclined to act firmly in every case, your Council will, therefore, leave it for your full discussion to-day, every member having received a copy of Mr. Wilson's motion, that if you think fit a specific resolution may be forwarded by this Branch for the consideration of the Association at Oxford next week.

"Had our meetings been marked only by the narration of the cases mentioned above, our time would have been well spent, but those who have been present at them know how much was elicited by these narratives,—how much more strongly the facts were thus impressed upon the mind,—and how, even the most experienced, must have been pleased to have his own views confirmed or modified by those around him, while to the younger members, these and similar meetings are invaluable as stimulating professional zeal, and tending to correct crude or ill-defined ideas.

"During the past year the local contributions to the Medical Benevolent Fund have been satisfactory, several of the members having increased their annual subscriptions. It is, however, always a source of regret, that every member of this Branch, having the means to do so, does not feel the duty of thus helping those whom unforeseen circumstances may have reduced to a

state of poverty and destitution. This year has been marked by its first anniversary dinner, at which, through the exertions of its many friends, £500 was collected; this sum, it should be understood, will be added to its capital fund, and the income derived from it be devoted to the granting annuities to decayed members of the profession, or their representatives.

"Coincident with, but not consequent on, the increased means of usefulness of the Benevolent Fund, your Council are grieved to state, that the Provident Fund, known as the British Medical Fund, from the slender support given it by the bulk of the profession, will probably be dissolved. Having existed upon false principles for several years, at length it was taken up by some ardent friends, and the utmost exertions used to procure the most extensive support, based as it then was upon the soundest principles, and guaranteed by the calculations and assistance of one of our most valued actuaries; notwithstanding these apparently favourable circumstances, the support has been so limited as to oblige the Committee to wind it up in accordance with the Friendly Societies' Act, under which it was registered. If this be a source of sorrow, the past year has been marked by the most vigorous exertions to found a Medical Benevolent College, embracing objects of a varied character. £10,000 having been already possessed, it will probably be carried into effect, as it has been nobly aided not only by some of the members of the profession, but also by the liberal assistance of many of the laity. The cause being so good an one, your Council, while hoping that the expectations of its friends may be realised, cannot forget that our own Benevolent Fund is the one which presents the greatest claims on our support.

"In accordance with the resolution of our last anniversary, the list of the members of this Branch was forwarded to every member for the purpose of nominating your Local Council for the ensuing year. The gentlemen thus elected are,—Drs. Hodges and Davies, Messrs. Adye and Church, for the Bath district; and for the Bristol district, Drs. Budd and Swayne, Messrs. Coates and Prichard.

"In conclusion, your Council would urge upon all the members of the Branch to use their utmost endeavours to make our meetings more interesting, by the collection of appropriate materials of instruction, and our Association more influential, by the introduction of earnest zealous new members."

It was moved by Dr. TUNSTALL, seconded by Mr. WASHBOURNE, and resolved,—“That the report of the Council, now read, be adopted, and published in the *Provincial Medical and Surgical Journal*.”

It was moved by Mr. SODEN, seconded by Mr. COLTHURST, and passed with acclamation,—“That the best thanks of this meeting be given to Dr. Symonds, the retiring President, for his zealous and efficient exertions for the prosperity of this Branch-Association during the past year.”

Dr. SYMONDS, in acknowledging the compliment, said he had to thank the Association for thus appreciating his services, and for their forbearance at his short comings; expressing his willingness at all times to devote his attention for the promotion of the Society's success and prosperity.

It was then proposed by Mr. MASON, seconded by

Dr. GIDLEY, and carried unanimously,—“That the thanks of this Branch are hereby given to the Council, for their attention to the interests of the Association during the past year, especially to those gentlemen who now leave it by rotation, Messrs. Adye, Bally, Church, Dr. Davies, Dr. Hodges, Dr. W. Budd, and Mr. Allen.”

Mr. SLEEMAN, in proposing,—“That Henry Clarke, Esq., be appointed President-Elect for the ensuing year,” took occasion to congratulate the Branch, that a gentleman so well known, and so active in the pursuit of his profession, had consented to preside over the meeting.

Dr. WOODFORD, in seconding the proposal, further eulogised Mr. Clarke's attainments.

It was then moved by Mr. VICARY, seconded by Dr. DYKE, and passed unanimously,—“That Messrs. Colthurst and Bartrum be requested to continue to act as Hon. Secretaries to this Branch during the next year, with thanks to them for their past services.”

Mr. BARTRUM, in acknowledging the gratifying manner in which the resolution had been received, said that it gave the Secretaries much pleasure to be useful in every way to their professional brethren, especially to forward the interests of the Association and the quarterly meetings of this Branch. The duties, from various causes, had, during the past year, been more than usually onerous; yet, as they had endeavoured to make the work a labour of love, they were pleased that the members were satisfied with their endeavours.

#### INSURANCE COMPANY'S FEES FOR PROFESSIONAL REPORTS ON LIFE-INSURANCE.

The following notice has been given by Mr. Wilson on this subject:—“That the members of this branch of the Provincial Medical and Surgical Association, feeling most strongly the gross injustice of being expected to furnish gratuitously a private report of the healthful condition or otherwise of their patients to any Life-Insurance Company that may choose to apply for it, and being fully convinced that the information so supplied is for the security and advantage of the insurer rather than the individual insuring, do hereby express their determination not to reply to any questions submitted to them by an Insurance Office that does not transmit with the question a suitable fee.”

Mr. Wilson having been prevented from attending through illness, Dr. SYMONDS said, he had undertaken on his behalf to introduce the subject of the proposition; but he felt he was unable to do it that justice which the proposer would have done, as he was not so happy in methodising his thoughts. He had no objection, however, to offer a few observations to the meeting for the purpose of suggesting whether the resolution should be adopted in its unqualified form, or with some less stringent modification. There could not be two opinions as to whether the information furnished to Insurance Companies by the profession ought not to be remunerated. The information was not given so much for the benefit of the parties insured, as for that of the Companies insuring; still it was a matter for consideration whether medical men were bound to furnish



answers to their inquiries unless accompanied with a fee. It was evidently for the advantage of the Company who sought the information, for even should the report induce them to decline granting the policy, it was tantamount to a confession that they were under obligation to the medical man for saving them the risk by his information. As to the argument that the professional man was rendering a service to his patient by his information, in some instances it was quite the reverse, as an unfavourable report, by causing his rejection by the Insurance Office, absolutely did the patient an injury and damaged him for the object sought to be attained. And supposing it should be otherwise, and he succeeded in getting the policy, he had no claim on his medical attendant for information unremunerated. The question was not so much which party was benefitted as whether the information was worth paying for, and on this ground the subject was entitled to consideration. It was one in which he was less personally interested than the general practitioner, and therefore he felt less difficulty in taking the place of Mr. Wilson in bringing the matter forward. As for himself, the way in which he generally proceeded when he received an application from an Insurance Office, unaccompanied with a fee, and sometimes requiring answers exceedingly important and critical, was to fold up the paper unanswered, and say he should be happy to furnish the information whenever his fee was remitted. As a matter of form, he would propose the resolution for the sake of discussion, and hearing the opinion of the meeting, but would rather they did not pledge themselves to it without modification. He concluded by suggesting the following modification of the last clause of the above resolution.—“do hereby express their opinion that medical practitioners are justified in declining to reply to any,” &c.

Dr. TUNSTALL rose for the purpose of seconding the resolution, on the assumption that it should be adopted in its integral form, and strongly animadverted on the practice of calling on the medical profession to certify without fees in Life-Insurances. It sometimes happened that the party about to insure might be no patient at all of the professional man to whom he applied; and supposing he were, was it the practice to treat other professions in that way? If the lawyer were applied to for professional information, he would decline it on the gratuitous system, and very reasonably; and why should the medical man's time be taxed without remuneration? He really did not think the profession were bound to indulge the wishes of an Insurance Company, and contribute to their profit against their own advantage; for, after all, it was a mercantile question, and the companies were commercial bodies speculating on profitable returns upon capital. The fact was, the profession had been too ready to oblige them, and now the system had come to such a pitch, that not only questions of great importance were required to be answered, but the interrogations applied to points of the minutest detail—such as the state of the pulse—the number of respirations per minute, &c. (Laughter.) Perhaps a man whom his medical adviser had only seen two or three

times came with his paper to be filled out, as if he was entitled to the answers as an official matter of course, and scarcely to be deemed a favour. Dr. Tunstall concluded by urging the resolution in its unqualified mode of expression.

Mr. SODEN was of opinion that the resolution was unnecessary, because the practice complained of had, within the last four or five years, been much done away with by a liberal course adopted by the Insurance Companies, the most respectable of which paid the medical referees of the patient. He could not agree in opinion that the information supplied was so much for the profit of the companies as for the interest of the individuals insuring. No doubt the trading motive entered into their schemes, but as in all cases where there were two parties concerned in a contract, the benefits were reciprocal; just as when a house or other property was bought and sold, the preliminaries in establishing the validity of a title entailed costs on each side, as it brought advantages to both parties. So, a similar principle entered into the negotiations with Insurance Companies. The respective solicitors of the parties concerned were referred to in the one case, and so in the other their medical practitioners. He contended that the present resolution was not necessary; and the real question was,—If the medical man ought to be paid for his services? If he ought to be in this instance alluded to, then he was of opinion the person applying should pay him. The speaker concluded by deprecating the passing of the resolution in its original terms, as it would be compulsory, and leave the members no alternative but strict conformity to the rule of refusing to fill up the forms without a fee in every instance.

Dr. DAVIES said, he entirely concurred in what had fallen from Dr. Symonds on the subject, as to the profession being entitled to the fee; and considered his suggestion for modifying the resolution well grounded. He thought the Association would do wrong in shutting out the members from an optional course, according as circumstances, or the merits of a particular case, might guide them to insist or not upon a fee. Dr. Davies, having digressed a little into other professional topics, concluded by seconding the resolution, so modifying the rule as to give it a declaratory purport, to the effect that the members of the Association would be justified in declining to furnish information to Insurance Companies without a fee; but not to bind them exclusively to this course.

Some discussion ensued as to whether the resolution, in the form supported by Dr. Tunstall, was to be considered an original one, or in the shape of an amendment. It was ultimately decided that Dr. Symonds's qualifying motion, seconded by Dr. Davies, should be the original, and Dr. Tunstall's an amendment.

Dr. GIDLEY expressed his concurrence with Dr. Davies, and was of opinion that the fee should be paid by the Companies, because in requiring the information, they brought the medical man and his patient often into an invidious relation one with the other; for if he was obliged from a sense of truth and honour, to give an

unfavourable report, it caused ill feeling between them, and ultimately injury and loss to the practitioner. If, however, the report should be favourable, the advantage was mutual, and both parties benefited.

Mr. CLARK having offered some additional remarks on the subject,

Mr. STONE expressed himself strongly opposed to the system complained of, and to which the notice applied. Though some offices had consented to fees, many still withheld them; and if some strict rule were not adopted, the junior members of the Association would suffer grievous wrong; for if, on application, they gave their refusal to report without the fee, those of long practice would be referred to as examples condemnatory of such a refusal; and they would be asked why they were so scrupulous, while Dr. so and so, and Mr. so and so were so ready to comply? He should, if called on, give his support to the original proposition, unmodified.

After a few observations from Dr. WOODFORD, Mr. SODEN, and Dr. KAY, Dr. TUNSTALL moved the resolution on paper as an amendment to Dr. Symonds's motion, which was seconded by Mr. STONE.

Mr. JOHN SODEN would feel himself justified in doing, individually, what the unmodified rule suggested; but submitted that it would be impracticable to enforce it as generally binding, and he quite accorded with Dr. Symonds's suggestion. The medical men had been used as instruments by Insurance Companies, to their own disadvantage, having been often called into courts for the purpose of aiding them in legal disputes. But with regard to protecting themselves by combinations, he greatly disapproved of it, it was so much like the strikes of amalgamated societies in trade,—a course both illegal and undignified.

The PRESIDENT then put Dr. Tunstall's amendment to the vote, which was lost; and the original motion was next put, and carried almost unanimously.

It was then unanimously agreed that a copy of the resolution should be transmitted to the Anniversary at Oxford, for the consideration of the Association.

After a most interesting paper had been read by Mr. Clark the meeting broke up.

About twenty gentlemen dined together at the Castle Hotel.

## MEDICAL BENEVOLENT FUND.

### SEVENTEENTH ANNUAL REPORT OF THE MEDICAL BENEVOLENT FUND FOR THE YEAR 1861-62.

Read at the Twentieth Anniversary Meeting, held at Oxford, July 22, 1862.

"The year just closed may truly be said to have been a remarkable one in the history of your Institution; it has been remarkable for its successes and reverses;—remarkable for its income and expenditure;—remarkable for its loss of friends by death, and for the increase of its patronage;—remarkable for the steady augmentation of its income, as well as for the larger number of claimants upon its bounty;—and remarkable, above all,

for the improved tone of its correspondence throughout its whole length.

"To justify these assertions, it may be stated more particularly, that it has pleased God to deprive them of the steady uniform support of their late-lamented President, whose part has been chiefly shown in the origin of your institution,—who for many years presided with fostering care over its every movement, and who was always found its most zealous friend. In the last days of his existence his anxiety for the welfare of the Benevolent Fund was most marked. But he is gone to the abode of the just and good, and your Committee have recorded the deep sense of their obligation to him in a feeling tribute of their esteem, addressed to his nearest surviving relative—one who inherits his interest in the good work before you; and who, besides continuing her brother's subscription, has, in the kindest manner, unsolicited, given a donation of £20 to your funds. The loss thus sustained by your Committee they have applied themselves to repair, and they have much pleasure in announcing that Sir James Clark, Bart., has kindly consented to become your President.

"Circumstances subsequently led to the resignation of Dr. William Conolly, who had held the office of London Secretary to the Committee, and they rejoice that they have been enabled to supply the vacancy thus occasioned through the acceptance of that office by their valuable confrère Mr. Toynbee, whose active and efficient services have already proved him to be a most valuable coadjutor.

"The amount of subscriptions during the past year has been no less than £655. 8s. 7d., a sum exceeding that of the former year by considerably more than £100. But, on the opposite side, it is to be stated, that the amount given in benevolent aid has been £676. 14s., an amount exceeding that of the preceding annual period by upwards of £200, thus showing, that if your income has been larger, so likewise has your expenditure been augmented, in more than a proportionate ratio, and leaving you with a debt due to your Treasurer of £4. 4s. 9d., instead of with a balance in his hands of upwards of £50. Your Committee call upon you therefore most earnestly to strengthen their hands, by increasing your direct income applicable to the relief of the daily occurring claims upon their sympathy.

For a proof of the useful application of this income your Committee refer you to the following statement of the parties who have been relieved during the last year, viz. :—

Physicians .. .. .	4
Surgeons .. .. .	25
Apothecary .. .. .	1
Wives of Physicians .. .. .	1
Wives of Surgeons .. .. .	5
Widows of Physicians .. .. .	5
Widows of Surgeons .. .. .	25
Daughters of Physicians .. .. .	2
Daughters of Surgeons .. .. .	2
Families of the above, containing individuals, numbering	164
Total .. .. .	241

"Thus is it, that in the exercise of their merciful offices your Committee during the last year have rescued 240 individuals from a state of great wretchedness, and placed them in a state of comparative comfort: a detail of some of these cases will be annexed to the Report

your Committee regret to add, that to some calls they have been compelled to refuse aid on the ground of intemperance.

"Your Committee would remind you, that by their constitution the whole of their funds accruing from donations are impounded, and added to their accumulating fund for the purpose of granting annuities in those cases to which they are appropriate. Your Committee are pleased to inform you that £86. 5s. have been thus expended this year; and they beg again to impress upon you the importance of this branch of your institution; and the fact that the small annuities thus granted to those who can enjoy them *at home*, and can be at the same time surrounded by all the charities of life, are infinitely to be preferred to those which may be obtained in any other less private way, and without these advantages.

"Your Committee refer to a statement in their last Report, that it was their intention this year to hold an anniversary festival. This intention they have accomplished with complete success. A public dinner was held on the 20th of May, at the London Tavern, under the kind presidency of the Earl of Carlisle whose eminent services in this sacred cause will be long remembered by all those who were present, and by all those who take an interest in the prosperity of your fund. The amount of donations received during the year, including the amount of dinner tickets received at this festival, has arisen to no less a sum than £967. 8s. 5d. The expenses attendant upon the public dinner amount to £224. 7s. 6d., leaving a balance, after payment of the annuities and the balance due to Treasurer last year, and the special donations, of £712. 2s. 11d. Of this sum there has been invested £678. 19s. 6d. in the purchase of £300 Bank Stock, leaving a balance in the hands of your Treasurer of £33. 3s. 5d. Your Committee are thankful to have it in their power to report to you that they have been able to grant two [fresh annuities (one having dropped) during the year; and by this increase of their permanent income, they hope at the next half-yearly period to extend their aid in this way. It will thus be seen that the gross annual amount received this year has been, in subscriptions, £668. 11s. 9d., and in donations £967. 8s. 5d., together with £90 interest of Bank Stock, making together a total of £1,726. 0s. 2d. Though their progress may have been slow, yet it has been sure; and your Committee reflect with pride and pleasure, that by never exceeding their permanent income, they are able to rely upon the continuance of their annuities with unerring certainty.

"Your Committee desire to express their regret towards the conductors of a somewhat analogous institution, which has become extinct during the last year, "*The British Medical Fund.*" Though the principle design of this fund was *provident* in its nature and essence, yet, under certain circumstances, its operations became *benevolent*; and your Committee would remind you that the loss of this fund renders it more imperative upon all their friends and supporters to strengthen the things which remain, that in the hour of distress and destitution the wretched and the indigent may find a sure place of refuge. Your Committee would earnestly recommend to all the subscribers of the *British Medical Fund* a transference of their subscriptions from that

extinct fund to your own now more than ever needed institution.

"Your Committee would invite your attention to the possibility of grafting a Sickness Relief Fund upon your own Fund. The Committee are aware of the many difficulties attendant upon such a fund, and especially the essential departure from your principle of being a purely charitable fund, and yet they would be glad, if it were possible, to enlarge the sphere of your usefulness.

"The fact of the increasing importance of your own fund is shown by the record, that 65 cases have been relieved this year against 50 in the last year, and 45 in any preceding year.

"Has, then, misery and wretchedness increased in the last year? Or has it only been developed and become more apparent? Your Committee incline to the latter explanation; but in either case they rejoice in the relief of the more frequent misery, or in that which has become more apparent through the more extended knowledge of your Institution, and of the benefits which it confers.

"Your Committee cannot quit this part of their Report, and the fact of the large increase of their patronage and support arising from their public dinner, without again thus publicly recording their deep sense of obligation to Dr. Burrows, whose unwearied energy and untiring activity in your cause were followed by such happy,—such grand results; and they would here record their belief, that the success of your Institution is, *ceteris paribus*, dependent upon the energy and zeal with which its merits are recommended by its advocates.

"Your Committee refer with much satisfaction to a donation of £5. towards your fund, from the Lancashire and Cheshire Branch of the Provincial Medical and Surgical Association; and they do so for two reasons: first, that this Branch has paid its own expenses without aid from the parent fund; and next, that it has been enabled to make this donation towards your benevolent fund from the excess of the income thus contributed for their expenses, an example in both instances well worthy of imitation.

"Your Committee refer to the comparative statement attached to their report, in order to show the steady increase of their means, and the augmented sphere for the distribution of the funds with which they have been entrusted. But they cannot quit this part of their report without placing upon record their high sense of the exertions of your Treasurer, to whom they are mainly indebted for their success, and who reports to them the very large and marked growing interest exhibited in his correspondence of the last year over any former similar period of time; thus proving that your Institution is deepening its hold upon the hearts of your subscribers, and becoming more stable by the enlargement of its *principled basis*, viz.,—the simple, pure, uniform design of doing good, and all the good they can, amongst the children of misfortune in the large professional family.

"Your Committee are deeply thankful to many individuals who have assisted them in various ways during the last year, and especially to the renewed kind exertions of their lady friends in various parts of the kingdom; also to the several branches of the *medical press*; to Dr. and Mrs. Wake for their kind reduction

of their list of subscribers into alphabetical order; to Mr. Leete, of Thrapstone, for his benevolent conception, and for his diligence in carrying out that conception, viz.,—of benefiting the Society by a small contribution from every Poor-Law Medical Officer. That the plan was not more productive was no fault of Mr. Leete's. Success is no criterion of merit. 'He has done what he could, and "angels could no more;" and the approbation of his own heart will be *with him*,—the most certain, effectual, and ample reward.

"Your Committee would be wanting in respect to themselves, and in their duty to you, did they not especially call your attention to the fact that they begin this year with a small debt, instead of a balance in hand; and did they not urge upon their friends, by every consideration of prudence and charity, to extricate them at once from this position, and to place them upon such a pinnacle of security as shall enable them to continue their aid to the wretched and the helpless.

"Your Committee cannot take their leave of you for another year without expressing their grateful acknowledgments to their banker, Sir Walter Farquhar; to Mr. Churchill for many kindnesses, and for the use of his rooms for the purposes of this Committee; and generally to all those who, in sentiment and in action, have shown themselves devoted admirers and supporters of your fund.

"And while they claim the first place of usefulness and benevolence in the career of charity, they would express their kindly feeling and best wishes towards 'The Medical Benevolent College;' and while they wish it success, they may also hope for the perfection of its working, and the stability of its purposes.

"In conclusion, your Committee would quote their own words on another occasion, when speaking of their Institution. It 'is not a huge overwhelming charity, calculated to foster indolence and improvidence; but it is the bit of bread and the cup of cold water which cheer the fainting spirits and reanimate the aching heart.'

"It is more blessed to give than to receive.' 'To do good and to distribute forget not; for with such sacrifices God is well pleased.'

"Signed on behalf of the Committee,

"WILLIAM NEWNHAM, Chairman."

## Correspondence.

### ON THE "JOURNAL" DISCUSSION.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—As the decision made at Oxford concerning the future management of the *Journal* was informal; and as the question at issue is so important in its nature as to render it desirable that every member should have an opportunity of recording his opinion, I beg respectfully to suggest that the sense of the entire Association be taken on the subject; and if each gentleman will incur the very slight trouble of stating in writing whether he does or does not advocate a change in the

time or place of publication, and will forward his communication to me, I will with pleasure peruse the same, and make an accurate report of the result through the medium of your pages.

The expenditure of three minutes, and a penny, by each Associate, would thus furnish satisfactory data, (and I think the *only* satisfactory data,) on which the radical alteration proposed by Dr. Cowan might fairly be sanctioned or prevented. Hoping that this plan may be generally regarded as legitimate and just,

I remain, yours faithfully,

P. HENRY WILLIAMS, M.D.

Worcester, August, 1852.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—Something akin to a sense of justice prompts me to trouble you with a few lines, which you can either print or receive as a private note, as may seem best to you.

For the last eight years I have been a member of the Provincial Medical and Surgical Association, and possess eight bound and cut volumes of the *Journal*, and I am not ashamed to confess, (in spite of the risk of being pitied for my simplicity,) that I value them exceedingly as a fund of useful practical information, of easy access—because well indexed, and above all, worthy of esteem, because, being at warfare with no other journal; their pages are unstained by ill-nature or sarcasm, and contain valuable matter wherever found, regardless of its source.

I am very far from asserting that the *Journal* is incapable of improvement, or even from saying that steps should not be taken to better it, but there is no reason for underating what we have got; and as regards the Editors, I have little doubt that many are of the same opinion as myself—that they have worked at their very difficult and delicate task of pleasing everybody with ability, tact, and never-failing courtesy at least, and, let me hope, with much more success than the discussion at Oxford might lead one to imagine.

I am, Sir, (I wish I could still say Gentlemen,)

Yours very obediently,

THOMAS EDWARD AMYOT.

Dias, Norfolk, August 5, 1852.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I have waited until after the Oxford meeting to reply to your "Editorial remarks" on the subject of the *Journal* and my letter in the number for July 7th, and now I must own that the opinions expressed in that communication are strengthened, not only by the Oxford discussion, but by those which have taken place at Branch meetings, and even by your own remarks. It is necessary, however, to set you right as to some points alluded to in your above-mentioned leading article. You say, Sir, that the cost of the *Journal* to each subscriber is *ten shillings* only; this is a wrong assertion. Some gentlemen subscribe to the *Journal* and pay ninepence for every number; in fact, 19s. 4d. a-year, which is the sum I named. Again, the *Medical Times*,

the paper mentioned in my letter, (and not the *Lancet*), is furnished *stamped* for 25s. per annum, and this I can prove by their bills, although you deny it. I will not go so far as one of your correspondents, as to say that the *Journal* is "a bad article at a high price," but I will say it is a "very improveable article at an improveable price." From Dr. Cowan's declaration of the estimate given by a London printer, (which I think he is not bound to make public,) I have no doubt but that the *Journal* may be published weekly in a much improved form without an increase of the subscription. There is an article of expenditure in the annexed account—"Tainton, for binding Vol. xviii. of 'Transactions.'" I beg leave to say that the copy I had sent me was not *bound*, but merely stitched together. I should be sorry to see the "Transactions" discontinued, but would prefer an improved weekly journal to the rather shabby way in which they are now irregularly sent.

The discussion at Oxford will I hope effect much good. Dr. Cowan can, and I doubt not will, defend himself from the severe and even unjust strictures which have appeared in the last *Journal*. I would add that it is not likely that the *Medical Times* should wish to have a London rival, and more especially when it is remembered what a large amount of vituperation, and virulent abuse appeared some time since in that paper against the Association and its *Journal*.

Dr. Ranking, after a little show of that temper which was apparent in a late correspondence, has resigned the Editorship. I, for one, trust that all ill-feeling between the hostile parties has "gone" with his "occupation," and that the present Editor, under whose management our *Journal* has much improved, will still continue his endeavours to raise the publications of the Association, so that the members may not be obliged to take the *Medical Times* or the *Lancet* to make themselves acquainted with what is going on in the medical world, as they are now obliged to do.

I am, Sir, your obedient Servant,

W.

[We have nothing to do with the "Transactions," which are Edited by the Secretary.—Ed. J.]

## ON MR. TOYNBEE'S NEW AURAL APPARATUS.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—As a member of the Association, I regret that the pressure of my professional avocations prevented me the pleasure of attending the meeting at Oxford. If I had been present, I should have considered it my duty to show the impossibility of patients using any such apparatus as that proposed by Mr. Toynbee, in cases of perforation of the membrana tympani; in the first place from the irritation it would invariably produce; and secondly, from its inefficiency, inasmuch as it tends to do the very opposite of that which is essential to success in these cases, namely—to preserve the opening into the tympanum, and not close it. Success never follows the use of my remedy—the moistened cotton,

unless it be so adjusted as to leave an opening into the tympanum. There can be no doubt that the cotton operates by affording support to the remaining portion of membrana tympani, or of the ossicula of which they have been bereft by the lesion of the said membrane.

I can tell Mr. Toynbee, from experience in many hundreds of cases, that to make the tympanum a shut chamber, would deprive the patient of whatever degree of hearing he may otherwise enjoy. I can tell him, also, as the result of an infinity of experiments, that he will never find a better appliance than cotton moistened in water, or the saliva of the patient. Simple as the remedy is, the irritation it produces is sometimes so great as to preclude its employment, or, at all events, necessitate its suspension.

Every annual gathering of the Provincial Association brings forth some pretended novelty in aural surgery, which either from inefficiency or absurdity dies in the birth. I am a specialist myself, still I would say a jealous eye should be kept upon specialists' communications at these meetings, and their value tested before being allowed to be read; for whether good or bad, publicity is given through the newspaper reports, and thus the object of the writer is gained, sometimes at the expense of the interests of science and humanity.

I have the honour to be, Sir,

Your obedient Servant,

JAMES YEARSLEY.

15, Savile Row, July 30, 1852.

## NEW VACCINE VIRUS.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—I have a few glasses charged with good vaccine virus, very recently taken, which I shall be happy to forward to any of your readers requiring it, who will send me a pre-paid envelope.

I am, Sir, yours truly,

T. P. FERNIE.

Kimbolton, August 9, 1852.

## Foreign Department.

### PROCEEDINGS OF THE FRENCH ACADEMIES.

#### ACADEMIE DE MEDECINE.

##### *Report on Syphilisation.*

For the last fortnight the Academy has been almost exclusively occupied in discussing a report on the extraordinary plan lately proposed by M. Ausias-Turenne, for the curative as well as the prophylactic treatment of syphilis by inoculation. At the latter end of 1851 a Committee was appointed, consisting of Messrs. Velpeau, Ricord, Lagneau, Roux, and Bégin, to examine into and report on the case of a young physician who had been treated on this plan; and on the 20th July last the last-named physician read the

report to which we have alluded above, which embraces a consideration of the two questions at present agitating the Parisian medical world; viz.,—1st, the transmissibility of syphilis by inoculation from secondary sores; and, 2ndly, the value of inoculation in the prophylactic and curative treatment of syphilis. It appears that Monsieur L., the above patient, was not under the care of the alleged discoverer of syphilisation, as the process is named, but was self-treated. M. Auzias-Turenne having, as he alleged, seen him, declined to undertake the experiment, after, however, himself making one inoculation. Nevertheless, as far as the case goes it does not appear to have stayed the progress of the disease towards its ordinary termination in secondary symptoms, since, in spite of innumerable inoculations, a papular eruption and ulceration of the tonsils made their appearance at the end of nine or ten weeks from the commencement. The theory of M. Auzias-Turenne is founded upon the law first propounded by Ricord, but which has not yet received full assent in this country, that the system is only liable to one attack of syphilis during life, in this respect assimilating syphilis to variola, measles, &c. It was, therefore, proposed, to inoculate all those who are peculiarly liable to the disease with pus obtained from a previous inoculation of a mild form of syphilis, in the hope that by so doing they would ever after be able to indulge their appetites with impunity. But M. Auzias-Turenne has also superadded the theory that the disease may be cured in the following curious manner, viz.,—by inoculating, at successive short periods, with matter obtained from chancres of three degrees of intensity; that is to say, thrice with matter from a phagedenic sore, thrice with matter from an indurated chancre, and thrice with matter from a chancre in a healing condition, or from a secondary sore of a healthy character. After carefully investigating the case of Mons. L., together with two other patients treated in the same way, the Committee report—first, that the facts relative to the transmissibility of syphilis from inoculation by the pus taken from a secondary sore, are not so clear as to warrant any conclusion; but that with regard to syphilisation, considered both as a prophylactic and as a curative agent, it is not desirable to have recourse to its practice. It does not appear to us necessary to go into the arguments against its prophylactic use, adduced by the Committee, since they will readily present themselves to every British practitioner. We are surprised, however, to find that the report has led to a long discussion, in which M. Malgaigne (whose authority alone would induce us to hesitate before condemning the whole theory as void of foundation,) and M. Depaul support the views of M. Auzias-Turenne. As the whole depends upon matters-of-fact with which in this country we are not likely to be interested, it is unnecessary to do more than record the names of the speakers *pro* and *con*., which we shall content ourselves with doing, merely remarking that M. Ricord appears to have given the *coup de grace* to the advocates of the new doctrine, in a long speech made in the 3rd of August before the Academy, in

which he controverts, in a masterly manner, the facts adduced by MM. Malgaigne and Depaul, after which he concluded with the following position:—That even if syphilisation be what it is pretended, it would be a misfortune to mankind, and ought to be strictly prohibited, both as a prophylactic and curative agent.

On the 10th instant the fourth day of the discussion was opened by M. Gibert, followed by M. Larrey, both of whom are strongly opposed to the theory, but nevertheless, M. Bégin, who presented the report, was allowed to occupy the time of the Academy by a long speech, so that, in spite of strong calls for a division, MM. Malgaigne and Depaul were allowed a rejoinder. The latter of these gentlemen delivered a discourse, in which he chiefly dilated upon the possibility of the transmission of syphilis to the lower animals, instancing in particular a cat, which displayed secondary symptoms after inoculation, and was delivered of four kittens, which contracted the disease *in utero*. It is expected that the Academy will come to a decision at their next sitting, which we will duly report, for, though we think that the subject does not deserve the lengthened attention given to it in France, still it should be known to all those who take an interest in the proceedings of our volatile neighbours.

#### *New Instrument for Performing Tracheotomy.*

M. Gerson, of Hamburg, has invented an instrument, which is similar to a three-branched speculum in principle, for the purpose of opening the trachea without risk of hæmorrhage. It is delineated in the number of *L'Union Médicale* for July 24, and consists of three branches, which, when closed, form a sharp point, with a shoulder about four or five lines from the point, which will prevent its introduction into the trachea to a greater depth. In order to introduce it, a small incision through the skin is first made with a scalpel, which should afterwards be used to separate the vessels, so as barely to show, with the aid of the nail of the left index finger, the space between two cartilaginous rings. First, fixing the trachea with the left hand, the point is then introduced up to the shoulder, when, by turning the screw, the three blades are separated sufficiently to dilate the ligament so as to allow of the introduction of the canula; the instrument is then withdrawn, leaving none of the consequences occasioned by the flow of blood so frequently attendant upon tracheotomy by the usual modes.

#### *New Instrument for Depressing the Lens in Cataract.*

At La Charité, M. Gerdy has introduced a needle, which he uses, to divide the posterior surface of the capsule, and depress the lens; it opens in two portions, and is somewhat similar to one lately invented by Mr. Bowman, for the purpose of removing any portion of capsule left after extraction or depression. We confess we do not see the advantage of M. Gerdy's needle in depressing the lens; but for other purposes, such as the formation of artificial pupil, we think it may be rendered of great avail. M. Gerdy describes it as cutting like

scissors, "*leurs lames font l'office de ciseaux*;" and if so, we should like much to find our instrument-makers following the example of Charrière, the maker—since we should despair of such a feat in London as the manufacture of a pair of scissors with the form and point necessary for their introduction through the sclerotic into the posterior chamber, or even through the cornea to the iris.

#### *Hydrophobia.*

M. Clot-Bey has attempted to explain the rare existence of this malady in Egypt, where dogs are exceedingly numerous, by the theory that the disease is due to the suppression of the venereal appetite of the dog in those countries where it is prevalent, while in Egypt they are not interfered with, and hence the rarity of the attack. [This theory is supported by the fact that the female is rarely the primary subject of the disease; indeed we know no well authenticated case in which a bitch has been attacked, without being able to trace the disease to a bite from one of the other sex. It is a subject which deserves some further examination.—Ed. J.]

#### GERMANY.

[In reply to an application for foreign intelligence, the following extract from a letter just received by our correspondent, from a celebrated professor at Hamburg, has been forwarded to us. We insert it with pleasure, as showing the difference between the intelligence of the German public and that of our own country, in which the lecturer on Electro-Biology often commands the belief of men as well as women of the highest education, indeed, as often have been observed, the more cultivated the manners (we will not say intellect) the greater the credulity.—Ed. J.]

#### *On the Transplantation of Electro-Biology into the soil of Germany.*

Hamburg, July 28th.

Dr. Dew, an American physician, has the merit of not only bringing this new fruit of the exuberant human intellect into Germany, but also of warning against its cultivation, by the way he introduced and praised it. We call it a new production, but really it is the offspring of the old root, whose name was Mesmeria officialis, and which here is nearly rotten and forgotten. We leave the old custom of invoking the assistance of the nine sisters, and narrate, only aided by veracity, (not always Clio's companion,) the arrival and instantaneous fall of that doctrine in Germany.

Hamburg was the first port in which the American vessel took shelter, but immediately after its entrance became a wreck. The Doctor announced, that he would enlighten the public by his lectures and experiments, and a pretty large number of ladies and gentlemen, who wished to become adepts in the so-styled new art, entered the Tonhalle, in silent expectation of a full explanation of the mystery. The introductory lecture left the minds of the audience in hope, of "a charm from every woe."

Doomed soon to fade! The wizard applied his

miraculous wand—I mean his fingers—and when he believed, that the subjects of his choice were in the trance, he explained—"Now you cannot see, speak, &c.!" But his orders were only followed by the general laughter of the audience, for the subjects, instead of feeling the prodigious influence of the master, participated in the exhalted state of the whole assembly, until the astonished sorcerer left them in the self-same darkness (as to his skill and hyperphysical forces) which they had been in before. In a Hamburg newspaper he endeavoured to excuse his failure in English letters, of which the style and grammar were not worthy of a wizard. His principal objection—that the auditory was not sufficiently imbued with the knowledge of the English language, we can refute by the well known fact, that at Hamburg, in every congregation of the higher class, there is a number of persons equal to understand the contents of an English lecture. The Doctor left Hamburg, for a second trial was not conceded to him by the government, fearing a heavier outbreak of the discontent of the deceived public than the former hissings, &c.

At Berlin, the newspapers and the police were of one accord, in not allowing that the Prussian nation should be allured and deceived by the novelty of a tempting art.

Dr. Dew returned to the neighbourhood of Hamburg, and obtained permission to lecture, and awake the yet slumbering intellectual powers of the Altona public. A journal of that town showed the scientific unworthiness of the so-nicknamed art; and its warning voice had the effect of evoking an answer of the industrious Doctor, translated into English by an Italian.

A reply cautioned the Doctor not to again tease the inhabitants of that latterly badly-cheated country. But the Doctor, *perhaps* no deceiver, but deceived himself, tried the patience of a small audience, of which fifteen persons gave themselves up to the manipulations, &c., of the Doctor, with that effect, that three nobodies (one of them, the owner of wax-works) executed the will of the (still living) performer of so great deeds, as, for instance, to tantalize and intoxicate the trifolium by pure water, if their benefactor's will persuaded them that they drank wine, brandy, &c.

But the purses and the mind of the public did not show any further connivance with the electro-biological doctrine and its phenomena; and a satirical comment in a much-read paper excited the hilarity of the populace.

In his above cited answer, Dr. D. had claimed the assent to the doctrines of electro-biology of such very renowned men as Brewster, Brodie, Holland, two hundred physicians of England and Scotland, (he named Redfern, Aberdeen,) and his bills posted up at every corner house, were filled with the names of a number of *English PRINCES*, never heard of.

Finally, he promised that he would persuade the public of the truth of his doctrine by a treatise, destined to dissipate the fog, that is yet obnubilating the ideas of his antagonists; for he cannot but be discontented with the reception, the thick Protean air, endarkening the German intelligence and judgment, opposed to his well-meaning elucidations of supernatural forces and Richenbachian Od-dities.

"Still as the tide of ages rolls away,  
Truth charms the world, unconscious of decay."

## Reviews.

*On the Anatomy and Physiology of the Male Urethra, and on the Pathology of Stricture of that Canal.*

By HENRY HANCOCK, F.R.C.S., Senior-Surgeon to the Charing-Cross Hospital, &c. London: Highley and Son. 1852. 8vo, pp. 86.

THIS unpretending little volume comprises the *ipsissima verba* of three Lectures delivered by Mr. Hancock, in the Session 1851-52, to the Medical Society of London, as Lettsomian Professor of Surgery. The first of these consists of an examination into the intimate structure of the muscular apparatus surrounding the urethra, in which Mr. Hancock, by the aid of the microscope, not only demonstrates the presence of muscular fibres investing the whole length of the urethra, but proves their existence in two layers, one between the mucous membrane and the corpus spongiosum, the other external to that body. In this Lecture he also, in justice to himself, claims the discovery of these fibres, or rather the priority of their correct demonstration, which had been assigned to Kölliker by the writer of the article "Urethra" in the "Cyclopædia of Anatomy and Physiology," but which the writer of the article and the Editor have since most handsomely admitted to belong to Mr. Hancock.

This gentleman we believe to be the first to trace muscular fibres continuously from the two layers of the muscular coat of the bladder to the extreme orifice of the urethra, and also to show that the vesicles and ducts of the prostate gland are invested by muscular fibre, the latter deriving its covering from the muscular coat of the vas deferens. These important demonstrations, together with that before mentioned, of the double investment of the corpus spongiosum, entitle the Lettsomian Professor to take a front rank among the present race of microscopical physiologists, if his discoveries receive the confirmation of contemporary minute anatomists. But, whether correct or not, Mr. Hancock's lectures have been received with applause, and will be read with interest by all who are engaged in the treatment of that troublesome class of diseases which attacks the bladder in the male. It is quite impossible in the short space which we can devote to this subject that we can do justice to the clearness of Mr. Hancock's

descriptions, or to the beauty of the woodcuts by which they are illustrated. Our readers, we trust, will obtain the book for themselves; indeed, no surgeon ought to be without so important an addition to his library.

The second lecture is, perhaps, even more interesting than the first; abounding with original ideas, which bear the impress of truth, as well as talent. It is the physiological sequel to the dry anatomy of the first lecture, being an account of the process of normal micturition; and in it we find the following passage, which is a good specimen of the author's style, and an example of his remarkable power of thinking for himself. After observing that the abdominal muscles are often impediments to passing water, rather than aids to that process, he goes on to explain the reason, as follows:—

"I will now endeavour to explain how in retention of urine, where the bladder is distended, the abdominal muscles by their action tend to maintain that retention, and oppose the flow of urine. It is a circumstance arising from the anatomy of the part, and one which has not met with that attention from authors which I believe its importance deserves. The urethra is attached to the body and ramus of the pubis by strong and dense fascia, and by the suspensory ligaments of the penis, so that it is an error to imagine that it only becomes fixed where it passes through Camper's ligament. A careful examination shows that an equal length is attached to that which is pendulous; if a man has four inches and a half of pendulous urethra, he will have four inches and a half of attached, a point of considerable importance in the manipulation of instruments. The result of this arrangement is, that where the bladder is distended so as to be raised out of the pelvis beyond its usual limits, it forms with that portion of the urethra behind the suspensory ligament of the penis, a species of inverted cone, the apex of which is formed by the membranous portion of the urethra, as it lies beneath the sub-pubic ligament. Hence, when the patient strains or makes undue efforts at micturition, the posterior and middle fibres of the levatores ani muscles tend to raise the bladder, and tilt it still more forwards; whilst the anterior fibres, drawing up the prostate gland, must compress the membranous portion of the urethra against the unyielding sub-pubic fascia and ligament, and thus obliterate the canal for the time being. Under these circumstances, if we attempt to introduce a catheter, we should always do so with the patient lying on his back, and not in the upright position. And this, moreover, explains how it so frequently occurs, in case of stricture, that the greater the efforts, the greater will be the pain and difficulty of micturition, and the smaller the stream."

The third lecture is confined to the pathology of stricture, from which we can only make one extract, but this is so interesting that we cannot avoid laying it before our readers. After demon-



strating, at page 74, the existence of a false membrane attached to the inner surface of the urethra, Mr. Hancock goes on with the following remarks :—

"The existence of this false membrane was proved by some points of great interest. Among others, that although this newly-deposited structure appeared to be invested by mucous membrane when examined by the naked eye, the investment, though smooth and shining, did not possess the actual organization of mucous membrane, but when viewed through the microscope, presented more the character of condensed cellular tissue. It did not possess either villi or papillæ upon its free surface. It was not invested by epithelial scales; and what was extremely interesting, as incontrovertibly proving the non-identity of this membrane with the proper mucous canal, we found that, by carefully dissecting it away, we came down upon the layer of epithelial scales, separating it, as it were, from the proper mucous membrane of the urethra. We could not detect any appreciable change in the structure, either of the proper mucous membrane of the urethra or of the parts surrounding it; and hence we could not arrive at any other conclusion than that, in this instance at least, the prevailing notion that permanent organic stricture (other than the bridle constriction) was always produced by mischief without the canal, was erroneous; and other cases which we have had the opportunity of examining have not only strengthened this opinion, but have led me to conclude that it is not merely a possible but a frequent cause of this malady. There was another point also of the greatest interest, and one which, so far as I can trace, has never been noticed before. We have seen that this false membrane was for the most part adherent. It was so for about an inch of its anterior extent, where we have observed it so closely attached as almost to be identical with the subjacent tissue; but towards the bladder this new structure sent off two processes, which extended to the prostate, and became lost on the mucous investment of the outer part of the sinus prostaticus. These two processes were the limbi of a semi-lunar valve, constituting the vesical extremity of the false deposit, which was here separated from the subjacent mucous membrane to the extent of some half an inch, constituting a regular valve, having its free lunated edge towards the bladder, whilst elsewhere it was continuous with that portion attached to the urethra. On carrying a probe from the bladder along the urethra, it passed under this valve, and entered a blind pouch, of considerable size when viewed in relation to the parts; whilst the appearance of the valve was very similar to that of one of the semi-lunar valves at the commencement of the aorta or pulmonary artery."

At page 83 is a curious experiment to prove that retention of urine may be caused by viscid mucous only in the prostatic portion of the urethra; an observation which we do not recollect to have met with before. Indeed the whole of this little volume is one mass of originality; and though we may not always be able to follow Mr. Hancock in his inductions with implicit

faith, still they are always of such a nature that we cannot disprove the position assumed.

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*The Symptoms and Treatment of Pregnancy.* By W. J. ANDERSON, F.R.C.S. London: John Churchill, 1852. 8vo, pp. 119.

NOTHING can afford a greater contrast to Mr. Hancock's volume than the one now under consideration; for we have carefully looked through its pages, and can find nothing which may not be culled by any tyro from the pages of Ramsbottom, Murphy, and Churchill, or, in fact, any modern writer on Midwifery. If, therefore, the book is intended for the professional reader, it is unnecessary to those who are already in possession of either of the above works or their congeners; and, if intended, as we should suspect, for the eye of the patient rather than for the professional attendant, we would suggest some notification in the preface to that effect; in which case the book itself would be removed from our list. However, in neither case do we think that the book can be useful, being as much above the level of the general, as it is below that of the medical, reader.

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*The Physical Diagnosis of Diseases of the Abdomen.* By EDWARD BALLARD, M.D., Lond. London: Taylor, Walton, and Maberly. 1852. 8vo, pp. 276.

In this age of monographs we require certainly either originality or research to induce us to prize any addition to the already extensive list of books devoted to special descriptions of disease. The present volume, is, however, one of great labour, and is a carefully-arranged generalization of the known phenomena of abdominal diseases, without any pretension to anything more. The first part consists of an excellent description of the various modes of conducting a physical examination of the abdomen, together with the results afforded by this in health and disease. The second part enumerates those diseases which give indications of their presence on a physical examination; whilst the third part, which is really valuable to the young practitioner, is a tabular enumeration of the most remarkable physical signs, with the diseases by which each may be occasioned; to these are also attached numbers referring to the preceding paragraphs of which the first two parts are composed. Thus.

under the heading, "Fluctuation felt in Pelvic Tumours," we find the following diseases enumerated, with the numbers attached, referring to the paragraph in which each is described:—

230. <i>Fluctuation felt in Pelvic Tumour, 46.</i>	
Peritoneal abscess in pelvis, 175.	Retention of menses, 214.
Distension of bladder, 194, 206.	Abscess of ovary, 230.
Pelvic Abscess, 187.	Encysted disease of ovary, 236.
Hydatid cyst in pelvis, 198.	Fluctuating tumour of uterus, 227.
Extra-uterine pregnancy, 213.	

By this arrangement the student has at once presented to him all the diseases which may occasion a fluctuating pelvic tumour; and on turning to each in succession, he has an opportunity of considering to which he must refer his particular case. It is certainly a very useful series of tables, and has been carried out with great labour and accuracy, and is calculated to afford the greatest assistance to every practitioner in those obscure cases of abdominal disease so often presented to him.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, AUGUST 18, 1852.

THE following letter from Dr. OGLE, relative to the proceedings at Oxford, will be read with the respect which the position of the writer demands:—

*To the Editor of the Provincial Medical and Surgical Journal.*

DEAR SIR,—I feel myself bound to address you on the matter of the report of the proceedings of the Provincial Medical and Surgical Association, at Oxford, and of the Editorial Article relating to the same, made in the last number of your journal.

The expediency of change in the arrangements under which that journal is edited and published, and the soundness of effecting so important a change on the strength of so small a majority, are questions clearly distinct from that now before us, and I consequently pass them without further notice; but as regards the mode in which the question of such change was determined, I take leave to assure you that you have been erroneously informed. I do not doubt the general accuracy of your reporter, nor have I it in thought to insinuate the slightest distrust of his integrity. Amid the confusion it may well have happened that he misapprehended the course I thought it advisable to adopt; but in contradiction of his report, I unhesitatingly aver that the "original motion" was put to the meeting. Looking at the motion and to the amendment, and taking into consideration the circumstances under which they were respectively proposed, I thought it desirable that the division should be taken in such manner that the sense

of the meeting should be declared at once on the point really at issue; and with such purpose I directed that those who supported the amendment should take seats on the one, and those who were for the original motion on the other side of the house. Further, some gentlemen, asked of me aloud, from the centre of the house, whether the arrangement was understood to be such as I have here described it—an inquiry which I loudly and explicitly affirmed. Moreover, I directed all parties who were neutral in the matter, to withdraw, together with the strangers, into the adjoining room.

It possibly may be objected that some might have been disposed to vote against both the original motion and the amendment, and that, consequently, it was informal to put the question in the manner I did; but whatever may be the weight of such objection, speculatively, surely under the circumstances of the case, no one will contend that it can claim, practically, any consideration at all. I am perfectly sensible that, for the just regulation of debate, it is advisable to adhere to forms, and possibly my want of experience in such matters may have occasioned me to stray from the usual course of proceeding; but no one objected to the arrangement I proposed, and certainly no one who voted for either the original motion or the amendment, can take just ground for complaint that he had not opportunity of recording his vote against each of them separately. Again, motions were subsequently made, and carried, which implied the concurrence of all parties in the declaration made from the chair, "that the original motion was carried." Among them was that of the appointment of the Committee, previously nominated by Mr. Nunneley, which (with approved exceptions and additions,) was not merely "*understood*" to be appointed, but was regularly put to the vote, and confirmed. I maintain, then, that the original motion was (together with the amendment,) fairly, and, as I conceive, regularly put to the meeting, and I shall, consequently, feel myself bound, in the impartial discharge of my duty, to uphold by my voice and authority, (if any,) the option on which the majority decided, however much I may individually regret that decision.

With compliments, &c.,

Believe me, my dear Sir,

Ever yours faithfully,

J. A. OGLE, M.D., &c.

Oxford, August 9, 1852.

After attentively examining Dr. OGLE's communication, we are more than ever convinced of the informality of the proceedings relative to the *Journal* at Oxford; for previous to the President's explanation, we could only reconcile the conflicting accounts of the various reporters by supposing that Dr. OGLE had received the first abortive attempt at a division as conclusive against the amendment, and then had considered the second division (by separating the two sides of the house) as affirming Dr. COWAN's motion. This supposition is, however, set at rest by the above letter, which fully bears out our assertion that "we are just as if nothing had been

done at Oxford, *quoad* the change of plan of publication."

We write this advisedly, for we submit, (with all due deference to the President, and, we need scarcely say, without impugning the fairness of his intentions) that it is neither formal nor fair to put the motion and amendment in the manner described by him. That it was not formal, every one, even Dr. OGLE himself, admits, and that it was not fair is quite clear, when we come to consider that under this arrangement the votes of those who are opposed to both motion and amendment could not possibly be taken. In order to obtain a fair division on the original motion, it was necessary that those who had been directed to withdraw as neutral on Mr. NUNNELLY's amendment, should have been allowed an option of voting on Dr. COWAN's motion, which the mode adopted completely prevented.

In support of this view we may instance the divisions on Mr. CORDEN's amendment on the Militia Bill, in which the majority for Government, on putting the original motion, was 219 to 85, whereas the amendment had just been previously lost by 285 to 76.

With regard to Dr. OGLE's directions being so loudly affirmed as to be understood by all, we can only appeal to the reports in the *Medical Times* and *Lancet*, in the former of which Dr. COWAN's motion is said to have been carried by a majority of two, whilst in the latter, Mr. NUNNELLY's amendment is described as lost by the same number; yet in neither of these is a word said as to the peculiar directions of Dr. OGLE; the fact is, that the confusion was so great that we are not surprised at any mistake which might be made.

But Dr. OGLE completely misunderstood the gist of our observations in our last number. We have not maintained that the one hundred and twenty gentlemen who voted are not bound by the proceedings, whatever they were, as this is entirely a distinct question; but we asserted in our last article, and we do so now, without fear of contradiction, that *the members generally are not bound by the proceedings at Oxford, because they were informal*. This, when relating to a question of property, is of some importance, as those who now have the direction of the publications are liable to the whole body, when properly assembled, if they have suffered any change of management to take place, unless

they are able to show that the formalities necessary to warrant such a proceeding have been gone through. Of course it is for them to consider whether such has been the case, and if they come to the conclusion that the proceedings were conducted with all due form, they will have only to resign their powers into the hands of those so appointed. Indeed we should scarcely have returned to the subject of the division at Oxford, but that in the first place our respect for the office of President, as well as for the distinguished individual who fills it, demands our consideration; and in the second place, it is necessary to protest against this mode of proceeding being hereafter adduced as a precedent. Our reason for this course is, that we understand that Dr. COWAN's notice of motion was not given as required by Rule 19, three months before the Anniversary Meeting. It appears that the Anniversary Meeting was officially announced in this journal on the 31st of March, nearly four months before the meeting at Oxford, while Dr. COWAN's notice was not sent till the 5th of May; so that there cannot be the slightest doubt that the whole proceedings based upon it are contrary to law. The Council will therefore have a much easier task than we anticipated, since if the above statement should prove to be correct, of which we have not the slightest doubt, the Council will be stopped at the very threshold of their inquiry, by an informality which admits of no explanation. The 19th Rule is imperative in its nature, and if the laws of the Association are not strictly maintained, farewell to all attempts at order or regularity.

We have the less reason for regret at being compelled to omit the valuable suggestions and opinions of our numerous correspondents, from whom we have received a host of letters on the above subject, some at great length; of these we have only room for those of Dr. WILLIAMS and Mr. AMYOTT, but they may be considered to embody the sentiments of the others. Several gentlemen, including Mr. PHILBICK and Dr. DAY, have made the same suggestion as Dr. WILLIAMS, namely, to allow all the Members of the Association to vote by proxy at once. This would, it is true, virtually settle the question, but would be open to the charge of want of formality. The matter must still come before the Council, and they only can, and indeed must, decide upon it.

## Medical Intelligence.

(From our own Correspondent.)

LONDON, AUGUST 16, 1852.

It is not an easy task at this period of the year to pen a lay article *de omnibus rebus et quibusdam aliis*, for the recess of Parliament has been followed by that of the profession, and physicians and surgeons, after toiling hardly during the winter, spring, and summer months, are now scattering in all directions, and seeking a holiday, wherever taste, pleasure, health, or duty may direct them; but little is doing consequently, and even that little is scarcely worth recording.

Notwithstanding the decided character of the resolutions passed at the Brighton meeting of the Association, there are occasional rumors that some medical men do not hesitate, or scarcely hesitate, to meet professionally, the practisers of homœopathy, of course merely to ascertain the existence and character of a disease, or to confirm the diagnosis already made, the homœopath being then permitted or left to treat the malady, the nature of which he could not recognize, according to the approved principles and precepts enunciated by Hahnemann and his disciples. When a legitimate member of the profession has been decoyed stealthily into a consultation, he supposes the person he is about to meet to be, like himself, a true and honest practitioner of medicine, according to the principles usually taught in the schools; but if, finding at the time, or afterwards, that he has been entrapped, he indignantly denounces the cheat, and refuses to hold further intercourse with the empiric, we may pity him for his misfortune, and must acknowledge him to be still strictly entitled to his legitimate status and honors among us. Such a case has occurred of late years, but the unfortunate consultee was not deemed to be free from participating in the wrongdoing of the consultant. Fierce and angry accusations were launched against him, and for some time he felt the sad results in a considerable diminution of his consulting practice. Some, however, are bolder than he was, and recklessly declare that a consultation with a homœopath is not beyond their province, provided they participate not in the very act of prescribing homœopathically.

Although some very gross cases connected with that mode of "practising" have occurred, and been exposed from time to time, it cannot be said that the heresy is failing in the estimation of the public. The plausibility of its professors, and the speciousness with which they urge their charges against legitimate medicine, exert a certain influence for a time on the public mind; and, although some of those who have tried the system, have abandoned it, from its utter inutility in repelling the attacks of serious disease, fresh victims are readily obtained, their minds being imposed upon, and deluded by the boasting details of cures effected by the system *a la Holloway ou Morison*, "when the most eminent in the profession had declared the disease to be utterly incurable;" or, "when the patient had been dismissed without benefit from three or four metropolitan hospitals, and from some half-dozen provincial ones." By old hacknied boastings such as these, and by the specious reasoning urged in favor of their dogmata, greatly influenced also by the desire to avoid taking large and continued doses of drugs, persons of education, and even of considerable acquirements, fall into the trap, are completely gulled for a time, and for as long as the delusion endures, swell the train of the "learned professors," or may even vibrate between the two systems of homœopathy and hydropathy.

Among other instances of the spread of this delusion for the present, may be mentioned the fact, that a physician in a large practice at the West End, chiefly

among the nobility, has experienced latterly a considerable reduction in his yearly income, to the amount of some hundreds, resulting from the falling off of several of his accustomed *clientelle*. It is not an unusual thing for the educated classes especially to take up with the heresy for a short time, captivated by the delusive argument used in its favour, and probably also by the excitement attending the having recourse to that which is to them a novelty, more especially since the stir made in the ranks of the profession against it, and the absolute separation of the withered and dead branch from the tree of medical science. It is, indeed, much to be feared that the fierce and determined onslaught made on its professors, has contributed not a little to its present increased popularity; for the public, looking upon it as a mere quarrel among the doctors, naturally lean to those who seek for, and obtain the greatest notoriety, and in that no one can deny that our opponents have the palm.

Meanwhile there is an anecdote current which exhibits their pretensions to science and to minute accuracy in semeiology and the effects of drugs in a ridiculous point of view. At a public dinner, one of their principal authorities—to borrow a word from our continental brethren—assisted, whom we shall designate for the nonce as Dr. X. After partaking freely of many of the delicacies which were before him, the doctor, who is somewhat of a *bon vivant*, and understands the art of carving to perfection, was called upon to cut up a turkey for the benefit of all around. This duty having been properly performed, Dr. X. was observed to place a tit-bit from the bird in his own plate, but studiously to avoid the seasoning, which, however, he had liberally dispensed to the other guests at the table. This peculiar abstinence elicited a remark, and the question speedily followed as to the why and wherefore Dr. X. did not ornament his plate with the seasoning, it being so agreeable an addition to the bird's flesh. Assuming a serious and grave look, the doctor shook his head most sagely, and declared "he did not partake of it; it was most dangerous." "Dangerous! how? what harm can a little seasoning do you?" Come Doctor, take some; you'll enjoy the turkey much more if you do." "Much obliged, my dear sir," was the reply of the alarmed homœopath, "but indeed I dare not; it contains parsley, you know, and that may cause a serious COLLAPSE!" To those who had watched the prowess of the learned doctor at the dinner, and the energy with which he had despatched fish, flesh, and fowl, washing them down with repeated libations of champagne and other rich wines, the source of the anticipated collapse was very clear, and quite independent of a very small modicum of parsley.

Various schemes have been proposed for the employment, for useful purposes, of the balance of the money, amounting, it is said, to £150,000, realised by the Great Exhibition; but the plan now proposed, which has been attributed to His Royal Highness Prince Albert, transcends them all in utility and excellence. It is said that the Prince has proposed to found a grand Industrial College,—a home for the arts and sciences,—an University of science, literature, and fine arts. It has even been asserted that the Prime Minister is prepared to make a national endowment in its behalf, worthy of the country and of the interests to be served. It is a part of the scheme to bring together the National Gallery, the learned societies, the Society of Arts, the School of Mines, and all other institutions having a close connection with science and the arts; a reform and re-arrangement long and earnestly demanded by all thinking *savans*. The whole is to be arranged with a view to practical results; science and industry, for the first time in this country, being brought together in close relation. How much better is a vast, original, and extensive plan like this, for the advancement of science and literature, than those meagre and paltry arrangements by which the total amount was to be

frittered away in small sums;—here a full hundred for endowing a professorship, there a similar sum for establishing reading-rooms, and there again for forming a museum, an atheneum, a club-house, or a lyceum, until the total £150,000 might have been spent in ways and means, to the satisfaction of a few jobbers, but not for the interest and benefit of the many, nor of the country at large. The plan is truly original in its whole, although a part thereof was proposed some years since; and a hope then existed that it would be carried into effect. We allude to that part of it which proposes the embodiment together of the learned societies. It was proposed that all those societies which had natural history in some one or other of its branches for their basis, such as the Linnean, the Botanical, the Medico-Botanical, the Chemical, etc., etc., should be united; the several societies being, as it were, sections of the whole, with each its separate staff of officers to manage their own pecuniary affairs; all meeting in one house, and contributing a certain proportion to the general expenses. Why so comprehensive and so useful a plan fell through we never could learn; but we presume it arose from the difficulty of getting so many persons to act usefully together, and from the jealousy of some of the officers, who perhaps were unwilling to officiate for a section, when they had previously been, and were then, in office for an independent society. The sooner the plan now in contemplation is carried out in its entirety the better for science; as some, at least, of the learned societies are involved in considerable pecuniary difficulties, and may be compelled, for want of means, to close altogether, and to dissolve if not thus assisted. This has been the case indeed within the last eighteen months, as regards one of the above-named societies, which, after a career of about thirty years; during which the chief men of science in this country, on the Continent, and in America, have been enrolled in its list of members, ordinary or honorary, has been compelled to retire from the arena of sciences, overburdened and borne down by a weight of debt left its Council as a legacy by a former official, which debt hung like a mill-stone round its neck, until it was overwhelmed and lost in the deep waters. Had the plan we have alluded to been carried out, this sacrifice would, in all probability, have been prevented.

The latest mortality records for the past week state the proportion of deaths within the bills to be,—from diarrhoea 213; and from cholera (English of course) 21; 16 children, and five persons above the age of fifteen died from the last-named disease; 192 children and 21 adults from diarrhoea; sixteen of the cases of cholera occurred on the north, and five on the south side of the Thames. Meanwhile a far more fearful visitant is rapidly approaching, for the third time within twenty years: the deadly epidemic of Jessorie is about to assail the inhabitants of this empire; and but little, if anything, has been done to disarm the disease of its awful powers, and to render the inhabited places as wholesome and healthy as they ought to be. Following the same course as in its previous visitations, the cholera has entered Europe through Russia, and, after lingering there for several months, and committing frightful devastations among a most uncleanly people, it has passed into Russian Poland and invaded the kingdom (formerly the principality) of Warsaw, in the capital of which from fifty to sixty lives are daily sacrificed, a holocaust on the altar of filth—personal and municipal—drunkenness, and all evil passions, and consequently of epidemic disease. In Kalisch, also in Russian Poland, a town of considerable commerce and opulence, the mortality attendant on the disease has been very high indeed; and in Posen, four-fifths of those attacked perish. Since the appearance of this pestilence in Russian Poland, it has broken out in Dantzic, and there its ravages, it is to be feared, will be most dreadful and extensive. Everything betokens that it is hastening

hitherwards on the wings of the winds; and yet this overgrown and over-peopled world-metropolis, is in no respect better prepared to stay its ravages than it was in 1849, and scarcely more so than in 1831-32, when it was encountered in England. We have, to be sure, a General Board of Health, with a paid medical member, and a legal member, who is in truth its dictator; and they have published some neat blue books on quarantine, cholera, &c., but in no other way have they been of service in affording us the means, under Providence, to quell the ravages of the destroyer. The atrociously filthy condition of the habitations in which the poor herd together remains much the same; fever is as prevalent in their districts as ever; and although the wretched beings are constantly decimated by disease, the vacancies thus made are rapidly filled up, and the crop for disease and death to gather is as large, or larger than ever it was.

The malignant conjunction of the stars, which, as the astrologers have it, is so productive of disease, is not confined to the human race; epizootics have been very fatal throughout the kingdom, so much so indeed that the Royal Agricultural Assurance Society have had to pay upwards of £200,000 during the past year, in consequence of the mortality attendant on the epizootic among the cattle. Equally unfortunate is the progress of disease amongst vegetation. The blight has again, for the sixth or seventh time, attacked the potato, and that esculent in Ireland may be regarded as almost lost, at all events in many places scarcely half the crop will be gathered in, and in some, perhaps, not that. The reports throughout the length and the breadth of the land, are, that unless by Divine Providence, a larger amount of the potato be saved than is expected, another famine, followed by pestilence, may be anticipated. The blight has shown itself also in many places in England, but not so extensively as in the sister country, as that tuber is here only regarded as an adjunct to the disease, ease, and not as the principal and sole food of the peasantry. Besides the potato, the beans have been more or less affected, and the vineyards in the south of France, in Italy, in Spain, especially in the neighbourhood of Malaga, and in Portugal and Malta, have been so seriously diseased as almost to involve their utter loss. Burgundy has in a great degree escaped; but, *en revanche*, in Madeira, it is said, all the vineyards have been involved in one common destruction, so that that celebrated wine, formerly so great a favourite with the gentry, may be as thoroughly lost to the epicure as are several of the more favourite wines of the ancients. The inhabitants of Madeira have petitioned for leave to cultivate tobacco, to repair the pecuniary loss sustained by the destruction of the vines. John Bull will feel vexed at the loss of the Portuguese wines; but as it is a well-known fact that more Port (!) is sold in London in one year, than is manufactured in Portugal in three, he may still obtain his "London particular," as we believe the logwood tree is still uninjured. The disease by which the vines have suffered, is called the "*MAUGRA*," or "*ORDIUM*," and it appears at first like small dust on the green berry, causing the fruit to burst, and ultimately to become putrid. It is said that a deep incision in the trunk of the vine, near the root, has been extensively tried in Savoy, and everywhere with success in curing the disease. So simple a remedy ought to be made extensively known in the vine-growing countries.

This long catalogue of ills affecting man, as well as the animal and vegetable kingdom, may be closed by the announcement that an unknown disease has attacked the currant plant, which blackens and rots the fruit in one night. The same malady—a variety, probably, of the *Maugra*—has also attacked the currants of the Ionian islands, and it is believed that not one-fourth of the crop will be preserved. Sad news, again, for John Bull; what will he do without his port and his Christmas plum-pudding?

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted on the 30th ult.:—Joseph Penn Allnutt, Australia; Henry Abye, Bradford, Wiltshire; Barnabus Barrett, Shrewsbury; Joseph Lewis, Cardiff, Glamorganshire; Edwin Moore, Highgate; George Puckle, Camberwell; James Lewis Sanders, Chelsea; Charles Taylor, Nottingham; Leonard, Keatley Yelf, Ryde, Isle of Wight.

The following gentlemen were admitted on the 2nd instant:—Frank Lane Bindley, Burton-on-Trent, Staffordshire; Thomas Coghlan, Cork; John Coogan, Cork; William Henry Cufande, Acle, Norwich; Walter Humphries, Cork; Samuel Job, Bawtry, Yorkshire; William Lichfield, Southampton; Joseph Beauchamp Matthews, Weston-on-the-Green, Oxon; Thaddeus Leyden Molony, Ennistymon, co. Clare; Daniel Hack Take, York.

The following gentlemen were admitted on the 4th instant:—John Edmunds, Bangor-Iscoed, Flintshire; Joshua Lever, Bolton-le-Moors, Lancashire; John Noble, York; George Bell Poppelwell, North Shields, Northumberland; Lewis Robert Ramond, Lower Sydenham, Kent; Richard Patrick Burke Taaffe, London; Frederick Edmund West, Dublin.

The following gentlemen were admitted on the 6th instant:—Thomas Bray, Dublin; Garret Butler, Dublin; Henry Richard Foquett, Lucknow, Bengal; James Hurd Keeling, Edinburgh; Robert Leys, Banchoory, Kincardineshire; Charles Benjamin Mosse, Carlow; Malim Sharman, Birmingham; John Mortlock Tronson, Dublin.

The following gentlemen were admitted on the 9th instant:—Walter Bernard, Cork; Hallam Moore Dixon, Cape of Good Hope; William Archibald Garrington, Portsea; Alexander Robert Hudson, Fermanagh, Enniskillen; George Lawson, Forest Hill, Sydenham; James Henry Lewis, Kinsale, co. Cork; William O'Connor, Munster; Edward Tenison Ryan, New York; Henry William Spry, Trinidad Place, Islington.

**THE FELLOWSHIP.**—The following gentlemen were admitted to the Fellowship on the 10th inst.:—Peter Hinckes Bird, Spring Gardens, diploma of membership dated May 19, 1848; Cornelius Black, Chesterfield, May 3, 1844; Archibald Prentice Childs, Bungay, August 10, 1849; Harvey Ludlow, Paternoster Row, June 22, 1849; William Scovell Savory, Charterhouse Square, Dec. 8, 1847.

### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 29th July:—Matthew Corner, Whitby, Yorkshire; Charles Thick Eves, Cheltenham; Noah Fox, Nottingham; Augustus Brabius Webb Greatrex, Eccleashall; Charles Hooper, Buntingford, Herts; Frederick Francis Ormond, Plymouth; George Simpson, India; John Cathbert Whaley, Kilburn.

Gentlemen admitted members on the 5th August:—Edward Hare Bromley, Ripplingale; William Adcock Burrows; Charles Moore Jessop, Bilton Hall, Yorkshire; William Edward Robbs, Grantham; Henry Little Sequeira, London.

### UNIVERSITY AND KING'S COLLEGE, ABERDEEN.

At the August graduation at this University, the degree of M.D., was conferred on the following gentlemen, who were examined in the various branches of medicine, and found duly qualified:—John Morgan Bryan, Northampton; Thomas Collins, Aberdeen; Charles Henry Dunhill, London; John Boon Hayes,

Birmingham; William Aston Lewis, London; Peter William Long, Ireland; Thomas Morris, London; James Orwin, Salop; James Hollins Pickford, Brighton; William Callender Tidy, London; Daniel Henry George Wildbore, London; James Goodchild Wakley, London.

### OBITUARY.

July 27, aged 63, Erasmus L. Devonald, Esq., surgeon, of 71, Great Titchfield Street, and 6, Howey Place, London.

August 6, at Wootton-under-Edge, Robert Bailey, Esq., surgeon, aged 74.

August 8, at his residence, Pucklechurch, Gloucestershire, aged 66, John Champeny Swayne, Esq., M.R.C.S., late of Berkeley Square, Bristol.

August 3rd, at Brighton, after a severe illness, Richard Ebsworth, Esq., surgeon, of Shillingford, in the 42nd year of his age.

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

#### NOTICE TO MEMBERS.

In addition to the names published in the last *Journal* as being appointed of the Council, that of WM. MATTERSON, jun., Esq., Local Secretary for Yorkshire, was *accidentally omitted*.

W. P. BROOKES, Esq., was also appointed Local Secretary for Cheltenham, and

ELLIS JONES, Esq., Local Secretary for Liverpool.

In consequence of the great accession of new members during the present year, the first eight numbers of the volume now in course of publication are out of print.

J. P. SHEPPARD.

Worcester, August 17th, 1852.

Secretary.

### ERRATA.

In our report of the Anniversary Meeting, at page 404, column 2, line 14, the following correction is required:—For "read by the House Surgeon, Mr. Hussey," read—"read by E. L. Hussey, Esq., F.R.C.S.E., one of the Surgeons to the Infirmary." The paper consisted of a statistical account of all operations performed in that (the Radcliffe) Infirmary for some years past.

The following error also occurred in Dr. Whiting's speech, in proposing a vote of thanks to Dr. Wilkinson, after the reading of the Address in Medicine:—Page 404, col. 1, line 9, for "philosophical lectures," read "physiological lectures;" line 11, for "the general thanks of the town," read "*the thanks of many in the town.*"

### TO CORRESPONDENTS.

Communications have been received from Dr. Oke, Mr. Martin, Dr. McWilliams, Justice to Worcester, Mr. King, University of London, Publishers, Mr. Paul, Nil Desperandum, Dr. Whiting, Dr. Garstang, Mr. Harricks, Mr. Roe.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Papers and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho.

LECTURES  
ON THE  
DISEASES OF CHILDREN,

DELIVERED IN THE

Chatham Street School of Medicine, Manchester.

By DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pech, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pech; Fellow of the Imperial Society of Vienna, etc.*

LECTURE XII.

*Simple Primary Fever Continued.—Febrile headache, its distinction from meningitis, and management. Gastric disorder as proper to any primary paroxysm: symptoms, indications for a purgative or an emetic, their proper choice; occasionally disagreeable effects of hyperæmia and overpurging; how to be counteracted. Further course and description of the primary fever, its early and happy termination. Reserve with remedies. Ephimera. Further course, above thirty-six hours. Objective description of the hyperæthnic stage, comparatively with that in adults; complications; transitions. The asthenic stage. Pathological changes.*

GENTLEMEN,—In every primary fever the head and abdomen attract our first and careful attention.

Headache, a most constant companion of fever, easily appreciated and less alarming in adults, appears more obscure and threatening in children, because they cannot give us *symptoms by words*, so as to facilitate the distinction from congestion or meningitis. It manifests itself in the child in different degrees, when lifted up in the arms of the mother or nurse, by its difficulty or inability of holding its head upright, by leaning it on the shoulders, along with simultaneous appearance of some perpendicular wrinkles on the forehead between the brows, languor of the eyes, falling of the upper eyelid, and plaintive moaning; considerable degree of heat on the front. The little patient keeps the head rather steadily and quietly in the same posture, without restlessly moving it; and all the above symptoms are equable for some time. Recollect what adults say in this state by words, and thus you will have the whole more clearly before you. Sometimes they complain of acute, at other times of dull pain, on pressure, or giddiness. These differences it would be difficult to trace in a child; we must content ourselves with knowing that there is headache present, and judge of its importance according to the degree and weight of the above symptoms, comparatively with the general state, or some important local affection. In a little child we must be very careful, because painful abdominal affections may cause dropping of the head, moaning, and frontal wrinkles, just as if the head itself were suffering pain.

As to the nature of febrile headache, it is but an old superficiality, which always identifies pain and heat in the head with congestion. We know little of the nervous

fluid yet, so plentifully developed in the brain, and of the laws of its circulation. The fact, however, stands firm, that paroxysms of intermittent fever present, as to heat and pain, a severe kind of headache; and still there is little fear of meningitis. Nervous headache in delicate ladies manifests the same severity, with the same exclusion of meningitis. In both cases, generally, leeching does not cause relief. Thus we may be allowed to establish a febrile headache of the nervous kind, perhaps a congestion of the nervous fluid causing pain or spasm. As to congestion of blood in the brain, which, of course, may also be connected with febrile headache, just as it complicates, occasionally, even hysterical headache,—this, in the height of fever, I do not know how to distinguish exactly; I believe, however, that in the case where congestion is the principal affection, there will be the appearance of a higher degree of heaviness of the head, and of the languor of the eyes and eyelids, more oppressive somnolence, or even soporose sleep, high heat on the forehead, but less of the extremities, and less moaning. And in the case of decided inflammatory action in the envelopes,—that is, in the first stage of meningitis, there will be, with a given degree of heaviness and heat, less sleepiness, and, instead of steady posture, even restless rolling and pushing of the head here and there, and a more lively expression of pain, with occasional startings and screamings. The second stage is too clearly characterised to admit mistakes.\*

As to eclampsy, during the stage of febrile heat, I have been satisfied, by many dissections, that it is less frequently a symptom of the first stage of meningitis, than the effect of different febrile and non-febrile, gastric, or other disturbances acting upon the nervous system, consequently there is a more natural combination between eclampsy and headache of a nervous or spasmodic kind, than between eclampsy and meningitis. Gastric disorder, during fever, I believe frequently may be the simultaneous effect with headache, and is, perhaps, too generally considered as its source; at any rate, whenever fever, and along with the signs of headache, gastric disorder is well ascertained by its local and functional symptoms, we may be almost sure of the non-inflammatory nature of that headache. Tense epigastrium, for example, and furred tongue, are frequently connected with nervous, but never, I believe, with inflammatory, headache. Moreover, consider the following comparative analysis:—A paroxysm of fever, with headache, in order to make us apprehend acute primary congestion, or meningitis, must be rather intense. Now, if this be the case, the temperature of the skin, in fever, will be high, and so all over the body, the highest on the epigastrium; and the pulse of a little child between 150, and 170, or more. And all these conditions, unitedly, will be the more expressed in high gastric fever, in which, also, the highest degrees of sympathetic headache do occur; whilst in the case of active congestion or meningitis, generally, and proportionally to other symptoms, there is less heat and dryness. Hands and feet frequently even cool in comparison with the forehead, and in many cases the pulse less frequent.

Vomiting of bilious liquid may be the effect of simple fever or febrile headache, as well as of meningitis, and in both cases the epigastrium is soft, consequently this symptom has in itself not much diagnostic value.

Acute hydrocephalus, (anatomically different from genuine meningitis,) in the great majority, does not set in so suddenly, and under that sudden appearance of high fever, as we have described it above; a careful observer will, therefore, be less exposed to confound the first stage of hydrocephalus with the simple febrile head-symptoms, than the first stage of meningitis.

In conclusion, I have been satisfied, too, that simple febrile headache is far more frequent than meningitis or hydrocephalus.

All these different diagnostic points, of course, taken *singillatim*, admit of exceptions, and cannot be trusted by themselves; considered, however, in relation with each other, and many special circumstances of the case, they are of some value. I nearly forgot to recommend great care and application, in accustoming your hands to distinguish the proportion between the heat on the forehead and on the epigastrium; this, I find, is important. In congestion or meningitis, the heat of the epigastrium is less. In medical practice there are few points of greater difficulty than that in question. Even in adults we labour sometimes under the ambiguity between the nervous and congestive character of headache. Nor can it be denied, that in many instances congestion may join spasmodic pains; or, that headache, which at first was but an effect of nervous disorder, proper to fever, may become congestive. The question will be,—shalt you, in a given case of recently-developed primary fever, under the mentioned appearance of the head, resort to energetic leeching, or wait, or adopt some milder means? By the industrious and clever application of your senses and mental powers, an increasing number of patients will by and by increase your discernment, which I only wish to assist by giving you some facilitating directions.

There are, however, those intermediate and undecided cases, in which we cannot get rid of the ambiguity between simple headache, and congestion or meningitis. This has been the case frequently with me, though I have seen thousands of them; and it will be the same with you. In similar emergencies I can but recommend you the following conduct:—Consider well the constitution of the child; is it strong? then, after you have freely moved the bowels, and energetically used cold fomentations, without effect, leech it; in the contrary case, wait a little longer before you take blood. And, in spite of the apparent vehemence of head-symptoms, abstain from taking blood, if you have before you one of those scrofulous habits, with thin legs, and a large, flat, angular skull, or a rachitic or a very delicate decidedly nervous child. These are all exceedingly liable to febrile disorder and headache, but not to inflammation, and are injured by loss of blood.

*Cold fomentations on the head, abundant cold water and sugar to drink*, and perhaps a cooling injection, (of thin barley decoction, with sugar and oil,) will best answer the indications of that hot stage, with headache,

within the first twenty-four hours. Sinapisms are improper at that stage for tender infants; they might increase the fever, by irritating their tender skin. If, then, the general febrile symptoms continue longer than twenty-four hours, with unabated heat, pulse, and thirst, and heaviness of the head persists, or increases, together with languor of the eyes, and heavy moaning, restlessness, and painful crying, or occasional outcries, where no remarkable gastric derangement is discoverable by the above-mentioned signs, and after the bowels have been moved, then the indication of leeching acquires more weight and consideration.

Your call in these cases ought to be repeated after a few hours, and again the examination be performed with the same minute care as described in my last lecture. Do not forget to particularly investigate mouth and throat, outside and inside; and offer the child some water and sugar to drink, carefully observing his swallowing movements; and if you see they are not free, as if checked under expression of pain—in one word, if you find the slightest signs of pharyngeal irritation, with a degree of dryness in the mouth, do not hesitate to order an emetic. This is one of the important points of children's practice. In hundreds of similar instances I have ordered the emetic where I should not have felt pressed to order it to grown up people; the reason is, the greater frequency, rapidity, and danger of laryngeal and pharyngeal inflammations of children.

*Gastric disorder*, to a certain extent, is almost a constant effect of every kind of fever. I understand here that degree characterised in adults as follows:—want of appetite, dryness and bad taste in the mouth, some fur on the tongue, sensation of fulness in the epigastrium, sometimes eructations, and more or less degree of headache. The same degree will appear in infants, with less dryness and fur of the tongue; and of the bad taste we get no accounts at all; consequently the whole is more obscure than in adults. For this reason I may be allowed to rely more upon the palpable *tense state of the epigastrium*, and add the increased *heat of that region*, which will be found the higher in gastric fevers, on the contrary, less than on the forehead, in cases of secondary cephalopathic gastric disorder.

That degree of gastric disorder (according to what we observe in adults) frequently vanishes by itself as soon as the paroxysm ceases, and along with the headache; sometimes, however, it is connected with a more material condition of abnormal, mucous and bilious secretions, and affects more strikingly the head.

Gastric disorder, speaking in general, is in primary fevers of children of not so important and urgent a right as the state of the head; but frequently headache is dependent on the former. In other cases, again, gastric disorder arises from the affected brain. It is, therefore, of the highest importance to distinguish *idiopathic gastric disorder* (of the above description) from the sympathetic and the cephalopathic one. Now, in the great majority, the latter will appear with a *flat*, or at least soft, abdomen, and moderate heat on the epigastrium. Real gastric disorder, on the contrary,



will be connected with a bloated or tense epigastrium and great local heat, more than on the forehead. Gastric symptoms of the kind do not require so much haste as direct head symptoms. But if, after about twenty-four hours, particularly if during a remission of heat and pulse, the child shows no desire for the breast or food, and the bowels are rather confined, then I recommend a mild *liquid* purgative, choosing one of those mentioned in the eighth lecture.

More is requisite to determine the indication of the emetic. One I have mentioned before, i. e., signs of angina, as urgent, even at the earliest stage of fever. With the exception of this there will seldom be so great an urgency. If, however, after the first twenty-four hours, and under the remission of fever, the child manifests aversion to food or the breast, with little thirst (for breast or water);—if the mentioned signs of headache are present without costiveness, yet a tense state or *fullness of the epigastrium*, with a higher proportion of heat of this region, dryness in the mouth, sometimes vomiting of badly smelling liquids, or a little bile;—if, under the presence of these symptoms, the abdomen, cleverly explored, does not manifest signs of inflammation, then we order the emetic with more than common confidence in its usefulness. Be it, however, a purgative or an emetic that we give, we must carefully watch its effects, particularly on the head symptoms. Be the effects positive or negative, good or bad, they will give us probably some instructive hint.

The emetic, as well as the purgative, in order to secure good effects, must be properly adapted to the age and constitution of the child, according to the principles exposed in the eighth and ninth lectures. In high fever both must be given in liquid form. For a tender child, a simple infusion of ipecacuanha, about a scruple to one ounce (in preference to tartarized antimony); and castor-oil, if purging be required; because an improper effect of the kind might seriously disturb the course of the fever; protract or impede the critical molimina, or a cutaneous eruption, if it has to come; cause an asthenic turn of the fever, or even sudden collapse. Both hyperæmesis as well as overpurging may cause these bad effects. This I have seen, particularly from small and frequently-repeated doses of tartarized antimony, which sometimes, instead of causing the intended vomiting effect, after a while of apparent inefficacy, produce profuse purging of whitish serous liquids, under which the temperature of the skin decreases, and the frequency of the pulse increases rapidly towards 170, 200, and more. Turgor vitæ lessens visibly on face and limbs, the eyes sink into their hollows, and the nose and fingers get cool. The child utters now and then feeble moaning sounds. The countenance offers, more or less, the print of the *facies Hippocratica*, or of what the eminent Marshall Hall so truly depicted under the name of hydrocephaloid disease.

Solutions of neutral salts have sometimes the same disagreeable effect upon young infants in fever. Whilst heat is at its height, these remedies frequently act very slowly; then you give dose after dose without apparent

action, and then, at once, under a period of remission, the excessive effect appears. It was a *Hippocratic rule* not to give evacnants during the height of the paroxysm.

You must bring early help in cases of collapse. If the purging action has nearly ceased, and debility is not on the highest scale, you may content yourself with a teaspoonful or two, every half hour, of a hot infusion of camomile (prepared always fresh, and, if possible, of that quality of flowers recommended in the ninth lecture); and let the abdomen and members be rubbed with hot camphorated brandy. If purging still persists, give once or twice (at about two hours' interval), besides brandy, one to three drops of Sp. Ammon. Arom., and from one-eighth of a drop to one drop of Tinct. Opil.

In the case of hyperæmesis, and when sickness continues, order, instead of the hot infusion, small doses of a simple effervescent mixture, with some stimulant drops of the lightest kind, f. e., liquor Hoffmanni, and use the mentioned frictions. Thus we endeavour to restore the heat again, and set the fever right and apt for a good crisis.

In ratio of the debility and tender age you must be the more careful with the doses of opium. In similar cases I have seen most injurious narcosis ensue after one dose of about half a drop, in children under one year.

Thus far my remarks, as you are aware, concern the management of *simple primary fever* within the first thirty-six hours from its beginning. You might make in that time repeated calls; but be not too eager with physic. The higher the heat of the skin, with a proportionally moderate pulse (130 to 150), and moderate head and gastric symptoms, the less reason for any medicine. Hundreds of these cases have recovered under my care without a single drug; and hundreds of them I have noticed who got worse by medicines, under the innocent predicate of cooling, tempering, solvent, saline, mixture, or emulsion with nitrate of potash. I can but refer here to what I have said in the eighth lecture on the use of antiphlogistic and cooling remedies in the tender age. The cooling effect of those remedies is obscure, but their deranging of the delicate stomach very probable. Besides the mentioned management of the head and bowels, if necessary, reduction in the quantity of milk, and frequent supply of small quantities of water with sugar, every half hour or hour; this is the best plan for nurslings. Above the first year, if you think you must prescribe, besides that, I recommend half a drachm of citrate of potash, or half a scruple of tartaric acid to two ounces of water, with two drachms of syrup of lemon; also light lemonade to drink.

If then, by prudent management, and under that kind of harmonious proportion between the principal symptoms (alluded to in my last lecture), you come to the second day, perhaps before that day is past, perspiration or sweat will have put an end to all febrile symptoms.

This is *ephemera*, i. e., a sudden attack of primary fever, with or without precedent perceptible rigor, terminating within about twenty-four hours by sweat.

This form I dare say occurs more frequently in childhood than in mature age; but the younger the child the less there is both of cold and profuse sweat; slight perspiration, on the contrary, does easily come. A fever like that may, however, with little or no remission, and no perspiration at all, continue or increase further than the second day. You will then observe the above-mentioned principal objective symptoms in their utmost intensity; avidity for the breast; frequent but short sucking; the mouth and tongue dry, though less so than in elder children; the skin considerably hot, but turgid, and not so dry as in adults; flushed and turgid countenance, more than in adults, but the eyes more languid, occasionally shut or half shut; a restless sleep, with occasional startings and twitchings, sometimes with tremor, on the limbs and muscles of the face; the mentioned objective symptoms of headache more expressive, united with continuous restlessness and moaning; the bowels confined; urine scanty, at long intervals, and its stain more coloured than before; the pulse hard, above 160—170. To a similar group of symptoms in adults and elder children there is frequently added a degree of unmeaning loquacity, or slight delirium, which in the tender age is impossible, though there is to be observed something equivalent in the movements of the mouth, eyes, head, and limbs, and emitted sounds, difficult to describe. These symptoms, in absence of real inflammation of an important organ, express—

*The hypersthenic character or stage of fever.*—If the whole of these symptoms be equivalent to what authors call synocha, in adults, which generally runs a week and longer, before it passes into synochus, then I can pronounce, that synocha runs in tender infancy (under two years) but a short course towards synochus; because, under the second year the mentioned high stage soon exhausts the vital powers of them. As children grow older they are able to keep up longer and resist better that stage of reaction, or in other words, courses and stages of fevers last longer and are less dangerous in proportion to the older age.

I remember some cases of sudden death by convulsions, some others without being noticed how, at the height of the hypersthenic stage. These were all very young infants and children. The hypersthenic stage, as described, if present on the third day of fever, admits in elder children, the possibility of either ending favourably by a good crisis; or of passing into cerebral or exanthematic typhus, into angina maligna; and of the eruptions that of scarlatina may yet appear, even of a dangerous form; but the first case scarcely will happen before the sixth, and the two latter diseases seldom before the third year. In younger children a not unfrequent transition is that into the *asthenic stage*, to be mentioned farther.

As to complications arising during the hypersthenic stage there are many of little degree and importance, not always even discoverable in that height of the general symptoms during life; and only few important ones. Of the latter kind, are congestion of the brain, of the lungs, and of the liver, angina, and diarrhoea.

The *congestion of the brain* (which is not to be confounded with meningitis) it must be confessed, is exceedingly difficult to be diagnosed amidst the symptoms of the hypersthenic stage. You will recollect what I have said about headache; I can only add, that if you have before you a child under the described symptoms of the hypersthenic stage,—the skin hot, but the forehead more hot than the epigastrium; the hands and feet still less hot; under a continuous heavy drowsiness with moaning, but without crying out loud, with his eyes continuously shut, if taken up in the arms, his being unable to open them, his head heavily dropping downwards if not supported, the face rather flushed and turgid, the pulse (in this relation of symptoms) not above 160, and the constitution of the child not opposing congestion, then you may regard the case to be that, and act accordingly against it.

*Congestion of the lungs* in hypersthenic fever, according to what I have seen in some fatal cases of the kind, has been general over both lungs. There is no significative cough or sign of pain; you can merely rely upon auscultation and percussion, by which you will find in these cases, a diminution of the vesicular bruit, along with a slight degree of dulness over the lateral and lower parts of the chest.

*Congestion in the liver* you may detect by touch and percussion.

*Pharyngeal irritation* in the form of "*pharyngitis erythematosa*," with swelling of the tonsils, is the most common and important complication of that stage of fever in children. It is rare under six months, but rather frequent above two years of age. You recognize it if inspection be impracticable, by careful touch externally, and by observing the movements of deglutition at the breast, or of some water offered to the child.

*Diarrhoea* seldom combines with the hypersthenic stage, and if so, then it will but hasten the passage into the asthenic. Sometimes, at the height, some *bilious discharges* take place, with beneficial effect, and must not be checked.

*Angina*, if a great degree of swelling be present, will scarcely ever fail to be connected with the above symptoms of congestion of the brain.

The hypersthenic stage, as described, be it with or without complication, will last to the third, fourth, and seldom to the fifth day, from the commencement of the fever, the shorter in proportion to the vehemence of symptoms, and the more tender age. In infants the asthenic stage will soon follow, unless a salutary crisis had appeared within about forty-eight hours of its duration.

The *asthenic stage* in most cases, will be announced by increase of dryness along with permanent, sometimes, however, with decreasing temperature of the skin; together with simultaneous increase of the pulse to 170, 180 or more, collapse and anxious expression of the countenance; if it be protracted a day or two the lips become quite dry, with dry fissures here and there; the tongue in young children may maintain a degree of moisture, except in the cases of gastric complication. There is great restlessness with occasional rambling.

Increase of the heat at this stage is not very common with young infants; it persists about the same degree, or even decreases.

Whenever continued fever takes this course, the danger is great, and if again, in the space of twenty-four hours, these symptoms do not change for the better, you may in most cases expect a fatal end, under a more or less rapid exhaustion of vital action, occasionally in a fit of eclampsy. In other cases the asthenic stage takes a slower and longer course, sometimes passing into a chronic and weary remittent form, ending in gradual recovery or death.

In bodies of young children, dead within that stage and time, we are far more frequently than in adults at a loss to find remarkable anatomical changes, unless you would qualify as such the variable congestions, of an active or passive character, in one part or other, or partial injections of the mucous membrane, or effusions in one or the other of the cavities, or many kinds of complicated affections. All this I saw, but variable and inessential. The blood seems not to reach in children, in acute fevers, to that degree of chemical alteration, that it does in adults, and the whole course of the fever is too short to effect such marked anatomical changes. The mentioned slower asthenic forms affect more considerably the tissues; but this is not to our present purpose. Next I will speak of the treatment.

## A FATAL CASE OF HYDROPHOBIA

TREATED WITH CHLOROFORM.

By THOMAS SANDWICH, M.D., BEVERLEY.

WHETHER chloroform will prove to be an antidote for hydrophobia remains to be seen, and is an event rather to be desired than expected; but that it will procure an euthanasia is certain. In order to prevent speedy death from the exhausting effects of the spasms of the throat, and allow time for the elimination of the morbid poison in hydrophobia, it has been proposed to open the trachea. It would, however, appear from the following case that all the advantages that could be derived from tracheotomy may be obtained from chloroform, and these in a manner far more agreeable to the patient, as well as the medical attendant.

William Warden, aged 42 years, was attacked by a strange dog, and one of the fingers of the left hand was wounded, about six months prior to the outbreak of the symptoms of hydrophobia. The dog was immediately destroyed, and the wound healed so quickly that in the course of two or three days he was able to resume his occupation as a labourer in a tan-yard. On the 4th of October he applied to one of the medical officers of the dispensary, on account of a pain in the left side, which was supposed to be rheumatic, and was treated accordingly. In the evening of that day symptoms of hydrophobia made their appearance, and the

following morning he was visited by another medical man, who bled him from the arm to a moderate extent. The paroxysms increasing in frequency and violence during the day, in his struggles the bandage became loose, and he lost a very large quantity of blood. By this untoward event, and the exhaustion produced by his struggles to recover his breath, when nearly strangled by the spasmodic contractions of the muscles of the larynx, his strength was greatly reduced. His struggles during a paroxysm were said to be terrific, and it required the strength of four men to keep him down in bed.

Through the kindness of Mr. Brandon, jun., I saw this patient at eight o'clock, P.M., and remained at his bedside some hours. He was raving like a maniac, and was in a state of extreme debility. The face was pale, and the skin covered with a cold clammy perspiration; the pupils of the eyes completely dilated; the corners of the mouth retracted; the breathing hurried; the pulse 120 in a minute, thready and vermicular; and the paroxysms produced by the spasms of the throat terrible to behold. The head was on these occasions drawn backward, and he made the most vehement efforts to get out of bed, foam issuing from his mouth profusely.

Some chloroform had been administered during the afternoon. I recommended it to be repeated, and had the satisfaction of witnessing its effects, which were almost magical. He was no sooner under the influence of this potent spell than his respiration became perfectly tranquil; some colour returned to his cheeks; the pupils contracted; the pulse became calm, and, considering his weak state, well developed, the number of pulsations in a minute not exceeding 84; and he lay in a state of happy delirium. A more pleasing transition from extreme agony to tranquil ease I never witnessed before. The effect of the remedy was maintained during the night by the occasional use of small doses; but he died the following morning, without pain or agony.

It must be admitted that this was not a favourable case to test the power of chloroform as an antidote. The unhappy patient had lost so much blood as almost to induce me to believe that his death must be set to the account of phlebotomy, rather than to hydrophobia. But on the supposition that we are not yet in possession of a specific for this frightful malady, which is too probable, it must be a gratification to every humane mind to know that it is in our power to alleviate the dreadful sufferings peculiar to hydrophobia, and render the last hours of an unhappy patient tranquil, and free from pain.

In the case of hydrophobia related by Mr. Hunter, he says:—"The pulse in the beginning was not quick, nor was the skin hot; and there was none of the muscular debility so remarkable in fever;"\* and Dr. Currie, of Liverpool, who saw five cases, says:—"In none was there any sense of animal heat."† It is clear,

\* Transactions of the Society for Promoting Medical Knowledge. Vol. I., p. 308.

† Medical Reports. Vol. I., p. 178.

therefore, that the disease is not inflammatory, and blood-letting is contraindicated. There appears, indeed, to be an affinity between this disease and its congeners,—hysteria, mania, and tetanus, in none of which is there an increase of animal heat. Galen calls mania the “delirium sine febre;” and according to Dr. Beddoes “it is certain that tetanus exists without increased heat;”<sup>\*</sup> which conclusion is supported by the experiments of Dr. Currie, whose remarks on the impropriety of blood-letting in tetanus are equally applicable in hydrophobia.

“It is deeply to be lamented,” says this able pathologist, “that this disease should ever have been considered as of an inflammatory nature, and that there are even now physicians who treat it by venesection. It is in my mind decisive against this supposition that though the general system is so powerfully affected, the animal heat is not increased, which it uniformly is in all cases where there is an inflammatory affection of the system, whether originating or terminating in local phlegmonic inflammation.”<sup>†</sup>

Opium has always failed to give relief in hydrophobia; and I cannot think favourably of large doses of arsenic, as recommended by Dr. Billing. We may, however, hope that as we have obtained a remedy for the painful symptoms of this distressing malady, an *antidote* will yet be discovered. An eternal debt of gratitude is due to Dr. Simpson for his discovery of the anæsthetic properties of chloroform, which, if administered, with the cautions and restrictions laid down by Mr. Nunneley, of Leeds,<sup>‡</sup> can seldom be dangerous.

Beverley, June 29, 1852.

#### REMARKS

### ON THE EFFECTS OF IODINE ON THE GLANDULAR SYSTEM, AND ON THE PROPERTIES OF KOUSSO.

By THOMAS H. SILVESTER, M.D., CLAPHAM.

Read at the Anniversary Meeting of the South-Eastern Branch.

### ON THE EFFECTS OF IODINE ON THE GLANDULAR SYSTEM.

In our journal the question has been asked,—Whether atrophy or absorption ever takes place in the glandular system from the use of iodine? In answer to this question, I would beg the favour of the present members of the Society to allow me to make a few remarks, the result of many years' attention to this point. From 1834 to 1844 a great many patients, suffering under secondary or tertiary syphilis, were admitted into St. Thomas's Hospital, more especially under the care, of the late Dr. Williams, who had gained a high reputa-

tion in the treatment of these morbid symptoms. Most of these patients came under my notice and particular observation, and many of the remarkable cases were entered in my note-book, but not one instance of atrophy, or absorption of the large glands, occurred in our experience. It was thought advisable, on the recommendation of Lugol, to test the efficacy of the iodide of potassium in scrofulous enlargement of the glands, and in order to give M. Lugol's method of treatment fair play, a most characteristic specimen of these affections was selected. A young woman, fat, florid, and fair, aged 18, was admitted with suppurating glands at the angle of the jaw, and others approaching suppuration or hard and inflamed, extending to the chin, were conspicuously prominent. Eight grains of the iodide of potassium, in camphor mixture, were prescribed, and steadily administered, for nearly six months, without the slightest perceptible effect upon the scrofulous mass of glands, and she was presented in much the same state as at her admission. Now, it happened that in this girl the breasts were largely developed, but no change was produced in their size by the treatment adopted for the scrofulous ailment, notwithstanding the full dose, and prolonged administration of the iodide.

There were at this period, before the treatment had become generally known, innumerable cases of syphilitic periostitis in which the iodide of potassium was very successful, and yet we never witnessed atrophy or absorption of either the breast or testicle during the use of this remedy. A case of simple hypertrophy of the breasts was then made the subject of experiment; eight grains of the drug were taken, steadily and continuously, for three months, but no diminution of the mammae took place.

A boy, aged 12, presented himself with immensely enlarged tonsils, and took the iodide nearly six months, without any impression having been made upon these organs. It would weary you to bring forward further illustration on this subject; and this negative kind of argument is, I am aware, not perfectly satisfactory, and may be destroyed by a single example of the positive power of the remedy in causing absorption of either the breast or testicle; but ten years' observation in a large hospital failed to furnish me with a single proof in favour of the opinion, that atrophy or absorption of the glandular system, in its normal condition, arises from the use of iodine in any form. Experience as to the topical application of this powerful agent, involves an inquiry into the effects of friction, stimulation, protection, and warmth, and excludes all inference as to its specific property. It must be confessed, that enlarged testicles not unfrequently yield to its influence, but it will be found on inquiry that in these cases the system has been contaminated by the syphilitic poison. The same remark is applicable to chronic induration of the inguinal glands. It is a very remarkable fact, that the swelling of the thyroid body, in common bronchocoele, vanishes under the internal use of iodine, especially the iodide of potassium. The rapidity and certainty of its removal are equalled only by that of the venereal node; and I have sometimes thought that there may be a vital

<sup>\*</sup> Beddoes on Fever, § 20.

<sup>†</sup> Medical Reports. Vol. II., p. 172.

<sup>‡</sup> Transactions of the Provincial Medical and Surgical Association. Vol. XVI., p. 277.

elective attraction between the iodine and the lime, which latter forms the basis of the nodal tumour, and is, probably, the chief element in the thyroid enlargement.

It still remains to be explained, how it happens that tumours, enlargement and thickenings of a nature other than have been noticed, disappear under the use, topical or internal, of the remedy in question: the explanation is undoubtedly difficult; but I may be allowed to remark, that there is an absence of permanency in the glands generally, the thyroid disappears spontaneously, the tonsils naturally at puberty, the breasts in advanced age, and sometimes the testicles and ovaries; and there are few practitioners who have not met with cases of absorption of the breasts and testicles from some unknown cause, and in morbid instances when no medicine has been taken. I have over and over again known and seen large swellings vanish under the long-continued application of a poultice, or wet lint and oil silk; and an equal number of failures, where iodine, internally and externally, was had recourse to, have occurred to me.

I recommend this subject to my medical brethren, and I do not hesitate to say, that they will confer a great boon upon scientific medicine by determining, with certainty, the value and effect of iodine in the cure of disease.

#### ON THE PROPERTIES OF KOUSSO.

MUCH difference of opinion still exists with regard to the specific property of koussou or the *Brayera Anthelmintica*. It has been lauded by some as universally efficacious in the treatment of tape-worm, whilst by others it is described as inferior to either turpentine or the preparations of male fern. My attention has been drawn to this subject, more particularly of late, from learning that the price of the drug has undergone considerable diminution, and that we are likely to have a regular, abundant, and cheap supply from Abyssinia. My first patient gave *one guinea* for two doses of half an ounce each. The traveller, Mons. Rochet d'Hericourt, charged M. Simon, his agent in London, £1. 15s. per ounce. He had in his possession 1400 lbs., which, at even £1. 10s. per ounce would have produced him the enormous sum of 22,400 guineas. The ordinary price of the bruised flowers and leaflets, of which I have brought a specimen for your inspection, is two shillings the ounce. It is prudent to order the drug in this form, rather than as a powder, adulteration in the former case being more difficult of accomplishment.

I have not hesitated to prescribe the koussou, at its present reduced cost, even to my dispensary patients, and the cases about to be related, encourage me to hope that much benefit will be conferred upon the poor by its employment, (for it is they, chiefly, who suffer from the disorder,) and that ultimately it will be a recognised article of the materia medica. I now beg to read a case or two by way of illustration.

Case 1.—A girl, aged 15, came under my care at

the Clapham General Dispensary, for worms; she had been suffering from this cause nearly six years, and had undergone a variety of treatment, which had been partially efficacious in having brought away long portions of *tænia*; but the head could never be discovered in the evacuations. It often happened that after taking a strong purgative, she passed fifteen or twenty-feet of her internal enemy, and yet long pieces were evacuated every week or ten days. Her night dress frequently contained some of the articulations, and she was occasionally obliged to leave school for the purpose of having extruding portions removed.

Having taken large doses of the spirit of turpentine in gruel many times, and five grains of the sulphate of iron, with a drachm of salts, three times a day for several months, without avail, she discontinued her visits to the dispensary and placed herself under the care of my friend Mr. Angers, as a private patient. It was then determined to administer the koussou, and a dose was procured at considerable expense—namely, one guinea. It proved entirely efficacious; an immense mass of the worm came away, in which, after a most careful and minute examination, the head was discovered. This part might easily escape observation, owing to its minuteness; it appears singularly disproportionate to the size and length of the animal, not being much larger than a pin's head. It is characterised by four black points like eyes, but which are really suckers, by the aid of which this parasite worm absorbs the chyle contained in the intestinal canal. I preserved this part of the animal for many months in spirit of wine, but unfortunately my servant by mistake threw it away, to my very great annoyance. The first dose given to this patient answered the purpose, but it was thought advisable to repeat it, and accordingly another half ounce of the powder was infused in hot water, and taken the day after a gentle purge of castor oil. The whole of the worm seemed to have been removed, for the koussou acted gently as before upon the bowels, but no articulations were found; the patient remained free from further inconvenience. This patient had been under the most eminent worm doctors in the metropolis, without benefit.

Case 2.—Miss T., aged 12, had suffered for three years from *tænia*, and taken turpentine, senna, calomel, and the usual drastic doses. The first dose of the koussou fully answered the purpose, for although the actual termination of the worm was not obtained, the mass was traced to a fine point, slightly jagged, and the patient has been free from the symptoms of the disorder a very long time. A second dose was given in this case also; it acted gently, as the first had done, but the motion contained nothing remarkable. The price had now been reduced to four shillings.

It would be easy to multiply evidence on this subject from the experience of my professional friends, but the two cases now brought forward are sufficient to prove that the *Brayera Anthelmintica* deserves a place in our materia medica, and a constant moderate price is the only circumstance wanting to bring it into general

use. It will be observed that its success did not depend upon the activity of its purgative quality. The action was gentle and far less severe than that of the inefficacious drastic remedies which had preceded it; we must therefore conclude that its operation is specific, and like all specifics, it will occasionally fail. There are many varieties of the tœnia, and it is not improbable that to some of these it does not prove poisonous if its failure does not arise from adulteration. It seems to be a harmless thing, of no striking property in the human body when the worm is absent. I have given two drachms infused in hot water, to persons complaining of abdominal pains, who formerly suffered from tœnia, and it has moved the bowels slightly and relieved the pains just as an ordinary dose of rhubarb would do, and with no other perceptible effect. It is now pretty generally known that the Brayers Anthelmintica was discovered by the traveller Bruce, it is classed amongst the Boracæ; and by De Candolle, in tribe v., Dryadæ. It grows in Abyssinia, to the height of twenty feet, and is cultivated everywhere for its anthelmintic properties. It is found in Tigre, Agame, and Shoa, and according to Dr. Beke, through the entire table land of North Eastern Abyssinia. The bunches are gathered before the seeds are quite ripe, whilst still a number of florets remain unchanged. Its peculiar property resides chiefly in its bitter acrid resin, soluble in æther and in alcohol. The decoction strikes a dark green tint with a solution of the sesquichloride of iron. Dr. Pereira, from whose paper in the *Pharmaceutical Journal*, (Vol x., No. 1.) much information on the subject may be gained, gives the following directions for its administration:—"The powdered flowers are to be mixed with luke warm water, (for an adult, about ten ounces) they are allowed to infuse for a quarter of an hour, a little lemon-juice is then to be swallowed, and the infusion being stirred up, the whole is taken, liquid and powder, at two or three draughts, at short intervals, being washed down by cold water and lemon-juice. To promote the operation tea (without sugar or milk) may be taken. In three or four hours, if the remedy has not operated, a dose of castor oil or a saline purgative should be administered."—p. 24.

Not unfrequently, both in public and private practice, patients present themselves suffering from tape-worm; sometimes very little inconvenience is complained of, but generally there are distinct symptoms of the disorder. I am inclined to think that the popular notion is well grounded, and that, till the head of the animal comes away, the patient is not cured. There is seldom more than one worm, and yet portions are constantly being separated, which, if they possessed independent vitality, and the power of reproduction, would assuredly fix themselves on some other portion of the intestinal tube.

The Abyssinians feed upon raw meat, and to this rude practice may be referred the prevalence of this malady amongst these people. The cysticercus is found in the flesh of the pig and sheep in our own country, and if the tœnia be a developed cysticercus, its origin here would be accounted for. Some very humorous, and yet instructive remarks on this subject are contained

in the last *Edinburgh Monthly Journal*. It is more than probable that the ova of the tœnia, the ascariæ, and some other parasitic animals, find their way into the human body through the unprepared or uncooked materials of our food. And it may be further remarked, that a low degree of vitality of the system greatly predisposes it to their attacks, and hence the value of steel and other tonics by way of prevention and restoration.

## CASE OF SENILE GANGRENE.

TREATED BY LOCAL BLEEDING.

By JOHN COWLEY, Esq., WINLOW.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—Should the annexed surgical case, which I consider embraces a deviation from the mode of treatment usually adopted by British practitioners, be considered worthy of your attention, and obtain an insertion in your valuable journal, my object will be accomplished.

I am Sir, yours very respectfully,

JOHN COWLEY.

Winlow, June 26, 1852.

On Monday, May 17th, 1852, I (being in the 74th year of my age) was attacked with an uneasy sensation in the second toe of my right foot, occasionally paining me like the sting of a nettle. Upon examination, the whole of the toe, to the first metatarsal joint, appeared of a red and inflamed colour, slightly tender to the touch, and somewhat enlarged. An application of diluted tincture of iodine produced no sensible effect. A second dressing of the same was applied on the 18th. On Thursday, the 20th, the whole toe was considerably enlarged, vesication had taken place all along its dorsum, and the colour of the toe was assuming a dark purple hue. The iodine was discontinued, and ceratum album with a spirituous lotion were substituted, with the use of Markwick's epithem, until Sunday, the 23rd, when the fourth and fifth toes became inflamed like unto the second, at its commencement, with a slight swelling without pain, but some irritation. From the fatal results I had witnessed of various cases during an apprenticeship and practice of fifty-nine years, and which cases had commenced in a similar manner to my own, I felt convinced (as no injury had been inflicted) that the disease was "senile mortification," and at once resolved to deviate from the long continued practice of trusting for a cure, to the use of cataplasms, opium, &c., (which rarely arrested the disease in its incipient stage, and seldom succeeded after sphacelus had taken place,) by trying the effect of local blood-letting. I therefore extracted eight ounces and two drachms of blood from the saphena minor vein immediately below the ankle-joint. The direct beneficial effect produced was truly surprising; the redness of the fourth and fifth toes was almost removed, and the dark shining appearance

of the second considerably improved in colour, and the swelling diminished. The same dressings were continued till Friday, the 28th, when a relapse took place, the fourth and fifth toes became inflamed to an equal extent with the third, the second toe was also increased in size and the colour darker; also the great toe showed decided signs that the disease was spreading to that part of the foot. I again took away eight ounces of blood, and this from the saphena major vein, situated over the middle of the first metatarsal bone. A similar result to the first bleeding was shown, the same mode of dressings was continued to the 2nd of June, when all the symptoms of the disease recurred, but not in so aggravated a degree. Five more ounces of blood were extracted from the same vein, three inches above the ankle-joint, with equally good effect, making a total loss of twenty ounces of blood from the foot in the space of ten days.

The inflamed parts were now dressed with Spt. Terebinthinæ, previous to the application of white gerate and epithem, but not agreeing, a common bread and water poultice was tried. However, not finding any material alteration, the Cataplasma Fermenti, P.L., was the next remedy on the 12th of June, which was continued for six days with advantage, when, although no ulceration existed the Ung. Resinæ was applied over the surface of the whole foot as a warm dressing, up to the present time; and now, I hope a permanent cure is effected.

During the first fortnight of the above period, the saline mixture, with the volatile alkali were freely taken, and since then Quin. Sulph., gr. v., bis die. Port wine and spirituous stimuli have been continued to this day, without increasing the number of pulsations beyond 66, and that only in the afternoon occasionally.

Although particularly enjoined by my medical friends to adopt positive and constant rest to my foot, I have persisted in the use of a leg rest and exercise in a garden chair; my general health being very good I considered fresh air and exercise essential to its maintenance.

## Hospital Reports.

### WEST NORFOLK AND LYNN HOSPITAL.

CASES ADMITTED UNDER THE CARE OF CHARLES COTTON, M.D., F.R.C.S., SENIOR SURGEON TO THE HOSPITAL.

#### Stone in the Bladder—Incontinence of Urine—Lithotomy a second time—Cure.

Charles Stanfield, villager, aged 15 years, admitted September 23rd, 1848. Has suffered from gravel and stone from infancy. Underwent lithotomy when three years and a half old at this hospital, when a calculus some grains exceeding two scruples in weight was extracted. The present symptoms have existed about three years. They are of the usual character, but of

late have become so distressing as to compel the patient to seek relief. An involuntary dribbling of urine has continued in a greater or less degree since he was last cut.

24th.—Passes urine guttatim. On sounding, the bladder was found empty, and the presence of two or more calculi detected. Haust. Tinct. Ferri Mur., m. x. Ex Aq. Cinamoni, oz. iss. ter die.

Oct. 4th.—The rectum freed by injection and the influence of chloroform induced. Lithotomy performed and three phosphatic calculi, weighing upwards of seven drachms removed. One, of a dumb-bell shape, broke during the extraction, showing an oxalate nucleus. The operation was conducted with much care, owing to the existing *stilticidium urinae* indicating a contracted state of the bladder. An ample external incision was made at the seat of the former wound, and the staff entered, low down. The perineum was found very deep, the distance to the bladder proving much greater than was supposed. In using the cutting gorget, the instrument was withdrawn once in order to limit the internal incision, which, when effected, would scarcely admit the point of the index finger, owing to the inelastic and unyielding condition of the prostate and neck of the bladder. A section of the opposite lobe of the prostate was then cautiously made by means of a probe-pointed bistoury, and the opening further dilated in that direction, by the forefinger and blunt gorget. The forceps and scoop served to complete the operation, which was somewhat further complicated by the violently-contracted state of the bladder.

October 5th.—Passed a good night; belly soft and free from tenderness; surface of the wound covered with calculeous particles; napkins moderately wetted from the passage of the urine. The forefinger gently introduced through the wound to secure a free outlet; this was followed by a gush of urine. Ordered citrate of potash and diluents.

6th.—Going on well; urine escapes freely through the wound.

9th.—Much pain and smarting at the seat of the wound, which is smeared with chalky matter; relieved by hot water applications and pledgets dipped in almond oil, and anodyne draught.

12th.—Has passed water twice per urethram for the first time, some little yet escapes through the wound, which is considerably closed by granulation.

15th.—Passes water naturally but with considerable pain. Urine alkaline and purulent. Ordered Tinct. Ferri Sesquichloridi, m. x.; Syr. Papav., dr. ss.; ex aq. Cinnam., oz. iss. ter die.

18th.—Calculus impacted in the urethra removed after some trouble with the scoop end of a small director.

20th.—Phymosis, &c.; belladonna lotion applied; in other respects going on well.

27th.—Much pain from a small pisiform calculus detained in the urethra behind the scrotum; relieved by an anodyne and hot fomentations.

November 1st.—Quite well, excepting that he makes but a small quantity of urine at a time, and frequently wets the bed at night.—R. Liq. Potasse, m. xx.; Tinct.

Hyoecy., m. x.; Decoct. Pareira Brav., oz. ij. Fiat haust. ter in die sum.

20th.—Ht. Pulv. Pip. Cubeae, dr. j. ter die. Made out-patient.

January 1st, 1849.—Readmitted for a return of dribbling of urine on using any exertion. Catheter (No. 5) passed and retained in the bladder for different periods. Cold bath and varied administrations of belladonna, cantharides, nux vomica, and galvanism tried. Patient discharged able to retain his urine and void it in fair quantities. He now and then wets the bed, which is attributed by the nurse to indolence.

April 1st, 1850.—Readmitted for a return of incontinence of urine. A plugged silver catheter (No. 5) introduced and secured in the bladder. An elastic one afterwards substituted. The urine at first came away by the side of the instrument, but by the end of three weeks the patient, on withdrawing the plug, was enabled to pass seven or eight ounces at a time three or four times a day.

June 2nd.—Has had a catheter in the bladder for the most part up to this period, except when prevented by bladder irritation and feverishness. Instrument discontinued.

26th.—Passes six or eight ounces on each occasion of voiding his urine. Has wetted the bed two or three successive nights, but has not the least dribbling in the day. Catheter again introduced and retained. Ht. Fil. Strychniz, gr.  $\frac{1}{16}$  ter die.

July 4th.—Catheter withdrawn; cold-douche every morning.

18th.—Passes about eight ounces of urine at a time; no incontinence since last report; urine pale and limpid, and of low specific gravity.

30th.—Discharged.

#### *Stone in the Bladder—Lithotomy—Cure.*

William Belton, agricultural labourer, aged 56 years, admitted February 10th, 1849, with symptoms resembling those of stone, for which he had been frequently under treatment during the last two years and a half. Catheter introduced and a moderate-sized calculus detected. Ordered full diet without beer, and a small dose of castor oil each morning to obviate habitual constipation.

February 20th.—The patient having been brought under the influence of chloroform. The ordinary lateral section of the perineum was made, and the staff entered low down; the subsequent incision through the prostate and neck of the bladder was then completed by means of the cutting gorget, and the wound further dilated with the forefinger and blunt gorget. The latter serving as a director for the forceps, with which a lithic acid calculus, weighing upwards of three drachms, was at once seized and extracted. The operation was unattended by hemorrhage, speedily executed, and scarcely noticed by the patient. An elastic tube having been passed through the wound and secured within the bladder, the man was placed in bed with the knees flexed over a pillow. Anodyne draught and barley water.

Evening.—Going on well; urine escapes through the tube, high coloured, from admixture with blood; bladder injected with infusion of matico. To have a cooling mixture of nitre and mucilage.

21st.—During the night the patient was found in "a delirious condition upon the floor, having suddenly fallen out of bed in a fit." Visited immediately by Mr. Cotton. Skin cool and clammy; pulse small and rapid; looks hazy and stupid, as if intoxicated; thinks he must have overbalanced on trying to raise himself in bed. There is some bleeding from the wound apparently caused by the forcible dislodgement of the elastic tube in falling. Ether draught administered and more sedulous watching enforced.

Evening.—Had a shivering fit at noon, but is now comfortable and composed. Pulse 88; skin moist; a great quantity of urine, now no longer tinged with blood, has escaped through the wound. Continue the mucilaginous mixture.

23rd.—Bowels unmoved since the operation. Enema of salt and gruel, with generous diet.

27th.—Urine for the first time passed partly by the natural passage, during the night. The nates are extensively ulcerated and excoriated; perineal wound sluggish and coated with mortar-like deposit. Constipation. Full diet, wine and porter. Nates protected by a free coating of collodion. Enema daily.

March 2nd.—The bowels act only after the use of the injection. There is much mupo-purulent deposit at the bottom of the urinal. The ulcerated parts, however, are much improved and the wound is nearly healed. Collodion reapplied.—R. Magnes. Sulphat., dr. ss.; Tinct. Ferri. Muriat., m. x.; Tinct. Hyoecy., dr. ss.; Aq. Cinnam., oz. iiss. Fiat haust. ter die sum.

4th.—Sitting up; urine becoming clear; bowels act daily; wound at seat of operation healed.—Pergat.

8th.—Medicine to be given less frequently, as he has been obliged to take some logwood decoction to check diarrhoea.

21st.—Discharged cured.

The above are the concluding cases of a series of *ten* commencing September, 1836, at the Lynn Dispensary, and ending February, 1849, in which the *lateral operation* was unattended with a single failure. To these are now to be added three consecutive cases since operated upon, in which death followed in every instance.

[To be continued.]

## Proceedings of Societies.

### SOUTH-EASTERN BRANCH.\*

At the conclusion of Mr. Sanky's address, it was moved by Mr. BOTTOMLEY, seconded by Mr. HARRIS, and resolved unanimously,—"That the best thanks of this meeting be presented to the officers and



the other members of the Committee of Management, for their services rendered at and since the last meeting of this Branch of the Association."

It was then moved by Mr. STEDMAN, seconded by Mr. REID, and resolved unanimously,—“That Tunbridge Wells will be a convenient and appropriate place of meeting for the year 1853; that Mr. Hargraves be requested to accept the office of President of the Branch. Mr. Thompson, of Westerham, Vice-President, and that the following gentlemen:—Mr. Trustram, of Tunbridge Wells; Mr. Turner, of Tunbridge Wells; Dr. Duncan, of Tunbridge Wells; Mr. Baller, of Penshurst; Mr. Starling, of Hadlow; Mr. Wallis, of Hartfield, do constitute the Committee of Management.

Mr. Martin, of Reigate, having respectfully declined a re-election to the offices of Secretary and Treasurer, with the expression of his best thanks to his brother members for the kindness and indulgent consideration with which they had received his services, it was moved by Dr. GREENHILL, seconded by Mr. HARGRAVES, and unanimously resolved,—“That Mr. Peter Martin, of Reigate, be requested to accept the offices of Secretary and Treasurer of the Branch, and that the special thanks of the members present at this meeting be presented to Mr. Martin, the late Secretary and Treasurer, for the valuable services that he has rendered to the Association.”

It was then proposed by Dr. GREENHILL, seconded by Mr. REID, and unanimously carried,—“That, without wishing to find fault with the Editors of the *Journal*, and without expressing any positive opinion as to the merits of Dr. Cowan's plan, this meeting feels strongly that the conduct of the *Journal* requires improvement, and therefore begs earnestly to press this subject upon the attention of the general meeting at Oxford.”

Mr. JAMES REID, of Canterbury, exhibited some casts made of gutta serena, and remarked that this material afforded a ready means of easily obtaining a permanent record of the size and growth of tumours, and that, in some instances, it was superior to plaster of Paris, from the facility with which it was moulded, and the cleanliness of the proceeding. The casts demonstrated the increase of an aneurism of the arteria innominata during an interval of nine months.

Mr. Reid also presented to the meeting some specimens of calculi from the bladder,—namely, two large stones, which had been removed, after death, from the bladder of a middle-aged man, who had died in the Kent and Canterbury Hospital about fourteen years since, of malignant disease in the abdomen (mesentery?). Although he had been under observation in the hospital several weeks before his death, there had been no symptoms pointing to the existence of a calculus in the bladder. His history was imperfectly learnt. He had been known to have been an invalid from his youth, and for some time before his death he used to walk about the streets bending forwards, with a hand upon his abdomen. He was generally regarded as a “hypocrite,” perhaps from the want of marked evidence of disease about him. The larger of the calculi weighed fourteen ounces avoirdupois, the smaller eight ounces, seven drachms, their united weight being twenty-two ounces, seven drachms, avoirdupois. By the friction which had taken place between them, a curved surface, of considerable depth, had been worn in the smaller, which corresponded to a convexity on the larger stone. When placed together, the two calculi formed a connected outline, which represented a cone, the apex of which was formed by the small stone; their united size equalled the dimensions of a bladder, distended to about half its capacity. The point of interest in the case was, that so large a foreign body had existed so long in the bladder without producing, as far as was ascertained, any change from inflammatory action, or even occasioning symptoms indicating its presence.

A calculus, measuring two inches and a half in its

greatest length, and two inches and four-fifths in its largest circumference, and weighing two drachms, eighteen grains; it was rough, and of an irregularly ovoid form, being deeply grooved in one portion of its shorter circumference, and was composed of the phosphates. It was passed by a female, aged 50, who had been the mother of six children. When she was confined of her third child, twenty-four years since, the labour was very tedious, and protracted. Six weeks after this confinement, from some unexplained cause, she suddenly had retention of urine, for which she was not relieved for nearly sixty hours, when a very large quantity of urine was withdrawn; about a month afterwards retention again occurred, and was relieved by the use of the catheter. From this period there was incontinence of urine, which continued till December, 1850. The only period during which she passed water in any thing like a stream, was occasionally at night, but even then it more generally dribbled from her. In December, 1850, the urine began to flow in a stream, but with much pain, a sediment appearing in the water when allowed to settle. In May, 1851, she placed herself under Mr. Reid's care; she was then suffering from symptoms of inflammation of the bladder, the pain at times was intense, and there was a thick mucopurulent deposit in the urine, sometimes mixed with blood. The existence of a calculus was suspected, and after considerable persuasion had been used, an examination was permitted and attempted, but a difficulty occurred in finding the urethra, its usual situation being occupied by the traces of a cicatrix. The patient was extremely nervous and irritable, and would, on no account, allow the examination to be continued, nor would she subsequently give permission for another examination. For nine months she continued to suffer all the symptoms of inflamed bladder, and at times they were aggravated in a very severe degree. Leeches, blisters, opium, mineral acids, &c., afforded occasional relief. There was no incontinence of urine during this period, but retention occasionally occurred for a few hours, and was relieved by opium and the warm bath. At the end of this period she sent early one morning in great alarm, saying that, “after a night of severe pain, something had given way and come down.” On separating the thighs, the calculus exhibited was seen protruding from between the nymphæ, with its broad end still lodged in the soft parts; it was readily removed with the fingers. A free communication existed with the bladder, into which the end of the little finger could be introduced, and it was evident that the urethra had been in great part destroyed. No other calculus could be detected by a sound passed into the bladder. From this time all her symptoms ceased, and she recovered health and strength, but incontinence of urine has continued.

The remarks of Dr. Silvester, “On the Effects of Iodine and Kousso,” were then read. They will be found at page 446; after which,

Mr. WHITFIELD, of Ashford, remarked, that it having been found that the valuable anthelmintic kousso was liable to be preyed upon by minute insects, perhaps his mode of preserving and keeping for use, the secale cornutum, might be advantageously employed on behalf of the kousso.

On receiving the secale cornutum in a pulverised state, from a source he could entirely depend upon as to its efficacy, he poured a sufficient quantity of rectified spirit of wine to cover it, and by agitation it might be poured out the consistence of cream, a teaspoonful of which, added to a cup of boiling water, being allowed five minutes to cool, and then stirred, was sufficient for two doses.

Mr. Whitfield had adopted this plan for the last fifteen years, and the medicine loses nothing of its efficacy by being kept in this form any length of time.

Perhaps in the case of the koussou, as a larger quantity is given than of the scale cornutum at a dose, sherry might, with propriety, be substituted for the rectified spirit of wine.

The gentlemen present then adjourned to dinner, under the presidency of Mr. Sankey.

PETER MARTIN,  
Secretary and Treasurer

## SOUTH-WESTERN BRANCH.

THE SOUTH-WESTERN BRANCH OF THE ASSOCIATION held their annual meeting at the Devon and Exeter Hospital, Exeter, on Friday, the 13th instant. The following gentlemen were among those present:—P. C. De la Garde, (President,) Exeter; H. Appleton, Esq., St. Marychurch; W. Bradshaw, Esq., St. Marychurch; Wm. Card, Esq., Exeter; John J. Goodridge, Esq., Paington; W. Bowden, Esq., Totness; G. W. Lillies, Esq., Chudleigh; Robt. Kerswell, Esq., St. Germans; James M. Madden, R.N., Heavitree; G. Paterson, M.D., Edin., Tiverton; John Edwards, Esq., Bampton; B. Brent, M.D., Woodbury; C. H. Brooking, Esq., Brixham; W. D. Kingdon, M.D., Exeter; E. D. Walker, M.D., Teignmouth; William Kane, M.D., Exmouth; William Prater, Esq., Okehampton; Albert Baker, M.D., Staircross; E. P. Pridham, Esq., Exeter; George Evans, Esq., Seaton; P. Miller, M.D., Exeter; W. Kendall, Esq., Budleigh Salterton; Wm. Gabriel, Esq., Collumpton; R. F. Burrough, Esq., Dartmouth; Jon. Toogood, M.D., Taunton; J. H. James, Esq., Exeter; C. K. Webb, Esq., Exeter; R. L. Pennell, M.D., Cheriton Bishop; J. B. Bartlett, Esq., Teignmouth; M. Barry, M.D., Totness; C. B. Nankivill, M.D., Torquay; A. Kempe, Esq., Exeter; W. H. Cullen, M.D., Sidmouth; T. Shapter, M.D., Exeter; Wm. Clapp, Esq., Exeter; E. Empson, Esq., Crediton; W. Deans, Sandford; W. H. Elliott, M.D., Exeter; J. Edye, Esq., Exeter; F. Mackenzie, Esq., Tiverton; T. Crosse, Esq., Thorverton; Dr. Madden, Jacobstow; C. H. Roper, Esq., Exeter; R. Salter, Esq., Exeter; Augustus Drake, M.D., Exeter; S. Budd, M.D., Exeter, &c.

Mr. Swain, of Devonport, the President for the past year, was unable, from professional engagements, to be present, and the President-elect (P. C. DE LA GARDE, Esq.,) was at once voted to the chair.

MR. DE LA GARDE commenced his observations by expressing his regret at the absence of Mr. Swain, who had conducted the proceedings last year at Plymouth, in a manner so creditable to himself, and so honourable to the Society. Being called upon to go over ground which had already been traversed so frequently, and by persons of so much ability, he felt that he had little now to add, and he must therefore deprecate criticism—expressing at the same time, a hope that, in the few remarks which he should make, he should give offence to no one; although they must of course expect, among so many gentleman, variety of opinion, which, indeed he rather wished to see, inasmuch as by discussion, and the expression and different opinions, new ideas were elicited, and good results were very frequently attained. He congratulated the meeting on the fact that their lot was cast in so beautiful a district—declaring that he did so, not from any merely sentimental feeling—observing that they all knew, as medical men, the extreme value of air and scenery, in the treatment of disease—and reminding them that their thanks were due, especially to Dr. Shapter, for the very remarkable manner and great industry with which he had brought that subject before them. Mr. De la Garde then adverted to the meteorological and geological

peculiarities of the district, and after a few observations on the success of the hospital practice in Exeter, concluded his oral address, and proceeded to read a paper which we publish *in extenso*:—

The question between ourselves and the Assurance Offices turns strongly in our favour. I told you some years since how I had returned the fees when offered, and refused to answer in respect of my own patients, any impertinent questions they might think proper to propound. I have found this exceedingly convenient—but as it involves a sacrifice, I do not urge you to follow my example.

Irregular practice gains ground. Its delusions are not confined to the vulgar and the ignorant. Rank, fashion, and enlarged education furnish forth its partisans. I am not surprised. I have long foreseen how the intellectual appetite would be surfeited. The wonders of reality pour in with such a flood that the marvels of impossibility are admitted with them. We are all crammed with all manner of instruction—as though the sole object of education were to teach men to sparkle in society. Very few are the cool and logical heads which can arrange and appropriate this boundless miscellany of propositions—true or false—thus presented to them.

Should we combat these idle fallacies? I think them best met by cold contempt. The educated man who believes that an ignorant servant, who cannot with both her eyes read “slut,” visibly written on a dusty table, can, by virtue of certain mysterious pawings, read a Greek chorus with her elbows—or that one drop, which produces no sensible effect, shall become a million of effective doses if divided into as many parts—is beyond the reach of argument. Besides, we place ourselves in the invidious position of assailants, and may inadvertently, substitute the austere spirit of martyrdom for simple silliness. I leave psychologists to determine the mental condition of such persons. Associate with them by all means, (I mean the patients, not the practitioners,) for many of them are refined and amiable—but do not reason with them.

But what should we do in the course of practice? We cannot confer with those who repudiate our principles, and act themselves on so-called principles which we deny. There is no common ground on which to stand. For the fee which we might receive, we can, under such circumstances, render no equivalent. It is therefore a plain duty not to meet such practitioners.

You will expect me to advert to our meeting of the 10th March on the subject of Medical Reform. I approach this vexed subject reluctantly, but, since our decision on its merit appears to have differed widely from that of the general meeting just held at Oxford, I deem it my duty to restate our proceedings—nor is my confidence in the wisdom of a large public meeting so implicit that I need refrain from assigning the collective argument, whence, as it seemed to me, our resolutions were derived. On certain points, we wanted information, and therefore simply reserved our opinion—on others our disapproval was decided.

The whole character of this meeting, to consider the “Draft Bill, to produce uniformity of medical education and qualification, and for the registration of those licensed to practice in medicine,” was remarkable. All our district members had been invited, but the attendance was extremely limited—a most significant fact! We were indeed so few as not to inspire indignant eloquence, and the conversation (for it hardly assumed the formality of a debate) was chiefly conducted by experienced, but uninspiring men, who could be vigilant and earnest, without being cross or enthusiastic. They evidently thought that, as legislation would neither increase any medical man’s income, nor improve his social position, we might control our feelings, and bear with each other while we discussed the clauses of this

draft. So was it not when a mere difference in the expression of the same opinion was held to justify the alienation of old friends. No prudent or thoughtful man would then put his hand to the work. Such intemperance has postponed the correction of acknowledged defects, and subjected our cause to contempt and ridicule.

The first two clauses required no comment. It was otherwise with the third, "the appointment of the medical council for England," which ran thus:—

"III. *Appointment of the Medical Council for England.*—That a Council shall be established, which shall be styled—'The Medical Council for England;' and that the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, and such one of the Medical Professors in the University of London as shall be from time to time designated by the Senate of the last-named University, shall be members of the said Council in right of their several Professorships; and that the other members of the said Council shall be six persons, to be chosen by the Royal College of Physicians of England, (not more than three of such six persons being fellows of the said College,) six persons to be chosen by the Royal College of Surgeons of England, (not more than three of such six persons being fellows of the said College,) and six persons to be chosen by the Society of the Art and Mystery of Apothecaries of the City of London, (not more than three of such six persons being members of the governing body of the Society;) each of the said appointments to be made within one month after the passing of this Act; and the powers and duties, vested in the said Council by this Act, may be exercised and executed by any six members thereof."

This clause, loose and indefinite, affected an exactness and precision which claimed, on behalf of the Committee by whom it was drawn, a thorough knowledge of the duties to be performed by the Council, and, possibly, of the very men whom they deemed best qualified to perform them. The new Charters for the great medical corporations might also have been contemplated. But, as we were wholly uninformed on these matters, and as the Council were to possess uncontrolled powers, as well as a vast patronage in dispensing the income which we were to be required to contribute; and as we could not learn by whom, or in what manner, the majority of its members were to be chosen, we resolved unanimously:—

"That, in the absence of sufficient information, this meeting desires to suspend its opinion relative to clauses 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12."

We afterwards resolved, and I may here state that all the resolutions were carried unanimously:—

"That, in regard to clauses 17, 18, and 19, the following be introduced, viz.:—'That certain trustees be elected from the general body of the profession, in whom shall be vested the power of disposing of all surplus monies, whether derived from fees arising from registration, examination, or from penalties; and that such trustees shall not be members of the Council, or of the Examining Board.'"

However difficult Medical Reform may have proved, yet it is most strange that registration—at once fair, simple, and complete—should have encountered opposition. The quack has reaped the benefit—the profession and the public have endured the wrong, and borne the loss. The penalty proposed by the Bill was probably sufficient, and afforded as large a protection as the spirit of the age would tolerate. It was therefore resolved:—

"That this meeting entirely approves of the clauses referring to registration and penalties."

The fifteenth clause read as follows:—

"XV. *Candidates for Licences to produce Testimonials to the Medical Council.*—That every person who may present himself before any of the said Medical Councils for the purpose of obtaining a licence to practise medicine, shall produce proofs to the said Council that he has attained the age of twenty-one years, and shall also produce such testimonials as shall be satisfactory to the said Council, that he has applied himself to the study of medical and surgical science during a period of four years, and that during the aforesaid period he has passed at least three years in some University or medical school, approved of by the said Council; and that he has attended such courses of dissection, such clinical and other lectures, and such hospital practice, and has passed such several examinations before the Examining Board appointed by the said Council, as the said Council shall from time to time appoint."

Our meeting considered that by this clause all instruction, save in the Metropolis, or in regularly constituted schools elsewhere, (which must always be few, and will never remunerate their teachers,) was virtually ignored; and they thought it strange that a committee, professedly provincial, should treat provincial practitioners with such utter contempt. They foresaw that this Bill, should it become law, would suppress the private practitioner as a professional instructor. His capabilities of teaching were evidently regarded as too despicable even to be contemplated. Our members thought otherwise. They thought, and I thought with them, that the three or four years tutelage of a general practitioner, is, if properly used, the most valuable part of a general practitioner's education. It trains a youth to habits of business, it teaches him to regard his profession as a practical art, instead of a mere interesting branch of natural philosophy. It requires of him that whatever knowledge he possesses should be diligently applied, or, if he does not so apply it, forces upon him the conviction that he is deemed an idler or a coxcomb. I will assume an extreme case to prove that there is no provincial instruction so mean but that a pupil might—and would if it were required of him—learn enough to enable him from the first to comprehend his instructors in the London schools. I will suppose a youth apprenticed in a small town to an over-worked master—the medical officer of a sick-club or a parish. In the course of three or four years he might acquire considerable knowledge of materia medica, therapeutics, and pharmacy. He might acquire the elements at least of chemistry. He might make himself a good osteologist. He must have seen a little surgery, and probably a good deal of the practice of medicine—a most important consideration, for Hospital practice in London, except in the case of dressers or clinical clerks, or students who have already seen much practice, is of little worth. Now, if instead of neglecting his master's service and getting into mischief—to which his unemployed leisure tempts him—he had occupied these three or four years in such studies which he would do if he knew that a matriculation examination awaited him, and which he will not do while matters remain as they are—he would enter the schools so prepared to understand what he there might see and hear, as to return after two winters and one summer, an infinitely more trustworthy practitioner than he will after three years as now proposed.

The following resolution, which embodies more plain good sense on medical education than I have found in a century of wearisome lucubrations on that contested subject, we owe to two old and experienced practitioners—men by no means adverse to reform, but not inclined to run after every Will o' the Wisp that bears its name:—

"That the following alterations and additions be recommended in clause 15:—That 'for a period of four years' be substituted 'for a period of not less

than five years'; and that the following regulation be added—viz., that no pupil be admitted to an University or other regular School of Medicine to hear lectures unless he shall have previously undergone a matriculation examination to prove that he possesses sufficient elementary professional knowledge to enable him to profit by the course of study established in such School or University; and this meeting strongly urges this suggestion upon the attention of the Central Council, as it would render highly profitable a period of time too frequently turned to little account in the acquirement of knowledge, practical and theoretical; and would also prevent the necessity of such expenditure of time and money at the metropolitan schools as is contemplated by the present clause."

That no preliminary examination should have been instituted either at the College or the Hall, but that young men (who are nevertheless assumed by these learned bodies to be utterly ignorant) should be required to attend four or five lectures a day—lectures most painfully elaborated by eminent philosophers, each devoting his utmost energies to his single subject, and, in the competition of the schools, eager to excel his rivals in the depth and refinement of his teaching—is inexplicable, unless these great corporations, whilst gratifying their half-laudable ambition, wholly lose sight of the capacity of the youth they have undertaken to instruct.

In short, although not the subject of any special resolution, the whole draft would appear to have been regarded by our meeting as the puniest of the offspring to which the Medical Reform movement had given birth. It stopped just where the necessity for legislation begins. It opened the common portal, and left us to grope in the dark. Up to an equivalent for the Apothecaries' licence (of which it timidly copied each prejudice—venturing only to abandon that one portion which implies some small confidence in us rustics): all was clear enough. Henceforth all was murky or void. To be sure there was the charitable fund—involved in portentous obscurity; and the registration clauses and their penalties—excellent it was admitted: the latter borrowed without acknowledgment from Sir James Graham's repudiated Bill. But his Bill, insolent and unjust though it were, did really contain the elements of practical reform. It defined, boldly and clearly, though with an injurious nomenclature, the various grades of the profession; and provided that title and position should bear their due relation to education and acquirement. It forbade that any man should go forth with the highest title, because he had not afforded the time, the labour, or the cost, required for the lowest; nor would it tolerate that any two practitioners should obtain the same degree, the one after the very highest, the other after the very lowest possible course of instruction. It annihilated cheap schools and shabby honours. Perhaps the Committee feared to follow it in such high matters, and so their Draft Bill turned out neither deferential, nor original, nor rash, but simply contemptible.

It was indeed conjectured that this might be intended only as the first instalment of medical reform. If it were so, ask yourselves how often the Legislature is likely to endure the occupation of its time by our ill-digested schemes. Would you ascertain how light is the weight of our influence, political or personal? Let me point your attention, however distasteful it may be, to the Union board-room, and all the indignities heaped there on our professional brethren. If personal character, if the sympathy of guardians who are neighbours, and, it may be, friends and patients, cannot defend from these wrongs, what, suppose you, will the nation care for the conflicting opinions of the ten thousand individuals, scattered as they are throughout the land, who make up that ill-compacted entity—the medical profession?

There are indeed some few members of that profession, who, trained in public schools and Universities, are regarded by the class whence our legislators are supplied, as personal friends. Yet, unhappily, against these men, whose position in society raises them above the base and wicked spirit of hostile rivalry, no pains have been spared to stir up our jealousy, and to isolate the great body of practitioners from those who alone could obtain a hearing or would dare to ask it.

Should this Draft-Bill die a natural death, as I suppose it will, I trust the profession at large will take up sounder and wider views of Medical Reform. I hope they will insist on a very different course of instruction from the over-be-lectured system of the College and the Hall; that they will require, previous to examination, some sort of experience—less ambitious, but more instructive—than that obtained by the dense mob of youths—students they are called—who trot round the wards of the Metropolitan Hospitals at the heels of some distinguished teacher, and pay for their exercise as "medical practice;" and that they demand on behalf of the candidates that they be examined by printed papers, and give their answers in writing, and be no longer subjected, as is commonly reported, and I fear in some few instances with truth, to the pettiness or rudeness of  *viva voce*  examinations; and lastly, and above all, that the title borne should be some guarantee to the public of the value of the man who bears it.

But neither the Committee who drew up this Bill, nor the great medical corporations, but reformers themselves are those whom in this matter I would chiefly blame. It has happened that very ordinary persons have taken credit for accomplishments, which they did not themselves possess, but noisily demanding them from others—"enlarge the curriculum, elevate the standard, increase the difficulty, and raise our profession in the scale of society"—such has been their cry. Be not deceived. The world is a shrewd world, and knows well—for the knowledge has unhappily been forced upon it—that natural science does not necessarily form the character of a gentleman. It knows—for it has been made to feel—that vulgarity of manners, coarseness of language, and laxity of morals, may consist with high professional eminence. It is a shrewd world which hates pretence, and despises pedantry, and cares not a rush, and will not pay us for any merely curious philosophy, but only as it has direct reference to our ability in treating sickness. It discriminates our various circumstances, and metes out its licence to each individual with practised sagacity—for the world is mighty practical. The physician of prolonged education and varied attainments, who ponders comfortably in a well-hung chariot, who makes a fine income, and has leisure still, may cultivate his botany with none to blame—in him it is science. But conceive the blank astonishment of the burly yeoman who should detect his own doctor presuming to waste an hour on picking weeds—in him it were nonsense or idleness, or worse.

But, if these scientific superfluities will not raise us in the social scale, I can tell you what will lower us; to speak ungenerously of our professional neighbour—to carp at his practice—to sneer at his knowledge—to aggravate his errors—to calumniate his character—to underbid him in competition—to retain practice, which annoys ourselves, lest a younger, or less fortunate man might succeed to it—and to keep possession, if we can, of any chance patient whom his illness, or his absence, might have cast upon our hands.

Mr. JAMES moved a vote of thanks to the President, for his excellent address, expressing his conviction that the meeting would agree with him, that it deserved more than a common meed of praise.

Mr. FRIDHAM briefly seconded the resolution, which was carried by acclamation.

Mr. FRIDHAM then, in an address of some length, commented upon the proposed Medical Reform Bill,

adopting and enforcing the view which had been taken of that measure in the President's address. He showed, by copious extracts from the *Journal*, that the authors of the measure were by no means justified in saying, that it had been "enthusiastically" or even unanimously, welcomed by the profession. He contended that it was characterised by a complete disregard of the opinions, the interests, and the feelings of the provincial practitioner; dwelt especially upon the defective nature of its provisions for preliminary training; condemned, as injurious to the public as well as the profession, the proposal to ignore the period of apprenticeship, and so to deprive the youthful student of the great advantage which such apprenticeship conferred upon him; and concluded by proposing the appointment of a small Committee, to confer with the Committee on the Bill, with the view of ascertaining what their intentions were, and what modification it might be possible to make in its provisions.

Mr. JAMES seconded the resolution which had been proposed by Mr. Pridham, believing that the course which he suggested was the best that he could take. He might be asked why, if he objected to the Bill, he had not stated his objections at the general meeting at Oxford, where he attended, with several gentlemen whom he had the pleasure of seeing now present? His answer was, that he saw that the feeling at that meeting was so strong, that it was no use to object; and he had also stated his objections previously. When applied to by Sir Charles Hastings, in the spring, to attend a deputation which was intended to wait on Sir George Grey, on the subject of the Bill, he had informed him that, willing as he should be to support him on all occasions in which he could concur, he could not concur with him in reference to this Bill. He had pointed out to him the evil which he thought would arise from calling again into existence the old apothecary, and he was sure that, unless it were much altered, that would be its inevitable effect. He believed that, by replacing the old apothecary, the Bill would do great damage to the profession and to the community. The Bill it was true contained penalties, quite sufficient, if they were enforced, to guard against druggists practising as apothecaries, but how were these penalties to be made available for that purpose? Was he to become an informer against the druggist so practising? Was there any gentleman in that room who would consent to do it? He was sure there was not. There was, however, a way in which the machinery provided by this Bill might be turned to account for this purpose, provided its provisions were altered. The Bill proposed that there should be a Registrar, and that an annual fee should be paid by every member of the profession. But how was the money, when contributed, to be disposed of? Nobody knew how, or by whom, or for what purposes. Now it seemed to him that if, in addition to the Registrar, sub-Registrars were appointed, in all parts of the country, who should be paid officers, and whose duty it should be to inquire into all cases of irregular practice, within their particular districts, and to take the necessary steps for their repression, it would be the means of giving an essential protection to the profession. He agreed with those who thought that the Bill, in its present shape, would bring the profession, throughout the country, more and more under the government of the metropolitan practitioners. He had the highest respect for those gentlemen, and believed that they were animated now by a more liberal spirit than they had ever been before, but he thought that it was due to the provincial practitioners that they should by fully and effectively represented in any Council by which the whole body of the profession was to be governed. Now what did this Bill propose to do? It provided for a Council to consist of certain *ex officio* members, and of six members of the College of Physicians, six members of the College of Surgeons, and six members

to be appointed by the Secretary of State. But what was to be the remuneration? Three guineas a day. And he would ask whether there was any practitioner in Devonshire, or in the north of England, or in any district at a distance from the metropolis, who would, or could, go up to London, to attend the meetings of the Council, for three guineas a day? (Hear, hear.) Therefore, he repeated, the practical effect of this measure would be, to concentrate in London, and the immediate neighbourhood, the whole government of the profession. He had never omitted any opportunity of insisting, that, as a matter of right, and of necessity, the provinces should have a fair share in the representation, as well as the metropolis. He had done it in this city when he had the honour to be President; he had done it in Liverpool; and he had done it in London two years ago, at the annual dinner of the College, when he was called on to respond to the toast of "The Provincial Surgeons." He felt that it was, at this moment, more than ever important that these views should be pressed, and he knew of no better way than that which Mr. Pridham had suggested, of appointing a Committee to confer with those to whose hands the matter had been entrusted by the general meeting of the Association.

The resolution was unanimously passed, and Mr. Pridham having suggested that the Committee should consist of two physicians, two surgeons, and two members of the Apothecaries' Company, the following gentlemen were named:—Dr. Pennell, Dr. Shapter, Mr. Barnes, Mr. James, Mr. De la Garde, Mr. Pridham. Dr. Shapter was requested to accept the office of Chairman.

Proposed by Mr. KERSWILL, seconded by Mr. BURROUGH, and carried unanimously,—“That the next annual meeting be held at Torquay.”

Proposed by Mr. PRIDHAM, seconded by Mr. APPELTON, and carried unanimously,—“That Barnack Teogood, Esq., of Torquay, be the President-Elect.”

Proposed by Mr. MADDEN, and seconded by Mr. BURROUGH, and carried unanimously,—“That Dr. Kingdon be requested to continue his invaluable services as Secretary.”

Proposed by Dr. KANE, and seconded by Mr. GOODRIDGE, and carried unanimously,—“That Mr. Fage, Dr. Tetley, Dr. Black, Mr. Square, and Mr. Hunter, be the new members of the Council, in the room of Mr. Teogood, Mr. Elliott, Mr. Gillard, Mr. Puddicombe, and Mr. John Elliott, who retire according to Rule 17.”

In the course of the discussion, Mr. PRIDHAM paid a graceful tribute to the eminent ability and high character of Dr. Blackall, which was warmly seconded by the President, and cordially received by the meeting.

About forty gentlemen sat down to dinner at Pratt's London Inn; and the evening terminated with a most agreeable conversation at Dr. Shapters.

## EPIDEMIOLOGICAL SOCIETY.

At the last ordinary meeting of this Society, held at the House of the Royal Medical and Chirurgical Society, on Monday the 2nd ult., a paper "On the Influence of Hill Climate in India on European Regiments," transmitted from India by Surgeon Superintending Corbyn, and communicated by Lieut. Colonel Sykes, V.P.R.S., was read by Dr. Mc William, Hon. Sec.

The objects of this interesting paper, which was illustrated by statistical and meteorological tables, was to show that in India the elevated regions do not possess those superior advantages in point of health over the plains, which are generally ascribed to them; and that

the mortality among European regiments frequently increases in consequence of a removal from the plains to these "Hills Sanatoria."

The length of time occupied in the reading of the paper precluded all possibility of its being discussed by the meeting, which was the more to be regretted as there were some gentlemen present who had served in the high, as well as in the low lands of India, whose opinions regarding the peculiar views contained in this paper it would have been important to ascertain. The Society will resume its meetings on the first Monday in November.

## Correspondent.

### ON THE CASE OF DOUBLE AMPUTATION REPORTED BY "NIL DESPERANDUM."

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—In answer to Mr. Lawrence's communication, inquiring why chloroform was not administered in the case of double amputation I reported in your *Journal*, I have to state that the question was considered by the surgeons of the infirmary in consultation, but from their not being decided on the point, whether chloroform does not add to the collapse in cases of injury that require amputation, it was not given. A man who underwent double amputation lately in the Bristol Infirmary took chloroform, but he did not recover. The case is as follows:—An engine driver, a young man, was admitted August 3rd, 1852, under Mr. Green, at four o'clock, P.M. He quitted his engine to shift the points, but on attempting to ascend he missed his footing and fell on the rails, the engine passing over both legs. The right limb was crushed and lacerated from the upper-third of the thigh, to within a short distance of the ankle-joint. The injury of the left limb was confined to the lower-third of the leg, involving the ankle-joint and splintering the tibia; the foot was only attached to the leg by the soft parts posteriorly. He was much depressed on admission; brandy to be given frequently. At half-past seven, P.M., re-action was fully established, his pulse was good, the skin was warm, and he had become impatient of pain. It was considered that he was able to bear the operation. Chloroform was inhaled, and Mr. Green removed the right thigh at the upper-third by the circular method. Before the operation was completed, the pulse became very weak. Mr. Green ordered that the chloroform should be discontinued, it being his opinion that in cases of extreme collapse, it has an unfavourable influence. Brandy was then freely given, and ammonia inhaled, by which means his powers revived. Mr. Green then removed the left leg at the upper-third by the circular method. During this time he was unconscious, but restless, the pulse sinking to a very low ebb, unless brandy was almost constantly being given. At the completion of the operation he was greatly collapsed and insensible. He did not speak from this time up to his death, which occurred at six o'clock, A.M., the following morning. It is, of course, difficult to say what amount of collapse is due to the operation, and what to the chloroform; it is a point that can only be determined by the careful

observation and comparison of a great number of cases in which the agent is, and is not given. The impression left on the minds of two of the surgeons who were present at the operation I have related was,—that chloroform was prejudicial, and which was strengthened on comparing it with that of Faulkner, who was more depressed, and who underwent a more severe operation—viz., that of both thighs. I know that this opinion is contrary to that most generally held; but either the one or the other opinion can only be supported by the result of cases.

I see in Mr. Cole's work "On Military Surgery in the Punjaub," (lately published) that he speaks most decidedly against the employment of chloroform in amputations for injuries. It would be interesting to know from Mr. Lawrence the particulars of his case.

I remain, Sir, yours very truly,

"NIL DESPERANDUM."

Bristol, August 11, 1852.

## THE PRESIDENCY.

*To the Members of the Provincial Medical and Surgical Association.*

GENTLEMEN,—I beg most respectfully to call your attention to various points in the management of the Association which seem to demand a reform.

I will mention only one in the present number of the *Journal*; it is, the great disproportion in the relative number of the Presidents chosen from Physicians and Surgeons.

I give the names of all the Presidents from the formation of the Association, with their respective years of office. You will find the printed list from which it is derived (except the four last Presidents) at page 491, of the 17th Volume of our "Transactions."

### Physicians.

Dr. Johnstone	... 1832-3
Dr. Carrick	... 1853-4
Dr. Johnstone	... 1834-5
Dr. Kidd	... 1835-6
Dr. Holme	... 1835-7
Dr. Bolaragon	... 1837-8
Dr. Barlow	... 1838-9
Dr. Jeffreys	... 1839-40
Dr. Stead	... 1840-1
Dr. Goldie	... 1841-2
Dr. Robertson	... 1844-5
Dr. Favell	... 1845-6
Dr. Heygate	... 1847-8
Dr. Hastings	... 1849-50
Dr. Horner	... 1850-1
Dr. Jenks	... 1851-2
Dr. Ogle	... 1852-3
Dr. Bird	... 1853-4

### Surgeons.

Mr. James	... 1842-3
Mr. Hay	... 1843-4
Dr. Croose	... 1846-7
Mr. Norman	... 1848-9

Total number of Physicians	...	...	18
Ditto Surgeons	...	...	4

22

I have included Dr. Croose among the surgeons, because he was known chiefly as a surgeon.

For the first ten years no surgeon was elected President. If Dr. Croose were added to the physicians, then rather more than seven physicians have been chosen to one surgeon.

I need not ask whether this is fair. I do ask, however, all the members of the Association, and the physicians especially, to take this very important question into their immediate consideration, with a view to its correction by an alteration of the sixth law, if necessary.

I shall be glad to receive any suggestions.

SAMUEL CROMPTON.

3, Cavendish Place, Manchester,  
August 25, 1852.

[The sixth law leaves the matter at the option of the anniversary meeting, who have always elected the gentleman fixed upon by the Local Council.—ED. J.]

### TREATMENT OF A POOR-LAW MEDICAL OFFICER.

*To the Editors of the Provincial Medical and Surgical Journal.*

SIR,—Will you oblige me by inserting the following statement in the next number of your journal, in order that the medical profession and the public may be informed in what manner a Board of Guardians in the west of England can treat a Poor-Law Medical Officer?

I am, Sir,

Your obedient Servant,

JOHN CROUCH, M.R.C.S., M.S.A.

Bruton, Somerset, August 14, 1852.

On the 29th of December, 1851, an order, signed by the relieving officer, was left at my residence, requesting my attendance on Mary White, a pauper, of Evercreech, nearly four miles distant, who was stated to be in labour. As a previous professional engagement prevented my attending, I requested my qualified assistant to go without delay. He went, and arrived at the patient's house before the messenger had returned home. His presence was little required, as the labour had scarcely commenced, the mouth of the womb not being larger than a sixpence. It was the extremely weak and half-starved appearance of the pauper that induced him to remain in attendance. At two o'clock, P.M., flooding first took place, and upon a further examination it was ascertained that there was an after-birth presentation. The pains having ceased, my assistant immediately gave the ergot of rye, plugged the vagina to restrain the hæmorrhage, and sent a man on horseback to me, requesting a consultation. The messenger came through Bruton to me, at Castle, the distance of seven miles, where I had gone to assist a neighbouring practitioner in the amputation of an arm. As the operation was urgently required, I was unable to leave, but directed that a carriage should be hired, as quickly as possible, and that my able and experienced friend Mr. Stockwell, should be requested to go to Mary White. Mr. Stockwell arrived at Evercreech between four and five o'clock. He found the patient in a very low condition, but the hæmorrhage had ceased. He remained nearly three quarters of an hour in consultation with my assistant. The flooding did not return during his visit. It was agreed that the patient should be constantly supplied with stimulants and nourishment, and if the

flooding should return, my assistant was to turn the child and deliver the woman. I proceeded to Evercreech between five and six o'clock, and met Mr. Stockwell on the road. We consulted on the case, which he considered a most dangerous one, and that the patient, when he saw her, was too weak to undergo the operation of turning, but if the flooding returned, he advised me to deliver the woman as a last resource. When I arrived the hæmorrhage had just begun to return, and it was clear that if the operation of turning were not performed, the woman would die undelivered. As there had been no labour pains since the flooding had commenced, the mouth of the womb was not so large as half a crown, and it required no little trouble and difficulty gradually to dilate the opening and introduce my hand. After kneeling from twenty minutes to half an hour on the stone floor of a dirty cottage, the child and after-birth were brought away in the usual manner. The woman did not survive the operation more than three quarters of an hour. It is right to state here, that the patient, before her confinement, was so weak in body and depressed in spirits, from consumption and other causes of a mental nature, that in all probability she would scarcely have survived natural labour. Her doom was sealed as soon as the flooding commenced, and no skill could have saved her life.

The following week my account was forwarded, as usual, to the Board of Guardians, containing a charge of two pounds for the case, including the nine hours' attendance of my qualified assistant, Mr. Stockwell's journey and consultation, and the performance of a difficult obstetric operation by myself.

This enlightened Board of Guardians refused to allow the above fee, and with their accustomed generosity offered me the sum of ten shillings! I appealed to the Poor-Law Board, who, after communicating with the Shepton Mallet Board of Guardians, received from the latter the following truthful and intelligent letter:—

Shepton Mallet, 11th February, 1852.

MY LORDS AND GENTLEMEN,—I am directed to acknowledge the receipt of your letter, No. 3006, dated the 27th ult., containing a copy of a letter addressed to you by Mr. Crouch, Medical Officer, with reference to a disallowance in (sic) his charge for attending Mary White in her confinement. I am instructed to state, that the Board of Guardians, on receipt of the letter referred to, gave directions to their Relieving Officer, Mr. Bown, to make inquiries relative to the case, and report thereon. The following facts were stated by him to the Board at their meeting of the 10th instant:—

"Mr. Crouch was from home when the order for attendance on the woman (which was obtained at nine o'clock in the morning,) was left at his residence, that his assistant attended the case, but that he could do nothing to relieve the patient, she was, therefore, obliged to remain without medical assistance until Mr. Crouch returned home, which was not till seven o'clock in the evening, when the operation described in Mr. Crouch's letter, took place, but without any beneficial result, the poor woman having died shortly after. I am to state, that the Guardians are of opinion, that had the patient had the assistance of Mr. Crouch at an earlier period, her life might have been spared. I am instructed to add that, as a general rule, the Guardians

consider 10s. sufficient for midwifery fees, and they are of opinion that in this case Mr. Crouch is not entitled to a higher fee."

I have the honour, &c.

(Signed) for G. M. MACKAY.  
J. THOMAS.

In reply to the above libellous production, I informed the Poor-Law Board, that not only were its contents manifestly untrue, but that they were contrary to what was stated to the Guardians by their own Relieving Officer, Mr. Bown.

The Board of Guardians still refused to pay more than ten shillings, although the Poor-Law Board twice recommended them to reconsider their decision, and although the meaning of the order is so clear that "he who runs may read." The order is as follows:—"Provided that in any special case in which great difficulty may have occurred in the delivery, any district medical officer *shall* receive the sum of two pounds."

The Poor-Law Board having intimated "that it was open to me to take proceedings in the County Court against the Guardians of the Shepton Mallet Union, for the recovery of a fee for my attendance on Mary White," on the 31st of July last, the Chairman, Vice-Chairman, and Clerk of the Union, were summoned to the County Court at Wells.

After Mr. Stockwell and myself had given evidence that the case of Mary White was a rare and difficult one, an abortive attempt was made by the defendants to prove that there was a want of skill on the part of my assistant, great neglect on my side, and also that it was not a difficult case. Their witnesses consisted of a medical man, who knew nothing of the nature of the case before he entered the Court, and of an old woman, who was not even a village midwife, and had never confined a person in her life. Both of these gave evidence distinctly in my favour.

The Judge of the Court, who exhibited on the occasion his usual acumen, concluded the case by saying,—"There is no defence whatever to this action. The plaintiff must have his two pounds; and it would have been more creditable to the Board of Guardians if they had consulted Mr. Stockwell about the nature of the case, instead of sending for an ignorant old woman, who scarcely knew her right hand from her left, and whose only clear idea is, that she has had a large family without much difficulty or trouble."

P.S. The above facts speak for themselves, and require on my part no further comment.

#### MR. TOYNBEE'S NEW AURAL APPARATUS.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—If Mr. Yearsley had attended the late meeting at Oxford, he would, doubtless, have been quite at liberty to have stated any objection he might entertain to the instrument proposed by Mr. Toynbee for relieving perforation of the membrana tympani, provided that he avoided any personal discourtesy in his remarks. In making such objections in his letter, published in the last number of the *Journal*, it was

surely unnecessary to say anything that might be construed into an insinuation of improper motives on the part of Mr. Toynbee, so little, if anything, having been done to justify such innuendoes.

The hackneyed proverb, that "those who have glass windows should not throw stones," still retains its force; and the profession generally, I think, will scarcely acquit Mr. Yearsley of the very fault which he seems to insinuate against Mr. Toynbee. Very few indeed will be of opinion that the mode of obtaining notoriety adopted by Mr. Toynbee on the occasion alluded to, was otherwise than perfectly legitimate; which I think is more than can be said of a little book of Mr. Yearsley's entitled "Deafness" &c., which I have met with in the hands of some of my patients. It is unnecessary here to allude to other instances of the kind, and had Mr. Yearsley abstained from writing in a manner savouring too much of professional jealousy, no one, I presume, would have complained of his preferring his own bantling to that of his neighbour. In conclusion I have to say that I am personally unknown to either gentleman.

I remain, Sir, your obedient Servant,  
Bristol, August 28. FAIR PLAY.

P.S.—I enclose my card.

## Foreign Department.

### FRANCE.

#### PROCEEDINGS OF THE FRENCH ACADEMIES.

##### ACADEMIE DE MEDECINE.

##### Discussion on Syphilisation.

THIS discussion was resumed on the 10th of August by a speech at great length from M. BEGIN, followed on the 17th by MM. MALGAIGNE and RICOEN, when the subject was again postponed to an extraordinary sitting on the 21st. At this meeting, after hearing M. MICHEL LEVY, M. GERDY, and M. BEGIN, the Academy came to the resolution to accept the report; MM. Malgaigne and Depaul alone refusing to vote either for or against it. The Academy also resolved that the report of the committee, and of the discussion in the Academy, should be transmitted to the Minister of the Interior, Agriculture, and Commerce. The question may therefore be considered as definitively settled against the employment of the inoculation of syphilis, both as a prophylactic and curative agent. But with regard to the various minor points relative to the transmissibility of syphilis to animals, and to the possibility of a second attack in the same subject during life, no vote has been taken; and, therefore, as far as the Academie de Médecine is concerned, the question is still an open one.

##### ACADEMIE DES SCIENCES.

At the meeting of the 9th August, M. BLANCHET, communicated the result of his experiments on the preservation of blood. He asserts that the chloride of



barytes combines the good qualities of the sulphate of soda and the chloride of zinc, without either blackening or precipitating the blood, so that by preparing it with this salt, it may be injected into the arteries of the subject, which by these means will be preserved from putrefaction, and also regain its natural colour. If this is the case, it will be highly useful in the preparation of specimens of morbid anatomy.

At the same sitting M. THENARD read a report on a memoir of M. Lecanu, entitled *nouvelles chimiques sur le sang*. The object of this memoir is to describe more accurately than he had hitherto done, the composition of the blood-globules. In order to accomplish their examination with sufficient accuracy, it is necessary to separate them most carefully from the serum in which they swim, and to do this, M. Lecanu adopts the following process:—The blood, as it escapes from the vein, is received in a saturated solution of sulphate of soda, at a temperature of 12° Reaumur, after which it is filtered, when the globules alone are left upon the paper; the serum, on the contrary, holding in solution all the fibrin that passes through. The blood-globules thus obtained consist of hæmatosin, globuline, a trace of albumen, a fibrous envelope, animal matter (*extractive*), fatty matter, various salts,—as the chlorides, phosphates, and carbonates of the alkalies; and, lastly, of water holding all these but the envelope in solution.

M. Lecanu appears to have established the fact, that the blood-globules do not contain any fibrin, and merely a trace of albumen; whilst the serum, on the contrary, has no hæmatosin or globuline in its composition. To prove that the fibrous envelope is not identical with fibrin, it is only necessary to examine it when submitted to a solution of caustic potash, which easily dissolves the fibrine, but leaves the envelope intact. M. Thenard concludes his report by inviting attention to the following points—which he thinks worthy of further investigation, viz., a careful examination of the composition of arterial as compared with venous blood, more especially as regards the hæmatosin, the globuline, and the envelope of the globules. To show the action of oxygen and other gases on the two varieties of blood, and the difference between the effects of these gases on the blood within the body, and when removed from it; the phenomena attendant on coagulation; the difference between the composition of chyle and perfect blood; and, finally, the analogy between the composition of the envelope of the blood-globule and the coats of the arteries and veins. These are, indeed, subjects worthy the attention of English as well as French physiologists.

*On the Use of the Seeds of the Hemlock in lieu of the Leaves, in the Cure of Cancer.*

MM. DEVAY and GUILLIERMOND, of Lyons, having published an essay on the use of the active principle of conium in the cure of cancerous affections, the subject has been discussed in the *Bulletin Général de Thérapeutique*, from which we extract the following remarks:—M. Devay accounts for the neglect into

which conium has fallen by conjecturing that in former times the whole plant was used, including the seeds in which he supposes the active principle to reside in a high degree; whereas the leaves are now the only part of the plant directed to be employed, and, consequently, if his theory is correct, are not worthy of the confidence in which conium was held by Stork, Hoffman, Cullen, and many of the older physicians. M. Devay recommends the simultaneous employment of conium externally and internally, and asserts, that in the early stage of scirrhus of the neck of the uterus, if so applied, a cure may in many instances be expected. This disease is so little amenable to medicine, that we should be inclined to adopt any measures which are at all likely to lead to a successful result; and therefore when we find that a reason can be given for modern failures, we are tempted to hope that such accurate observers as Hoffman and Stork have not misled themselves and us in the way which is now generally attributed to them. M. Devay describes the frequent occurrence of headache, colic, diarrhoea, and trembling of the body during the use of the medicine, but does not discontinue it on that account. He advises us to begin with half a grain of the dried seeds in the form of a pill, which is to be gradually increased till the patient can take four or five grains twice a day. For the employment of the seeds as an injection, one drachm should be steeped for a few minutes in an ounce of boiling water, then immediately filtered, and injected when cold into the vagina. As an external application to malignant tumours in other situations, M. Devay recommends what he calls *baume de conicine*, which, however, is too complicated in its preparation for any one but a professed pharmacist, and we must therefore refer our readers who may wish to give it a trial to the treatise itself, or to the journal from which we have made the above extract.—*Bulletin Général de Thérapeutique*, 15 et 30 Juin.

## GERMANY.

### ANIMAL CHEMISTRY.

1. *On the Presence of Casein in the Blood.*—Several French chemists, amongst whom we may enumerate Guillet, Leblanc, and Stas, and Panum, of Copenhagen, have recently asserted that they have detected casein in the blood during pregnancy; Lehmann has, however, shown that the tests on which they relied apply equally to albuminate of soda, which, like casein, forms a membrane on the surface, if its solution be heated. The subject has been reinvestigated during the last few months, by Moleschott, who finds that he can detect casein in the blood after the entire removal of the albuminate of soda. This is accomplished (in his opinion) by first coagulating the free albumen in the warm-bath, and then by repeatedly boiling the filtrate with a neutral alkaline salt till no additional precipitate is thrown down. On the removal of the precipitate the filtrate is heated with sulphate of magnesia, and allowed to stand twelve or fourteen hours, to allow of the separation of the phosphoric acid. On heating the clear supernatant fluid there is a precipitate of the well-known compound of casein and magnesia. Acetic acid and rennet also gave the ordinary indications of casein in

the fluid, after the removal of the albumen and albuminate of soda. By these means Moleschott seems to have established the presence of casein in the blood of oxen, calves, sheep, and pigs; and it may thus be presumed that it is a normal constituent of the blood generally. In connection with this subject we may observe that M. S. Schultze (in a recent number of *Liebig's u. Wöhler's Annalen*) has distinctly proved that casein is a regular constituent of the middle arterial coat, and that it also occurs in the areolar tissue and the ligamentum nuchæ.—*Arch. f. Physiol. Heilk*, 1852, No. 1.

2. *On a Test for Inosite, or Muscle-Sugar.*—Many of our readers may recollect that about two years ago Professor Scherer, of Würzburg, discovered a peculiar variety of sugar in the fluid of flesh, to which he gave the name of inosite. He has recently ascertained that the following is the best method of testing for this substance:—On evaporating almost to dryness a mixture which contains inosite with nitric acid on a platinum-spatula, and treating the residue with liquid ammonia and a little chloride of calcium, and then again evaporating to dryness, we observe on the platinum spatula a *vivid rose-red colour*. If a mixture of inosite and nitric acid be slowly evaporated, the residue dissolved in water, and the solution allowed to stand for some time in a closed glass vessel, a species of mould or fungoid growth is developed on it, and on afterwards applying the above test a deep violet-brown colour is developed in place of the rose-red tint.—*Scherer in Verhandh. d. Phys.-Med. Ges. zu Würzb.* Vol. 2, No. 14. 1852.

3. *On Certain Chemical Constituents of the Fluid of the Spleen.*—In a former memoir on this subject, Scherer demonstrated that the expressed juice of the spleen contained lactic, acetic, formic, butyric, and uric acids, and a substance closely allied, chemically, to uric or xanthic oxide, to which he gave the name of hypoxanthem.\* He has now ascertained that it also contains:—

1. A nitrogenous, crystallizable substance, to which he applies the name of *hematin*, consisting—

Of Carbon .....	53.71
„ Hydrogen .....	8.95
„ Nitrogen .....	4.82
„ Oxygen .....	32.52
	100.00

2. An albuminous substance, rich in iron.

3. Much iron, in combination with acetic and lactic acids.

4. A highly carbonised pigment, of the same character as the pigments found in the urine and the muscular juice.

—*Scherer in Ibid.*, No. 19. 1852.

4. *Chemical Investigations in Cholera.*—When the cholera was prevalent at Breslau, in the winter of 1849-50, Dr. Middeldorpf instituted a series of researches on the chemical characters of the excretions,

and on the changes which some of the tissues (especially the muscles) undergo. The following are his most important conclusions:—

The filtered *intestinal discharges* were examined in the early stage of the disease in twenty-eight cases; in six of these no albumen was found; in three cases, in which it was determined quantitatively, it averaged 0.37 per cent.

The *urine* was examined for albumen in seven cases; it was present in all, the mean quantity being 0.493 per cent. The specific gravity rose as the amount of albumen increased.

*Pieces of muscle* as free as possible from fat and blood, were taken from the bodies of patients immediately after death. They were of a dark colour, and had a dry appearance. Middeldorpf found as a mean of six experiments, that when dried, at 170° Fah., they lost 75.808 per cent. of water, the normal per centage of water being 80, according to the recent investigations of Schottin. Hence the muscle may be regarded as drained of its water to the extent of about four per cent.—*Middeldorpf in Gümb. Zeitsche.*, Vol. 3., No. 1, 1852.

5. *On the Chemical Constituents of the Sweat.*—This subject has been recently investigated by Schottin in Lehmann's Laboratory, and with the assistance of that eminent chemist. Under the general term *sweat*, the author includes the insensible perspiration, the liquid secretions of the perspiratory glands (the true sweat in the strictest sense of the word), and the secretion of the sebaceous glands. In warm days he was able to collect, (by various ingenious contrivances,) as much as from twenty to thirty grammes [from about half an ounce to an ounce] in four or five hours, from a person taking pretty sharp exercise.

On a microscopic examination the sweat was found to contain epithelium, (in considerable abundance,) free fat, mucous corpuscles, granular corpuscles, and molecular dark-coloured granules.

The reaction of the sweat was always acid, except in two cases, in which it was neutral. Urea was present in these two cases.

Nothing very distinct was established regarding the pigment, except that it differed essentially from the pigments of the bile and urine.

In 100 parts of sweat there were contained:—

Water .....	97.75
Epithelium .....	0.42
Substances not volatile .. } at 212° Fah. . . . . }	1.13
Ash. ....	0.70

In two separate analyses of the sweat of the foot and of the axilla, the insoluble salts were, to the soluble, in the ratio of 1 : 17. In the sweat of the foot the potassium was, to the sodium, as 1 : 2.53; in that of the axilla, as 1 : 1.75.

The fat obtained from the ethereal extract consisted partly of margarin and partly of cholesterin.

With regard to the volatile acids, he determined, with chemical certainty, the presence of formic and butyric acids, and showed that in all probability acetic and metacetic acids were also present.

He was unable to confirm the statement of Berzelius

\* For a description of the chemical characters and composition of hypoxanthem and of inosite, (mentioned in the preceding paragraph,) we may refer our readers to the first volume of "Lehmann's Physiological Chemistry," published by the Cavendish Society.

and other chemists, regarding the presence of lactic acid and lactate of ammonia in the sweat.

Ammonia and its compounds occurred in such very minute quantities, (notwithstanding the assertions of previous chemists,) that he referred the new traces which occurred to the effect of decomposition.

Urea was not found in normal sweat, but was present when there was great disturbance of the function of the kidneys.

Schottin examined the sweat in two cases of intermittent fever during the hot stage; it contained no lactic acid, but a considerable quantity of butyrate of lime.

He does not appear to have examined the sweat of any diabetic patients, (indeed it is seldom that in these cases the skin perspires freely,) but he instituted the following experiment upon himself, with the view of ascertaining whether, when sugar was taken in abundance, it was excreted to any measure by the skin. During thirty-six hours he took nothing as food, except about a pound of milk-sugar. After twenty hours severe diarrhoea supervened, the stools having a strong acid reaction. The urine excreted during the whole period did not exceed six ounces. He collected the sweat during the last six hours, but could detect neither sugar nor lactic acid in it.

In order to ascertain whether iodine passed off by the skin he took daily half a drachm of iodide of potassium. After the fifth day he could detect iodine in the sweat.

After taking two drachms of salicin, he failed in detecting any trace of salicylic acid (by means of perchloride of iron) in the watery solution of the alcoholic and ethereal extracts of the sweat.

He similarly failed in obtaining any evidence of quinine in the sweat after taking a dose of twelve grains before entering a vapour bath.

The following non-nitrogenous acids are separated by the skin, partly free, partly in combination, namely,—tartaric, succinic, and benzoic acids. As benzoic acid when taken into the stomach only appears as hippuric acid in the urine, it is not very easy to understand how it appears unchanged in the sweat. Schottin instituted a series of ingenious experiments to explain this apparent discrepancy, but without any definite result.—*Schottin in Arch. f. Phys. Heilk.* 1852. No. 1.

## Reviews.

*On the Diseases of the Kidney, their Pathology, Diagnosis, and Treatment, with an Introductory Chapter on the Anatomy and Physiology of the Kidney.* By GEORGE JOHNSON, M.D., Lond., Fellow of the Royal College of Physicians, Assistant Physician to King's College Hospital. London: Parker and Son, 1852. 8vo, pp. 517. Wood-cuts.

THE researches of Mr. Bowman in the anatomy and physiology of the kidney, have left nothing for any of his successors to accomplish, at all

events until the powers of the microscope are increased, and therefore we are not surprised that Dr. Johnson has merely repeated the descriptions of the minute structure of the kidney, so clearly and beautifully given by Mr. Bowman, in the "Philosophical Transactions," and copied by Dr. Johnson in the "Cyclopædia of Anatomy and Physiology." Article—*Ren*.

But Mr. Bowman had left untouched the pathology of these organs, and to fill up this hiatus, Dr. Johnson contributed two papers to the Medico-Chirurgical Society, which were published in the twenty-ninth and thirtieth volumes of their "Transactions." These papers form the groundwork of the present volume, which, however, is enlarged by the addition of chapters on the various points connected with the kidney, which were not comprehended in the above papers.

The first chapter is devoted to the anatomy and physiology of the kidney, and is as we before remarked, only a repetition of Mr. Bowman's discoveries, with the addition of a very good analytical examination of the urine. In the second chapter we find a description of the causes of renal disease, which Dr. Johnson regards, in common with all our modern pathologists, as invariably connected with a morbid condition of the blood, either introduced from without, or produced in the body of the individual.

The third and fourth chapters comprise the most important part of the volume, being devoted to a consideration of the two most common diseases of the kidney—viz., the acute nephritis of ordinary authors, and Bright's disease. These our author designates respectively, "acute and chronic desquamative nephritis," considering the desquamation of epithelium to be as much a part of the disease, as is that of the cuticle essential to the full development of scarlatina. Dr. Johnson believes that this desquamation is a part of the natural restorative process, and is the result of an effort made by the cells to eliminate from the blood some abnormal products—some materials which do not naturally enter into the composition of the renal secretion. But when this process has resulted, as it often does, in the engorgement of the tubes by their contents, it is evident that in these tubes the process of cell growth must be greatly retarded or indeed wholly arrested. Hence the desquamation of the epithelium in the kidney, though a restora-

tive process like the desquamation of the cuticle is frequently attended by injurious results, which are entirely absent in scarlatina, for no accumulation of cuticle can possibly take place.

On the other hand, Frericks considers that the desquamation is only an accidental consequence of an effusion of albumen and fibrin, which entangles the epithelium after coagulating in the tubes, and carries it off in its escape into the pelvis of the kidney. It is a difficult task to decide upon so delicate a point, but there can be no doubt of the fact that epithelial scales are found in the urine to an enormous amount, and are perfectly diagnostic of the disease.

In order to distinguish between acute and chronic desquamative nephritis with certainty, it is necessary to examine with the microscope whether the epithelial scales are entire or disintegrated, the acuteness of the attack being capable of estimation by the proportion of perfect cells found, and also by the presence of blood corpuscles, which are rarely found in the chronic form.

The symptoms, pathology, and treatment of these diseases are given in an admirable style, and with great minuteness, indeed, so much so, that it is out of the question to attempt any analysis in the limited space we can afford. But there is one point which has caused a considerable controversy, between our author on the one hand, and Mr. Simon, followed by Rokitaniski and Paget on the other. This point of dispute is relative to the primary cause of renal cysts. Dr. Johnson maintains that they are simply dilated tubes, and that there is no difficulty in tracing them through every degree of dilatation from the natural size up to cysts visible to the naked eye. He also says that with care he can always detect, in contact with these cysts, unequivocal portions of elongated tube, having the same structure as the other parts, and evidently continuous with them, though this is concealed by the tissue in which they are enveloped. On the other hand, Mr. Simon contends that they are abnormal developments of epithelial germs, his theory being that, "certain diseases of the kidney, (whereof subacute inflammation is by far the most frequent,) tend to produce a blocking of the tubes; that this obstruction, directly or indirectly, produces rupture of the limitary membrane; and that then, what should have been the intra-mural cell-growth, continues, with certain modifications,

as a parenchymic development." For the arguments *pro* and *con*, we must refer our readers to the book itself, for though highly interesting they are too long for insertion.

Another disputed point is as to the development of new fibrous tissue; but here our author and Mr. Simon are both opposed to its occurrence except in very rare instances.

But it appears that desquamation does not always coexist with nephritis: and hence we must not always give a favourable prognosis on the absence of epithelial scales from the urine. Indeed, according to our author, if you have nephritis unaccompanied by this epithelial desquamation, the danger is much increased, and in chronic cases we frequently find, that instead of the morbid poison being eliminated, fatty degeneration of the kidney takes place in the granular form, terminating but too frequently in death. The mottled variety of fatty degeneration, on the contrary, is rarely preceded by non-desquamative nephritis, and is a slow insidious disease, not even to be detected by a microscopic examination of the urine.

The remaining chapters—viz., the eighth, ninth, and tenth, are occupied with a description of nephritis when followed by a secretion of pus; scrofulous disease of the kidney, cancer, and hæmaturia. Each of these sections is exceedingly interesting, but still as they have received no remarkable elucidation from the investigations of our author, we need only remark that they embody all that is known on the respective subjects.

Having thus alluded as far as our space will allow, to this highly interesting work of Dr. Johnson's, we have only to recommend our readers to examine it and judge for themselves, as to the accuracy of his views. With regard to treatment we have yet much to learn, but as we have gained one step in advance from the correct anatomy to the pathology of the kidney, so we hope hereafter to progress still further in the successful treatment of those diseases, which are even now less under the control of medicine than we hope will eventually be the case.

*On a New Way of Treating Gonorrhœa.* By JAMES L. MILTON, M.R.C.S. London: John Churchill, 1852. 8vo, pp. 103.

THE chief novelty in Mr. Milton's treatise consists in the advocacy of the claims of a com-

pound solution of potass, in the cure of gonorrhoea, to a front rank among the various internal remedies employed. The solution consists of the chlorate of potass, combined with the acetate and liquor potassæ, and is formed by pouring five ounces of boiling distilled water on two drachms of powdered chlorate of potass, and then adding three drachms of the liquor potassæ, and three to four drachms of the acetate of potass, after which it is to be filtered. One ounce of this is to be given three times a day, in combination with from five grains to a scruple of rhubarb, to prevent constipation; and it is said by Mr. Milton to be successful in a much larger proportion of cases than can be expected from any other treatment. But this solution is to be administered together with injections of sulphate of zinc or nitrate of silver, and we should be more inclined to put our faith in these than in Mr. Milton's panacea. However, our readers may easily try the plan, and time will show the value of the remedy.

With the above exception Mr. Milton's book is merely a good *resumé* of the ordinary treatment in the various complications met with in gonorrhoea. In gleet he advises strongly a return to the use of blisters, applied to the penis. But it is so seldom that our patients would like the confinement necessary, that we scarcely expect the plan, however good, will be extensively followed.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, SEPTEMBER 1, 1852.

THE necessity for economy in every public charity is now so generally admitted, that we think it incumbent on the profession to take care that no undue waste occurs in the diet of our hospitals throughout the country. But when we find that the cost per bed varies as much as five pounds per annum in different establishments, we cannot avoid coming to the conclusion that the subject does not always receive the attention which it deserves. There is no doubt that the prevailing diseases in certain localities influence the expenditure very considerably, not only as regards ordinary diet, but also with reference to wine and drugs. But this will not always account for the great difference above mentioned, since it will be found that there is a great vari-

ation even in two establishments situated in the same locality, or nearly so.

We believe that the expenditure in our noble charitable institutions is frequently much increased from a want of due supervision, such as is exercised in the Poor-Law Union Houses by the Master, under the control of the Auditor. But the great difficulty seems to be, to find enough (in an infirmary for instance of 100 beds,) for such an officer to do, and therefore in nearly all of our provincial hospitals, there is no House-Steward appointed, as is the case in all the London Hospitals, we believe, without exception. The consequence is, that there is not that check upon the expenditure which we could wish, and the supply of the raw materials for the diet of the patients, as well as the staff, is left, in great measure, to a Committee of Governors, elected for that purpose; these gentlemen cannot, of course, be expected to cope with the difficulties of the undertaking so successfully as an officer whose whole business is confined to this one department; and though, in some instances, the expenditure is very low, yet in others it is raised far above the standard required.

There is, besides, a great variety in the diet itself, and in the mode adopted in cooking, which will, of course, materially affect the annual expenditure, as in the instance of meat, which loses about ten per cent more in roasting than by boiling.

There appears to be a greater uniformity in the quantity of the articles consumed by the staff of our union houses, gaols, and infirmaries, than could have been expected, judging from the great difference in the gross amount expended in these various institutions. At the Nottingham General Hospital, where a series of careful experiments have been carried on, each servant consumes, (and without limitation,) thirteen ounces of raw meat per day, and fourteen ounces of bread, which is rather less than the allowance to the servants of the Poor-Law Union Houses; and we are given to understand that there is general satisfaction expressed. We believe this is considerably below the average; but it should be generally known, that under favourable circumstances, such an allowance is all that is necessary. In the same hospital, also, the waste in the cooking of the article meat, is less than in most of our charitable institutions, though still greater than we believe is the case in the majority of our union houses and gaols.

At the Nottingham Hospital, one hundred pounds of raw beef and mutton will produce, boiled, from sixty to sixty-two pounds, but we conclude, that in this calculation the bones are weighed in with the raw meat; for in the Poor-Law audits we believe that, after deducting the bones, one hundred pounds are expected to produce about seventy pounds of boiled meat; and as the quality is generally better in hospitals than in union houses, the loss in the former ought to be less than in the latter, since every good manager knows that bad meat loses more in dressing than meat of a superior quality. At the above hospital one hundred pounds of mutton produce forty-five pounds and a half of cutlets, and one hundred pounds of beef, when roasted, are reduced to fifty-one pounds, carved and served out ready for distribution.

Now, when we find at other and similar institutions, one hundred pounds of raw meat, *deprived of its large bones*, produce only fifty pounds when boiled, we naturally inquire, how can this great discrepancy arise? and we are anxious to obtain information from our readers on so important a subject. We should, therefore, feel obliged, if those who have the opportunity, will forward answers on the following points, which may, perhaps, lead to still further inquiries upon other subjects:—

- 1st. The amount of cooked meat ordered on full and middle diet respectively.
- 2nd. The mode of cooking employed.
- 3rd. The quantity of boiled or roasted meat obtained from one hundred pounds of raw beef, specifying whether with or without bone.

As the saving in this article alone, if the Nottingham calculations are correct, will amount to from £50 to £80 a year in some of our charities, it is one which, we think, our readers will not consider beneath their attention; for as there can be no doubt that the patients in our various charitable institutions should have every indulgence necessary, in their respective cases, so we think that their managers are bound to see that the money subscribed is expended in such a way as to do the greatest amount of good to the greatest number.

We insert at page 456 a letter from Mr. BREE, because we think that his former exertions to improve the *Journal*, demand that considera-

tion which we are unable to extend to others, for want of space. As the matter is now under discussion by the Council, we think it right to abstain from any further remarks for the present. We cannot avoid, however, reminding Mr. BREE, that the question is not confined to Dr. COWAN and ourselves, but affects the whole Association; and that others, including ourselves, have as full a right to express their opinion as himself.

From the numerous letters we have received, we are perhaps more fully aware of the general feeling than Mr. BREE can be, and we shall at a future time be prepared to rely upon the whole body for their support against any charges which may be brought against us. It would be easy for us to occupy the columns of the *Journal* with arguments and recriminations; but this we have neither inclination, nor, we think, right to do. We would, however, simply assure Dr. TUNSTALL and others that the report of the meeting at Oxford, was really not prepared by "our reporter," but by one appointed by the publisher, under the order of the Council, and that, to guard against the charge of unfairness, we did not correct even literal errors in that part relating to the *Journal*. It is, *bonâ fide*, the official report of the Council.

Since writing the above the following resolution has been unanimously carried by the Central Council, on the 28th instant:—

*Resolved,—*

"That it is the opinion of this Council, that the publication of any further correspondence on the subject of the *Journal* should be avoided during the negotiation between this Council and the *Journal* Committee, for the amicable settlement of the question."

We have therefore suspended the publication of Mr. BREE's letter for the present, as well as those of Dr. COWAN, Mr. HUNT, Dr. WILLIAMS, Worcester; and Dr. WILLIAMS, Apeley Guise.

## Medical Intelligence.

(From our own Correspondent.)

LONDON, AUGUST 30, 1852.

Dr. Herbert Mayo, formerly Senior-Surgeon to the Middlesex Hospital, has departed this life since our last, at his residence at Bad-Weilbach.

A few years ago, had his decease then occurred, it would have excited a universal feeling of regret in the profession, for he had not then abandoned the legitimate practice of medicine, nor taken up with hydropathy, mesmerism, and the other crudities which, of late years, have led several of "ours" to desert their ranks, and to

join the enemy. We shall, however, endeavour to show that the subject of this brief notice had more excuse for so doing than perhaps any other practitioner, who has become a hydropath or homoeopath, could adduce.

Mr. Herbert Mayo was born in Berners Street, where his father resided, on the 3rd of April, 1796, and consequently was in his 57th year at the time of his decease. He was the son of Dr. John Mayo, who was elected Physician to the Middlesex Hospital in 1788, and afterwards held a similar office in the cancer wards of that institution. After passing through the usual routine of education, and acquiring more than a respectable knowledge of the classics, Mr. Herbert Mayo became one of the pupils of the well-known Mr. Joberns, at that time one of the surgeons of the hospital to which his father was attached; and under him he carried out a course of study calculated to render him eminent in his profession. On the 17th of May, 1818, he was appointed one of the house-surgeons, and in that capacity he performed his duties most rigidly and with great skill, paying great attention to the unfortunate sick under his care, and endeavouring in every way to advance the interests of the students, and to assist them in the acquirement of knowledge. His studies were especially directed to that branch of physiology which is connected chiefly with the nervous system—a subject which had been taken up with great ardour by one of the colleagues of Mr. Joberns, the late Sir Charles Bell. Mr. Mayo was engaged for some time assisting Sir Charles in his experiments on the brain, and on the relative functions of the anterior and posterior columns of the spinal cord. Indeed so much occupied was he in these matters, and so closely did he give his attention to it, in the performance and registration of the experiments, and in making and carrying out the investigations, that at last he considered himself entitled to claim a higher rank than that of the mere assistant, and boldly asserted that to him and not to Sir Charles Bell, was the merit due for certain of the discoveries which had been made as to the functions of nerves in the course of their inquiries. This naturally led to the severance of their friendship, and an occasional paper war extending over a considerable period of time.

Meanwhile Mr. Mayo, then in his 28th year, commenced a course of lectures on anatomy and physiology in a school situate in Berwick Street, Oxford Street, where he had a good class, to whom he unfolded the mysteries of the nervous apparatus, as far as they were then known. About 1828 he became the worthy successor of Sir Charles Bell, at the Hunterian School in Great Windmill Street. Prior to this he had been elected to fill the vacant surgeoncy at the Middlesex Hospital in 1827—an office which he held, till from increasing ill health, he was compelled to resign it in November, 1842.

When the proprietary institution, known by the name of King's College, was opened, in 1831, the great reputation Mr. Mayo had obtained, caused him to be selected from a host of competitors for the chair of anatomy and physiology, the museum he had prepared for the illustration of those subjects being disposed of to the College at the same time, to constitute the nucleus of a fine collection of pathological and physiological specimens. When, however, the same chair was vacated at University College, by the resignation of Dr. Jones Quain, Mr. Mayo proffered himself as one of the candidates, but was unsuccessful, with the additional annoyance of having excited feelings of distrust in the breasts of the Council of King's College.

Among the honors of the profession which he acquired in the course of his career, the professorship of anatomy and surgery to the London College of Surgeons was that which he held in the highest estimation, as stamping clearly his status in the profession. This opinion of his will be shared by the majority of the profession, as the conferring of that office on him by the Council of the College was a proof, that in their estimation at least he

held a distinguished place among the cultivators of the medical and accessory sciences.

We have not spoken all this while of Mr. Mayo's private career. Although a man of pleasant manner, and of an amiable disposition, with an agreeable address, he never attained to the possession of a large private practice, notwithstanding his high repute as a physiologist, and his real eminence as a clever practical surgeon. It is a singular fact, that his rival in physiological studies, Sir Charles Bell, was in the same predicament, neither did he ever possess what may be considered a good practice for a consulting surgeon. We believe that his receipts from his professional pursuits rarely exceeded £1000 a-year; while some of his contemporaries, with not one tithe of his general scientific or physiological acquirements, and perhaps even hardly equal to him in practical surgery, were in the habit of taking four or five times as much yearly. It would seem, had we not Sir B. C. Brodie's splendid example to the contrary, that the pursuits of science ran counter in the eye of the public to the possession of practical information, and that he who studied nerves and their functions deeply, could not, in their opinion, correctly judge when a leg should be removed, nor even how it should be done when amputation was deemed requisite.

We have occupied a great deal of space in our account of Dr. Mayo, but we trust our readers will not think we have dwelt too long on the memoir of one who would have attained a still higher position than he did, as a sound practical surgeon, and an excellent physiologist and pathologist, had he not been crippled by disease, which undermined his bodily health, destroyed his vigor, and rendered him incapable of following his professional pursuits. We do not regard it as a blameable error on his part that, under these circumstances, urged on, too, by the advice of medical friends on whose judgment he could rely, he sought relief from a plan of treatment which, when employed empirically, is denounced by the profession, but which still has some parts of its practice allied with, and taken from, legitimate medicine. The error lay in subsequently lending the value of his name to the practice itself, for, unfortunately, many will regard him as having stamped the proceeding by his adopting it, who will not know that in reality he modified it very extensively, when using it for his patients, and conjoined with it the plans and appliances of legitimate practice. May he rest in peace.

We understand, by a letter received from Jamaica, that fever has again broken out in that seemingly ill-fated ship the *Eclair*, (now called the *Rosewind*), and that nearly a third of the crew have been sent to the Naval Hospital at Port Royal. Seven or eight men have already fallen victims to the disease, which it appears was contracted in the river St. Juan de Nicaragua, on the east coast of Mexico. It is not, however, the same kind of fever which raged so destructively in this vessel on the coast of Africa, but the common remitting fever peculiar to hot marshy districts within the tropics. It is not attended with black vomit; and yellowness of the skin is a rare occurrence, even in the fatal cases. Still it is impossible to say how far the character of the fever might have changed, had there not been, instead of a black hole, like that at Bos Vista, a well-ventilated hospital, with an efficient staff at hand for the reception of the sick.

## UNIVERSITY OF LONDON.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.—PASS EXAMINATION.

*First Division.*—John Crown Agnis, B.A., University College; John Beddoe, B.A., University College; George Buchanan, B.A., University College; Henry Ballock, adjoining St. George's Hospital; Wilsa

Fox, B.A., University College; Sydney Jones, St. Thomas's Hospital; John Zachariah Laurence, University College; Frederick Moon, Guy's Hospital; James Champion Penny, St. George's Hospital; Henry Power, St. Bartholomew's Hospital; Henry Robert Silvester, B.A., King's College; John Kent Spender, King's College; Arthur Umphelby, adjoining St. George's Hospital.

*Second Division.*—John Henry Bartlett, University College; Samuel Athanasius Cusack, Royal College of Surgeons in Ireland; Alfred James Dale, London Hospital; John Footman, University College; Charles Moore Jessop, King's College; Henry Leach, Guy's Hospital; John Alder Vincent, Queen's College, Birmingham; William Joseph Williams, St. George's Hospital.

#### EXAMINATION FOR HONOURS.

*Anatomy and Physiology.*—Henry Power, Exhibition and Gold Medal, St. Bartholomew's Hospital; John Zachariah Laurence, Gold Medal, University College; Sydney Jones, St. Thomas's Hospital; John Crown Agnis, B.A., University College; Henry Bullock, adjoining St. George's Hospital, and Henry Robert Silvester, B.A., King's College, equals; George Buchanan, B.A., University College; Arthur Umphelby, adjoining St. George's Hospital.

*Chemistry.*—G. Buchanan, B.A., Gold Medal, University College; John Zachariah Laurence, Gold Medal, University College; Henry Power, St. Bartholomew's Hospital; Frederick Moon, Guy's Hospital; Henry Robert Silvester, B.A., King's College; James Champion Penny, St. George's Hospital.

*Materia Medica and Pharmaceutical Chemistry.*—Frederick Moon, Gold Medal, Guy's Hospital; John Zachariah Laurence, Gold Medal, University College; James Champion Penny, St. George's Hospital; Henry Robert Silvester, B.A., King's College; Sydney Jones, St. Thomas's Hospital.

*Botany.*—Henry Power, Gold Medal, St. Bartholomew's Hospital; George Buchanan, B.A., University College; James Champion Penny, St. George's Hospital.

#### ROYAL COLLEGE OF SURGEONS.

At the last meeting of the Council the following members of the College were admitted Fellows under the provisions of the recent Charter.—James Ramsay Atkins, Stoke Newington, diploma dated July 1, 1825. Henry Woodruffe Bailey, Thetford, Norfolk, Sept. 7, 1810; William Blaythwayte, Louth, Lincolnshire, Sept. 27, 1833; George Eleazar Blenkins, Whiteheads Grove, Chelsea, Oct. 7, 1836; Thomas Leigh Blundell, New Broad Street, May, 1, 1812; Peter Bossey, Woolwich, April 2, 1828; Robert Brown, Preston, Lancashire, Sept. 7, 1821; Samuel Bucknill, Rugby, March 21, 1806; Pye Henry Chavasse, Birmingham, Jan. 18, 1833; Robert Romley Cheyne, Berners Street, Jan. 31, 1834; Thomas Farquhar Chilver, New Burlington Street, Oct. 17, 1822; Marc Antony Basille Cortin, Guernsey, Oct. 4, 1836; John Courteney, Artillery Place, May 27, 1831; Henry Curling, Ramsgate, July 28, 1837; James Stock Daniel, Ramsgate, Oct. 20, 1826; Edward Doubleday, Blackfriars Road, Oct. 6, 1820; Arthur William Damville, Manchester, Nov. 20, 1835; Enoch Dunkerley, Oldham, June 19, 1829; James Garstang, Clitheroe, Jan. 29, 1828; Raymond Gasquet, Euston Place, Feb. 15, 1811; Charles Mends Gibson, Norwich, Jan. 27, 1832; Henry Greenwood, Horselydown Lane, Oct. 7, 1814; John Hainaworth, late of Lincoln, Sept. 10, 1830; Samuel Hare, Langham Place, Feb. 3, 1809; Wintour Harris, Clapham Road, April 21, 1835; William Heane, Bury St. Edmunds, June 2, 1834; James Torry Hester, Oxford, June 1, 1821; Francis Edward Hicks, Henrietta Street, Cavendish Square, Feb. 17, 1832; Charles Hogg,

Finabury Place South, May 27, 1836; Wm. Hughes, Lamb's Conduit Street, Nov. 1, 1816; William Barclay Hutchinson, Guildford Street, Dec. 4, 1829; Henry Derville Jones, Sobo Square, May 8, 1835; William Jones, Weston-super-Mare, Oct. 7, 1836; George Kelscn, Sevenshale, Feb. 7, 1817; Edward Lacy, Poole, Dec. 6, 1822; John Lavies, Great George Street, Oct. 15, 1819; William Lloyd, Army and Navy Club, Oct. 15, 1813; Charles James Malton, Upper Seymour Street, April 15, 1836; Miles Marley, Cork Street, May 5, 1820; Thomas Leman Matthews, Orsett Terrace, Hyde Park, Jan. 7, 1820; Thomas Mellor, Manchester, March 21, 1834; James Nichols, Savile Row, Sept. 21, 1827; George Ord, Brixton Hill, Feb. 8, 1831; James Phillips, Bethnal Green, March 21, 1828; Lewis Powell, John Street, Berkeley Square, Feb. 6, 1818; David Price, Margate, May 15, 1812; John Pyle, Oxford Terrace, Jan. 5, 1836; Thomas Radford, Manchester, August 1, 1817; George Rawbone, Chelsea, Oct. 4, 1822; George Sylvanus Snowden, Ramsgate, Sept. 17, 1830; William Solo, St. Neots, June 19, 1829; George James Squibb, Orchard Street, Feb. 2, 1821; Charles Frederick Staunton, Royal Artillery, Woolwich, Nov. 12, 1830; Thomas Stevenson, Upper Grosvenor Street, Dec. 7, 1821; Richard Stokoe, Peckham Rye, Feb. 13, 1829; Frederick Symonds, Oxford, April 28, 1837; William Thomas, Pembroke Dock, Jan. 17, 1823; Charles Tunaley, Millbrook Place, April 13, 1830; Thomas Ward, Southgate, Oct. 21, 1831; Henry Watson, Half-Moon Street, July 17, 1835; George Webster, Sussex Gardens, Feb. 25, 1831; William Corner West, Great Malvern, April 29, 1833.

The next professional examination for this distinction will take place in December next.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted Members on Thursday, August 12th:—John Allinson, Penrith, Cumberland; Norris William Best, Wednesbury, Stafford; George Augustus Blake, London; Edward John Complin, London; James Hartley, Settle, Yorkshire; Robert Heslop, Manchester; James Hurd Keeling, Edinburgh; James Kerr, Leeds, Yorkshire; James Shepherd, Northallerton; John Smith, Daventry, Northamptonshire.

Gentlemen admitted Members on Thursday, August 19th:—George Vinipombe Coates, London; John Brendon Cargiven, St. Kew, Cornwall; Bernard Haldan, Preston; Benjamin Hunt, Napton, Warwickshire; Annes Ingham, Hebden Bridge, Yorkshire; James Scarborough Loe, Leeds; Thomas Mackay, Shelton; Thomas Alban M'Mann, Hull; William Niven, London; Thomas Walton, Hull.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### NOTICE TO MEMBERS.

Gentlemen will observe that the Annual Subscriptions become due on the First of January, those who have not yet paid their subscriptions for the CURRENT YEAR, or who are in ARREARS, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association, Worcester.

J. P. SHEPPARD.

Worcester, August 17th, 1852.

Secretary.

#### TO CORRESPONDENTS.

Communications have been received from Dr. Cowan; Dr. Tilt; Dr. Hake; Mr. Hux; Dr. Williams, Apsley Guise; Hospital Reports, (no signature—supposed Nil Desperandum); Dr. Copeman; Dr. Day; Mr. Cowley; Dr. Cotton; Dr. Tunstall.



LECTURES.

ON THE

DISEASES OF CHILDREN,

DELIVERED IN THE

Chatham Street School of Medicine, Manchester.

By DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesh, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesh; Fellow of the Imperial Society of Vienna, etc.*

LECTURE XIII.

*Treatment of continued fever in its hypersthenic and asthenic stages.—Local affections (apparently inflammatory) which arise in the hypersthenic stage, require moderation in the use of debilitating means: the fever itself, uncomplicated, if present in infants, requires a bland and expectant management, in spite of high hypersthenic symptoms. Above that age some remedies admissible. Sponging with cold water. Two asthenic forms, and their treatment. Complications—diarrhoea, and angina; treatment.*

GENTLEMEN,—Having to speak at present of the treatment of continued fever in its *hypersthenic and asthenic stages*, I beg you to remember the principles mentioned when we spoke of the management of continued fever within the first day or two. You will continue to follow, with a vigilant eye, the state of the head, throat, and abdomen, and combat local affections and complications, if there are any. A degree of erythematous angina is not unfrequent at that stage. But, although the hypersthenic symptoms may appear high and tumultuous, let me recommend moderation in the use of active remedies against local affections, particularly in leeching and the employment of the emetic. We must pay attention to this. That kind of local affection which may appear as inflammatory, showing itself under very high temperature, and dryness of the skin, with the pulse above 160, does not admit of such powerful antiphlogistic treatment, as if the same local affection had appeared in the form of *primary inflammation*, under less heat, dryness, and frequency of the pulse. The passage to asthenia, in this case and age, is too easy, and may be precipitated by even a moderate loss of blood. Thus, too, if signs of angina should appear about the third day of the fever, under the described hypersthenic symptoms, there is scarcely any good chance for the emetic, unless the constitution of the child and its age, be particularly encouraging. Bilious discharges must rather be gently promoted, never directly stopped by astringents, and the general bilious tint, particularly in hot summer time, counteracted by tartaric or citric acid, in solution. But if there is no salient complication, and the child be of tender age, the management must be rather abstemious from medicine. The usual way of practice in these cases, is to prescribe some saline, antimonial, or other kind of active remedy, calomel not excepted. This practice is intended to break the violence of vascular action, cool the blood

and the like, all very specious, if we could but realize them with those remedies which, uncertain even with adults, seldom fail to derange the delicate stomach of the child, or to throw a new brand into the disordered system. Abstracting from the imperfect knowledge we have, as yet, of the nature of continued fever, comparative experimentation, instituted in different continental hospitals, though not to sufficient extent yet, speaks in favour of a more bland or negative treatment of all kinds of primary fevers, including typhus. I have applied myself to the same investigation, as far as relates to infants and children, during the last six years in the hospital under my care. I am sorry I am not enabled yet to bring before you the results in exact figures; I can assure you, however, that—abstracting from local complications, which you must not overlook, and which may require some special and active treatment—in spite of the dangerous aspect of the mentioned hypersthenic fever, you will be happier in practice by withholding from such little patients, most particularly nurslings, most of those remedies. How frequently practitioners must lay aside, or change, and again change, that kind of prescription for adult patients who complain of some disagreeable effects. Nurslings cannot complain; but a careful observer will frequently have noticed more restlessness, increasing tenseness of the epigastrium, eructations, and similar symptoms, soon after a few doses.

It is not an easy thing to have before you a child in high fever, amidst an anxious family, and not to act. The homoeopaths are, at any rate, in an easier position whenever nothing must be done, because their globules act at least upon the parents of the child; as to ourselves, we want not only certain firmness of mind to keep an expectative position in face of alarming symptoms, but this firmness at the same time must support us through our manner and words before the excited parents. There is, no doubt, a bland or expectant treatment in the mentioned instances, require more distinguished qualities on the side of the physician, than that which blindly deals with powerful drugs. Still, if your patient is an infant, you must try to enable yourself, by degrees, to inaction as well as action, and it may serve you as an encouragement, that the results of the Children's Hospital of Pesh—obtained from the examination of many hundreds of recorded cases of primary fevers of every description—speak decidedly in favor of mild or negative treatment, including fomentations, poulticing, various injections, and general sponging. I remember, amongst others, the *resumé* of 100 cases of the kind, with a mortality of 8 per cent., (very little in that age,) 20 of which have not taken internal medicines at all, and most of the 80 only occasionally, for one or other symptoms. By and by I did the same in my private practice, which increased rapidly, and to an uncommon extent, in that department of physic.

What I recommend you, therefore, in the case of uncomplicated continued fever in its hypersthenic stage, in an *infant*, is this:—reduce the quantity of milk which the infant used to take, and give frequently cold water, with sugar, to drink; only, if the patient is above

one year, or two, and no sign of gastric disorder present, then, if you think it proper, prescribe *an ounce or two* of those light acidulated mixtures mentioned in Lecture VIII.

In the case of pharyngeal irritation, the following mixture may answer the best:—R. Rad. Alth., Fruct. Tamarind, utr., dr. iss.—iij.; Coqu. c. sq. qu. s., p. ½, hor.; Ad. Colat., oz. ss.—iij.; Adde Acidi Hydrochlor. Dilut., scr. j.—dr. ss.; Syrup. Citri., dr. iss.—iij. S. One teaspoonful or two every hour.

Perspiration is the natural and desirable crisis, but it must not be enforced by direct internal means. The bowels should be assisted if necessary, by injections of castor oil. Most warmly I recommend you in the stage in question, to sponge with cold water the whole surface, and let it evaporate under the coverings. This (too much neglected with adults) has still more striking good effects upon the delicate and active skin of children; it may be repeated as soon as the skin would again become hot and dry. No fear of a hidden exanthema should ever deter you.

The *treatment of the asthenic stage*, I find, must be rather active. Remember the principal symptoms. But I will bring before you *two* different forms and indications. There are, of course many varieties.

First, you may have this: under rapid increase of frequency (towards 180 and more) and feebleness of the pulse, and dryness of the skin, its temperature is high, the movements of head, eyes and limbs, show great restlessness, startings, twitchings, and occasional tremor. Under this group of symptoms, which may perhaps correspond to the erethistic stage of the nervous fever of adults, as described by Peter Frank, I have adopted with great success camphor with opium internally, and cold sponging with water and vinegar (about one-sixth part of the latter), rubbing, with flannel dipped into it, the chest, abdomen, and limbs, for a few minutes, and then rub them dry.

This form you will seldom see under three years, when a single dose should not be more than one-sixth of a grain of both Pulv. Doveri and of camphor, with some grains of sugar, all reduced to the finest possible powder, watching carefully the effect, and not to be more than two or three doses, stronger or weaker, according to the age; if they do good at all, few doses will do so, and the improved state will commonly not admit of further repetition. Besides that, you may give a light infusion of valerian, half a scruple to the ounce, to drink from time to time, *cold*.

The signs of improvement will be: decreasing frequency of the pulse, with more turgor and less dryness of the skin, more rest, and better countenance. Another important indication you will find in this: rapid increase of frequency of the pulse, (180 and more,) and marked feebleness; the heat of the skin decreases rapidly with the exception of the forehead, which is very hot; torpid drowsiness or sopor, with moaning, head and eyes heavy, little or no restlessness, nor convulsive twitchings or tremors. In this case the action of opium would be almost certainly fatal. In this state I recommend you, instead of camphor, a drop or two of Spt. Ammon.

Arom., to be repeated according to its effects, and a light infusion of arnica-roots, to drink hot, from time to time. Sponging must be performed with hot camphorated brandy, rubbing at first the skin with it, energetically, and then rub it dry with warm flannel. The principal signs of improvement will be: decrease of frequency of the pulse, with simultaneous increase of heat and turgor, and more animation of movements and countenance.

Both these asthenic forms, in order to present the mentioned indications, must have been shortly subsequent to what we have traced as the hypersthenic stage.

Both are exceedingly dangerous, the latter almost constantly fatal; both differ from what we see in adults, by the more striking appearance and progress of debility, and exhaustion of vitality. A mischievous mistake it would be, if you were misled by the soporous or comatous form, to take and treat secondary asthenic fever for meningitis. I beg therefore to remind you of the description of this disease. On the distinction from typhus—more difficult but less important—I will speak in a future lecture.

I have frequently dissected bodies of infant children, who died in these forms in four or five days, in whom I could not detect anatomical changes at all. This happens rarely with elder children, and still less with adults; asthenic stages of different primary fevers run all much slower and longer in the latter; and after a strict comparison, I should think, in the tender organism it cannot come in continued fever to such a degree of chemical change of the blood, as in elder individuals. Exhaustion of nervous power sooner causes death, and seems to be the more immediate agent towards death. Therefore I thought “asthenic” to be a proper term for that kind.

There have been cases in which I have prescribed quinine with camphor, from a quarter to half a grain of the former, with one-eighth of a grain to one quarter of the latter, to be repeated every two hours. The indication of this was in particular founded upon low or moderate temperature of the skin, the pulse above 160; and every expression of muscular languor, weakness in the spinal innervation, no convulsive restlessness, nor the signs of decided torpor as above. An essential condition for the tolerance of quinine is a soft, proportionally good state of the abdomen. This I did successfully in elder children, but with disagreeable effects in some under two years of age; that remedy is not so proper for their tender stomachs.

And you will meet with that kind of asthenic stage consecutive to the primary hypersthenic, in different variations, gradations and shadows, on which you must found your judgment, principally upon the often-mentioned proportional relation of principal symptoms. In some instances it will not appear clearly, if the case be of the hypersthenic or the opposite character. I wish you, in these instances, to see that you see clear, and I advise, that when you see not clearly, you should fancy, before you act, that an homoeopathist is at the door, or place yourself even, when you act, as if upon a level with him. Active remedies under clear circumstances,

and negative conduct under the opposite. Thus you must fight the battle against homoeopathy. Thus I fought it; not directly attacking them, and attributing homoeopathic progress to many causes, but not to the most real, to our own imperfections or imprudence in practice. I believe that acknowledging their negative power, in many obscure cases, suits us better than an inveterate confidence in obscure therapeutical actions against obscure maladies. This reflection finds a particular application to children's practice. Do not imagine too easily you know the pathological condition of the child, and if you think you are not quite sure, apply nothing, or quite indifferent things, as *f. e.*, tea-spoonful doses of an infusion of ipecacuanha, two or three grains to the ounce, or similar, to which some physicians even may attribute, I do not know what effect, but which may be considered as an allopathist homoeopathism, sometimes required for those patients, or families, who absolutely wish to see prescriptions and medicines!

*Complications of that asthenic stage*, as described, are very few; if these are hidden or apparent, they date their origin from the other stage.

*Diarrhæa*, which we see sometimes to appear, is connected with little or no signs of pain, is thin, mostly of some brownish colour, and very offensive smell; the abdomen, not constantly distended with gases. In rare cases it is of a dirty whitish, greyish aspect.

This complication will but hasten the decline of vital power. Bilious discharges, I mentioned already, sometimes appearing at the height of the hypersthenic stage, as a good occurrence, but rare at the tender age. If so, the temperature will decrease, and the little patient show more rest, which you will not mistake for commencing asthenia, if you find that along with the heat also the frequency of pulse decreases.

It wants not to be repeated, that bilious discharges, green at the very moment of the discharge, must not be directly suppressed; sometimes even under the presence of the asthenic character of fever, when scarce, rather promoted by bland doses of castor oil. Hence it follows, that if at the stage of transition towards, or even at the apparent beginning of the asthenic stage, you should happen to find dirty whitish discharges, without trace of bile, and the right hypochondrium tense, you may adopt the following indication:—From a quarter to half a grain of calomel, or more, according to the age, to be repeated every two hours, until the effect becomes manifest. If, however, those whitish discharges are copious, then it would be imprudent to give more for a dose than one-sixteenth or one-twelfth of a grain.

As to the other bad kind of diarrhœa, thin, dark coloured and foetid, under a rapid progress of asthenic symptoms, little can be done against it by direct remedies. To stop it in these cases by opium, is the most dangerous plan. If there is any good chance, it must follow the above-mentioned treatment by internal and external stimulant means, upon the nervous system, and the skin, to which, if the skin has a moderate or low temperature, you may add hot poultices, with one-eighth

part of mustard, made up with brandy instead of water, on the abdomen.

If, during the hypersthenic stage, symptoms of active congestion, in the brain, lungs, or liver, were present, these in the asthenic stage, will disappear, or take up a passive character, unmanageable by active antiphlogistic means. The skin, being now in a more dry and less active condition, will allow the use of sinapisms, not to be carried, however, to too strong an effect; and no blisters, which easily might cause unhealthy ulcerations.

*Angina of any kind* if it was present at the other stage, will have the same lot of passing into a passive state. Slight degrees of swelling, under the fatal progress of asthenia, I have seen to disappear. Pharyngeal ulcerations take up an unhealthy aspect, dirty-pale surface, and pale all around; in some cases, however, we observe a livid aspect, which, if the asthenic stage continues some days, may pass into sphacelous sloughing. The greater the debility, the less good you can expect in these cases, either from the internal use of the above mixture, with hydrochloric acid, or the local application of the caustic. You must rely upon the internal and external stimulant plan, as recommended in this lecture, and locally touching by a sponge with camphorated brandy.

If in young children you succeed to check the progress of the asthenic stage, and to resuscitate vital energy—manifested by those changes of the skin and the pulse which I have already indicated—still the recovery will be slow. And remarkable it is, that whilst the more rapid progress towards recovery immediately from the height of the hypersthenic stage, shows a more or less striking critical action, by perspiration: the slow recovery from the asthenic stage will manifest nothing, or very little, of that visible crisis.

In some cases asthenia, subsequent to the height of the hypersthenic stage, takes another course: when, on the third or fourth day, the danger of that high fever seemed to pass away, under some moisture of the skin, better pulse and countenance, still recovery will not duly go on. The head of the child seems easier, the skin less hot, and the pulse comes down towards 150 or 130, but the child is exceedingly weak, restless, and irritable, with disordered abdominal functions, and thus by-and-by the fever ceases entirely, or passes into a gastric, remittent form, puzzling your expectations. Of these forms I will speak on a future occasion, concluding with again recommending you great reserve with internal medicines. Whenever the indication in the course of a continued fever is not quite clear, rely very much upon the management of the skin. I believe I have saved more children's lives from the dangers of fever by acting upon their skins, than by their mouths.

On the whole, the hypersthenic and asthenic character of simple continuous fever are both rather rare in infants and children.

## ON THE TREATMENT OF INCIPIENT HYPERTROPHY OF THE HEART.

By T. G. HAKE, M.D.,

*Physician to the Bury and Suffolk General Hospital.*

I AM desirous of drawing attention to the treatment of heart disease by means of inhalation. All remedies are in a certain sense applied with a view to effect local changes; but it has not been sufficiently considered that by means of endosmosis it is easy to bring our remedies into direct contact with the lining membrane of the left heart and aorta, as well as with the capillaries of the pulmonary tissue. A sedative, (for example, fox-glove or hydrocyanic acid,) suspended in the vapour of water, or in atmospheric air, and inhaled, must pass by a well-known law into the capillaries of the lungs, and accompany the newly-aerated blood which they contain through the pulmonary veins to the left auricle. The result of this process of treatment is direct, as respects the left auricle and ventricle only; but it is this side of the heart principally which becomes affected by disease, particularly by that form of it—namely, hypertrophy, which is susceptible of relief or cure by the means to be presently pointed out.

While it is impossible to cure hypertrophy of the heart in an advanced stage,\* it is of great importance to know that it may be cured easily in an early form, especially when it is remembered that the affection, at first slight, is progressive, and is attended with peculiar distress to the patient from its invasion.

The method pursued by me in the treatment of this disease is the following:—I order from five to ten drops, the increase being gradual, of diluted hydrocyanic acid to be inhaled three times a day in the vapour of hot water, at the hours of eleven, three, and seven, or midway between meals. The patient is directed to lie down for one hour after each inhalation of the acid. The effect of the treatment is at once to subdue the increased impulse of the heart for the space of an hour or more after its application, and the mere rest thus acquired by the organ conduces to restore it to health. Faintness is experienced by the patient for some time after inhaling the acid, not to a sufficient degree to be distressing, yet to such an extent as to render the recumbent position advisable. In mild cases, at the end of four or six weeks, the periodical arrest of impulse produced in the heart becomes persistent, but this improvement is attended with distressing feelings of faintness, and a return of palpitation on the occurrence of exciting causes. But at this period of the treatment the organic affection has given way, the hypertrophy, or over nutrition is checked, and it only remains to restore tone to the nervous system of the

thorax by quinine and steel, aided by a liberal diet. I have pursued this plan of treatment for twelve years in the wards of the Suffolk General Hospital, and in private practice. I have never known it to fail.

I venture to call the attention of those who engage themselves in the diagnosis of heart diseases to the above brief remarks, and to predict that they will prove suggestive of new modes of treatment, not only in these, but likewise in aortic affections. I need scarcely add, that remedies of the most opposite character may be thus employed to combat the different forms of disease.

Touching the pathology of the affection under special discussion, it has been considered on high authority that hypertrophy of the ventricle cannot subsist long in its simple form, and that it is difficult to authenticate its presence before it merges into dilatation. The diagnosis of a simple hypertrophy is no doubt inferential; the local character of such an affection quickly merging into the more general form in which dilatation originates, enlargement of all the fibres necessarily giving rise to increase of the ventricular cavity. Still a simple hypertrophy is possible, but this I would not infer on the usual grounds. I would not admit that an affection of this kind, giving rise to eccentric enlargement in its bulk, without affecting the cavity of the ventricle, was simple, any more than it would be admitted generally that a similar affection, which, from its position, caused the cavity of the ventricle to be diminished, (concentric hypertrophy,) was simple.

Both eccentric and concentric hypertrophy, though thus affecting the bulk and the capacity of the heart by the same morbid process, but with a different result as respects form, may take place under a similar law to that which governs simple hypertrophy, an affection modifying neither the bulk nor the capacity of the organ in which it happens.

A simple hypertrophy, coming within the above definition, may occur in any part of the heart, whether in the superficial, reflected, or proper fibres. It may be unattended with increase of bulk, though not of density. Indeed, in true hypertrophy, with whatever changes it may otherwise be associated, the consistence of the heart is increased, though its texture remains normal. And it is constantly found that the right ventricle becomes tough to a degree unknown even in the ventricle of the left side. Now, this increase of consistence, by which true hypertrophy is characterized, can arise only after a displacement of areolar tissue and sarcolemma, and a development of muscular fibre in the heart; and when constituting the form of disease named simple, might with propriety be called centric hypertrophy, in contra-distinction to eccentric and concentric, both of which, however, are eccentric in relation to it.

There are forms of cardiac disease classed under the head of hypertrophy, in which the colour, texture, and consistence of the heart are abnormal, and might give rise to a doubt whether a true muscular hypertrophy is to be recognized as their distinguishing feature, a question which the microscope will determine. Meantime, physiologically speaking, every instance of incipient hypertrophy of the heart bears within itself

\* Since this paper was written I have seen a patient who has been under the treatment here laid down for several years, at intervals. His case was originally one of the worst forms of hypertrophy of the heart from rheumatism that ever came under my notice. It is now so greatly relieved as to present only a slight form of the disease, and I believe it to be susceptible of a complete cure. I shall refer to it in a future paper.

the elements of its own increase, and while the developing process has a resemblance in this respect to that of a voluntary muscle, there is no power in the heart, as in the arm, of securing rest, and the consequence is, a disproportionate increase of bulk in the overactive organ. The purpose of treatment, therefore, is to imitate the effects of rest on a voluntary muscle, and this is fully effected by the remedy prescribed above. It must be evident that a careful diagnosis is an important antecedent of treatment in these cases. Where fatty degeneration is supposed to be blended with the hypertrophied tissue, there is already a disposition to leipothymia, which should counter-indicate the use of the acid, and reasons might easily be adduced why no success could be anticipated from its employment when the heart is flabby as well as enlarged, and its tissue is infiltrated with the products of inflammation. These points are to be judged of by general as well as special diagnosis, and by the previous history.

The causes of a true hypertrophy are often accidental, arising most frequently from overeffort of the muscular system, and from the extension of rheumatism; these occur often in the healthy, and their effects are peculiarly susceptible of cure; but where the endocardium or the valves have undergone change the bruit remains after the preternatural impulse is arrested.

I will conclude by observing that the most promising cases are those which, while classed as presenting pathological phenomena, not only from errors of relative proportion of the part affected to the entire organ, but from the numerous disturbing causes which they introduce, must be viewed as resulting through physiological phenomena. There is probably as little relative difference between the hard muscular limb of a trained man, and true hypertrophy of the heart from mechanical obstruction, on the one hand, as there is between the flabby, voluntary, and involuntary muscles of the anæmic patient on the other. Indeed it may be shown that, in ordinary development from the foetal to the mature life of the heart, a law is observed similar to that which governs its hypertrophic increase. It is in fact found, that the various parts of this organ attain their due proportions in connection with the increased demand made upon them; the ventricles enlarge as the Eustachian valve becomes closed, the auricles having their development arrested as the foramen of Botal becomes opened, or in other words, the conversion of the ventricles from a single to a double organ, is attended from the third to the fifth month, with the establishment of that due proportion between the ventricles and auricles—owing to the increased activity of the former—which, in early foetal life, was wanting, affording a normal instance of an hypertrophy proceeding in one portion in relation to another, in the same organ. At the fifth month of foetal life the left ventricle is more capacious than its fellow, but the thickness of the walls of the heart is the same on both sides. But afterwards, when the function of the left heart is called into full action, the proportionate thickness of the wall of the left ventricle to the right changes rapidly; instead of remaining equal it becomes as four or even five to one.

## ON THE TREATMENT OF DIARRHOEA AND DYSENTERY BY SULPHURIC ACID.

By EDGAR SHEPPARD, Esq., M.R.C.S., L.S.A.

THE treatment of diarrhoea and dysentery by means of sulphuric acid, of which mention was made in the various medical journals some months ago, and the efficacy of which has since been confirmed by a few practitioners, has received in my hands the most rigid and severe experimental test; and though I am averse generally to obtrude myself, and the details of my practice, upon the notice of the public, I cannot, upon this occasion, refrain from doing so, inasmuch as the facts which I propose to state are so striking, and the evidence which I am about to offer so conclusive, (to my own mind,) that I think I ought to press upon my medical brethren the propriety of testing and comparing with the olden, this modern treatment—a treatment which (for what reasons I know not) has not yet received that support and countenance from the profession to which it is most fully entitled.

Though it is true that sulphuric acid, combined with some alkali, in the shape of a neutral salt, has been frequently administered in various forms of dysentery, I believe the exhibition of it alone, and uncombined, in indiscriminate cases of diarrhoea, to be perfectly novel.

During the last six weeks I have seen upwards of fifty cases of diarrhoea, many of them being severe, some few the very worst, forms of English cholera. In only one instance have I witnessed the failure of the acid treatment, and in that instance the chalk and astringent treatment was unsuccessful also. There was only this difference between the two systems:—the acid plan seemed to have no effect upon the disease, the chalk plan actually aggravated all the symptoms to a very frightful extent.

I propose in this brief paper, first to give my readers some idea of the character of the prevailing epidemic in my locality; secondly, I purpose detailing a few of the worst cases selected from my note-book; and, thirdly, I propose to draw a few practical conclusions from them as to the comparative advantages of the alkaline and acid modes of treatment.

I. The character of the epidemic, which has been so prevalent in my neighbourhood during the last six weeks, has been as follows:—Great prostration of the vital powers; severe griping and pinching pains in the bowels, (not invariably,) greatly aggravated by drinking anything hot, greatly relieved by cold; tongue generally dry and furred, occasionally moist and red; distressing flatulence, the bowels being at times very much distended; burning thirst, and sensation of heat down the whole course of the alimentary canal, with (in some cases) incessant vomiting.

II. Case 1.—I. T., seized on the morning of August 1st with violent pain in the bowels, with vomiting

and purging—a most decided case of what is vulgarly called “*upwards and downwards*.” I was sent for about nine o’clock in the evening. He complained of intense pain, which had been greatly increased by his having swallowed, about half an hour previously, a cup of hot tea, although the stomach only retained it for about five minutes; pulse feeble, 120; tongue red and moist; feet cold; intense thirst and desire for cold water, which his friends would not let him have; had had about fifteen watery rice-coloured evacuations since the morning. Nothing would remain on the stomach. I immediately gave him a dose of the following mixture, which I had taken with me in my pocket, upon his wife’s description of the case:—R. Sacchari Albi, dr. iv.; Acid. Sulph. Dil., dr. ij.; Tr. Cardamom Co., dr. iv.; Aque Menth. Pip. ad., oz. vi. M. A fourth part to be taken every four hours.—The patient had no sooner swallowed the mixture than it returned. I then ordered some cold water fresh from the pump—to be procured, when I allowed him to drink as much as he desired. He immediately swallowed three tumblers full, and expressed the most intense satisfaction. “The burning heat,” he said, “was quenched.” The pain immediately ceased. The sickness did not return. In about ten minutes time I gave him another dose of the mixture, with a pill of calomel and opium, one grain each, and left him with directions to continue the mixture every four hours, and drink as much water as he wished. The following day I found my patient quite well. There had been no recurrence of either the vomiting or purging.

Case 2.—Rev. T. S. is subject every summer, being a nervous weak subject, to attacks of dysentery, which leave him in a state of great prostration. I first saw him August 3rd. The dysentery had been on him for three days, and had not yielded to his usual remedy—the Mist. Cretæ Co., with a little Tr. Opii. Great pain in the bowels; subject to, and then suffering from, ascarides; tongue dry and furred; constant nausea. Ordered the same mixture as in case 1, which afforded immediate relief. The next day my patient was convalescent, suffering only from great debility. On the 5th of August he went to Gravesend for change of air; and I gave him an ounce bottle of the dilute sulphuric acid, with directions that he should take twenty-five drops whenever he was threatened with any return of the dysentery. Gave him a turpentine enema the night previously, which destroyed a whole nest of ascarides. On his return from Gravesend, Mr. S. stated that he had had several attacks, but that they had been immediately checked by the exhibition of the drops. He complained of the chalk mixture as having invariably “clogged” the bowels, and produced constipation, whilst the acid stopped the dysentery by increasing the tone of the mucous membrane of the canal.

Case 3.—J. Q., 2 years of age. Summoned to this child early in the morning of August 6. Incessant pain in the bowels, and purging for the last eight hours; skin cold and clammy; pulse extremely feeble,

and rapid; intense anxiety of countenance. In fact, the child appeared moribund, and the parents quite thought the case hopeless. They had given a little brandy, which had been immediately rejected by the stomach. I sent for a tumbler of cold water, which the child caught sight of, and requested to have. The little thing drank off the whole, and sunk back on the pillow quite exhausted. Ordered the following mixture:—R. Acid. Sulph. dil., dr. j.; R. Cardamom Co., dr. j.; Sacchar. Alb., dr. ij.; Aq. Menth. Pip., ad., oz. ij. M. A teaspoonful every hour. I called at two o’clock P.M., when the child was sitting up in its mother’s arms, eating a piece of bread and butter. The purging had quite ceased. Mrs. Q. said “the effect of the first dose was quite magical—the child altered for the better in about ten minutes.” On the following day my little patient was running about the room when I called. Being a delicate scrofulous subject, I prescribed eight drops of muriated tincture of iron three times a day.

Case 4.—T. L., aged two years and a half. Symptoms precisely analogous to those detailed in case 3. Saw this child on Sunday evening, August 29. Ordered mixture as above. All the symptoms immediately relieved.

Case 5.—Mrs. B., a lady from Devonshire, 70 years of age, taken ill August 26. I saw her on the morning of that day. Great uneasiness in the bowels, hardly amounting to serious pain; constant vomiting and purging; tongue dry and furred; foetid breath; pulse 100; abdomen tympanitic; great thirst. Ordered iced water *ad libitum*, and the following mixture and pill:—R. Sacchari Albi., dr. iv.; Acid. Sulph. Dil., dr. iij.; Tr. Cardamom Co., dr. iij.; Liq. Morph. Bimecomat., m. xl.; Mist. Camphoræ, oz. vss. M. A fourth part to be taken every four hours.—R. Hydr. Cam. Cretæ, gr. iij.; Pulv. Ipecac. Co., gr. ij. To be taken as a pill immediately. On the following day I found that my patient had obtained relief in the course of two hours. Only one evacuation since my visit yesterday; pulse 88; tongue moist, and not so much furred; abdomen less tympanitic; had passed a comfortable night. She said she believed the iced water had “done wonders for her.” Rapid improvement took place, and she left here for home August 31st.

Case 6.—Mr. J., seized with violent vomiting and purging August 29th. Intense thirst and burning heat down the alimentary canal. Had been persuaded to drink hot things, which had greatly aggravated the symptoms. Flatulence and severe abdominal pain. Ordered cold spring water *ad libitum*, which checked the vomiting, followed by thirty drops of the acid, with Tr. Cardam. Co. every four hours. Immediate relief.

III. The above cases have been selected from my note-book to illustrate the *rapidity* of the cure in the treatment by the sulphuric acid, as compared with that by chalk and opium. In every case that I have seen, with one exception, the amelioration in all the symptoms

has been equally rapid. This exception occurred in one of my own servants, a delicate young woman, 25 years of age. The acid treatment did not seem to do her much, if any, good, when I immediately resorted to the following mixture, (my olden form for the treatment of diarrhoea):—R. Cretae pp, dr. ij.; Conf. Aromat., scr. ij.; Sp. Ammon. Aromat., dr. ij.; Tr. Opil, dr. j.; Tr. Catechu, dr. iv.; Aq. Menth. Pip., oz. v. M. A fourth part every four hours.

The first dose so aggravated her symptoms that I could not persuade her to take a second. I then returned to the acid treatment, in which she persevered for two days, being occasionally better, and then again as bad as ever. The symptoms at length yielded to the following combination:—R. Potass. Chlorat., Sodæ Sesquicarb., utrq., dr. j.; Tr. Cinchonæ Co., dr. iv.; Sp. Æth. Sulph. Co., dr. j.; Infus. Cascariæ, oz. v. M. A fourth part every four hours. A glass of port wine twice a day.

In about ten cases out of the fifty entered in my notebook, I first tried the chalk and opium treatment, before resorting to the acid; in *only one* was perfect relief afforded. The vomiting has been so severe in the prevailing epidemic, that it would seem as if the stomach was unable to bear so nauseous a mixture as that of chalk and opium. And in most of the cases I have found the best, indeed the only efficacious plan to be, to relieve the intense gastric irritation by cold water, before resorting to the medical treatment. In some cases, if the stomach will bear it, the chalk seems to stop the diarrhoea, but to increase the nausea, and produce most uncomfortable sensations in the bowels on the day after its exhibition. This I have invariably observed in the olden plan of treatment.

The conclusions to be drawn from my experience of the sulphuric acid in the treatment of diarrhoea and dysentery, are as follows:—

1st. It is *more efficacious* than alkalies, opiates, and astringents, in a proportion greatly exceeding ten to one.

2nd. It is *more rapid* in its action, (especially in children,) in a proportion greatly exceeding twenty to one.

3rd. It seems to act in a more rational and (if I may so express myself) scientific manner, by increasing the *tone* of the mucous membrane of the alimentary canal, rather than by simply astringing its pores.

4th. The worse the case, the more rapid and marvellous seems to be the cure,—a most striking feature as compared with the treatment by chalk and opium.

I would urge, in conclusion, upon my medical brethren, the desirableness of giving this system a fair trial; and I would, moreover, advise them, instead of giving the acid alone, with water, to combine it with a little sugar and (most rare and excellent of all tinctures,) compound tincture of cardamoms, which seem greatly to relieve the so-frequent distressing flatulence. Unless the character of this autumnal epidemic should greatly alter, they will arrive at the conclusion, after having tested fairly the acid plan of treatment, that it does not

admit of comparison, but only of *contrast*, with the olden system.

P.S. Since writing the above I have seen one case in which the acid failed. Chalk and opium carried the day.

Enfield, September 2, 1852.

## CASE OF CANCER OF THE PYLORUS UNDETECTED DURING LIFE.

BY ANDREW PAUL, Esq., B.A., M.B., OXFORD.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—Your journal is not what it ought to be—a copious record of provincial medicine and surgery. Save from “smoky Birmingham” and “fair Leicester,” we have few, if any, cases recorded from our hospitals and infirmaries in the provinces. This is not as it should be. Surgeons like myself, “unattached,” meet with cases, valuable because instructive. We see them, as here, prior to admission, and, I am sorry to add, we see them when in despair they leave the hospital, as they say, to “die at home.” Without further preface, I rush at once in *medias res*, endeavouring, as far as I can, to give to the succeeding case, its history from the alpha of my acquaintance with it, two years ago, down to its omega in the *post-mortem*, conducted by myself, on Friday last, twenty-four hours after death.

I am, Sir, your obedient Servant,  
(And a six months' Associate,)

A. PAUL.

Oxford, August 12, 1852.

John Higginson, aged 47, married, two years ago came under treatment for epigastric pain, flatulence, and costiveness. Complexion sallow; eyes dark, and unusually lustrous; conjunctiva and cornea of that pearly whiteness so familiar to us in consumption; has inguinal, omental, and ventral rupture on the right side. At this time I thought much of his pain was owing to the pull upon the stomach, as a volume of omentum was constantly in the sac. He had some aperient medicine, and I saw him, off and on, up to February last, when he was fairly brought to a stand still. I found him with obstinate vomiting; tympanitic abdomen; “gnawing clawing” pain in epigastric, right and left hypochondriac regions, with a sense of “balls rising up and down in his belly.” I cupped and blistered him. He had been salivated five years ago for the liver. I went through a *regiment* of stomachic opiates, creasote, bismuth, opium, oxyde of silver, hyoscyamus, conium, prussic acid, and chloroform, in vain. The only drug I found to give the longest relief, was the extract of *rumex aquatica*. This herb, if known to, is not prescribed by, the profession; it is powerfully astringent as to incised wounds. In operations,

for instance, where the skin is sacrificed, its powers of hastening cicatrization beat everything I know of. The salivated sore mouth it rapidly cures. Amongst water-weeds we have an abundance of the rumex; in stagnant pools, adjacent to the classic Isis and its tributary the Cherwell.

J. Higginson's employer made him an in-patient under Dr. Jackson, in the Radcliffe Infirmary, who treated him "for the liver." His case was watched by Mr. Briscoe, the house-surgeon. Lunar caustic and opium stopped the vomiting. After six weeks' sojourn, and getting no better, he left, as he said, to die at home. The first week in June I found him all over dropsical; appetite gone; skin of a tallowy whiteness; pain at night incessant; features drawn, haggard, and expressive of intense inward suffering. Twenty-four hours before death he had the usual coffee-grounds vomiting.

*Post-mortem examination.*—Abdominal parietes unusually thin; a gallon of water in the abdomen, straw-coloured, coagulable by heat, by the red and yellow prussiates of potash, by nitric acid, creasote, and by galvanism. No effect on turmeric. Peritoneal surface of the bowels normal; kidneys and liver healthy; gall-bladder filled with bile; vmentum drawn down, and found in the right inguinal ring; on turning up the liver, a solid tumour (a congeries rather of tumours) presented, surrounding the pylorus; and on raising the stomach, the pyloric end, held by slight adhesions, gave way, exposing an opening the size of an orange, revealing, in short, cancerous ulceration; on removing the stomach, and dissecting through the lesser omentum, I came upon a second mass, the size of my fist, the same as the other, resting upon the pancreas, the aorta, esva, and thoracic duct, and firmly adherent to the spine; the reflections of the peritoneum formed the outer covering; two mesenteric glands (enlarged,) partook of the disease. A section of these masses resembles that of brain, and once or twice steeped in alum and nitre, they resemble, in colour and consistence, the atheromatous tumours we frequently remove from off the scalp of elderly people. No chronic peritonitis. Disease of his heart he told me he was thought to have in the infirmary; this I did not look after, satisfied that what disease he had was altogether in the abdomen.

Now, this man from time to time has been under the *lente* of Oxford, (medical and surgical,) Messrs. Acland, Jackson, Wood, Simmonds, Godfrey, Briscoe, and, astly, your humble servant, all of us have had a turn at the liver, for disease thereof, and all of us, as the sequel proves, were mistaken. Will some one of your readers help us to a diagnosis?

This man had been salivated five years ago for *soi disant* hepatitis; the *real* complaint was then, I have no doubt, in its infancy. So closely do these tumours resemble tubercle in the lungs are softening down in ulcerative phthisis, that mercury, as in the one it is, so also in the other must it be, *poison*. We find, in short, that cancer, scrofula, and phthisis, are members of but one and the same family.

Should this case be worth insertion, I may, occasionally, trouble you with cases, and put questions to your readers, consequent upon my want of success in treatment—a want which has befallen other and mightier constellations than myself, who am but a nebula in our professional firmament—a fact which, nevertheless, does not console me for my bad luck, though compelled to move in the same orb. *Palmas qui meruit ferat.*

[Although Mr. Paul may have erred in his diagnosis, we do not see how he could have treated the case better, had he known before death the precise condition of the internal organs. We do not understand how the remedies used, either by Mr. Paul or Mr. Briscoe, could have been expected to relieve hepatitis in any form; and the only proof adduced by Mr. Paul that the disease was at any time mistaken, consists in the salivation five years before death. But we suppose Mr. Paul must have had the evidence of Messrs. Acland, Jackson, &c., as to their errors of judgment, or he would not so broadly state the fact; at all events it is curious that, with an error in diagnosis, there should coexist the proper treatment for an undetected disease.—Ed. J.]

## Hospital Reports.

### WEST NORFOLK AND LYNN HOSPITAL.

CASES ADMITTED UNDER THE CARE OF CHARLES COTTON, M.D., F.R.C.S., SENIOR SURGEON TO THE HOSPITAL.

*Stone in the Bladder—Lithotomy—Subsequent Hemorrhage on fourth day—Death.*

WILLIAM JARY, aged 35 years, labourer, admitted May 19, 1849. Has suffered during the last several months from the usual symptoms of stone in the bladder. Complains most of frequent and painful micturition, and a considerable degree of weight and uneasiness referred to the region of the bladder. The urine comes away in small quantities, and is occasionally mixed with blood. The patient, though a fine hale looking man, is in a low desponding state at the prospect of an operation, which he is sure he cannot survive; it subsequently appeared that he was so impressed with the inevitable fatal termination of his case, that previous to entering the hospital he had already selected a spot for his burial place. A moderate sized calculus detected on sounding. Ordered a mixture of nitre, soda, potass, and henbane, and any reasonable indulgence as to diet or liberty with a view to allay bladder irritation and secure mental composure.

June th.—Consultation. Lithotomy determined upon. A few days since lithotomy was proposed and about to be practised, when the patient insisted upon being only cut.

11th.—The usual perineal section made, and a rough, oval, flattened lithate of ammonia calculus removed.



The operation considered very successful. An elastic tube having been introduced into the bladder and secured, the patient was placed in bed exposed to the air to check a disposition to bleeding. Other operations being ended, the patient was again visited, when rather a free, arterial-like hæmorrhage rendered it necessary to plug the wound. This was done by passing lint around the tube in lieu of withdrawing it, in effecting which, the probe by some accident slipped and pierced the rectum.

12th.—Quite comfortable. Urine, tinged with blood, passes freely through the tube.

13th.—Going on well.

14th.—In excellent spirits, complaining a little only of uneasiness about the wound. Urine somewhat purulent and offensive. The elastic tube and plugs withdrawn.

15th.—In answer to an urgent summons was visited at 9 A.M., by Mr. Cotton. Found insensible; skin blanched; pulse and breathing scarcely perceptible. The night-nurse steadfastly declaring that no bleeding had occurred, but that the patient was taken suddenly ill early in the morning, after straining to make water naturally, but as he afterwards fell asleep, she did not see occasion to disturb the House-Surgeon until a short time ago, when she felt alarmed. Messages were immediately dispatched to warn the friends of the sudden and mysterious change in the state of the patient, and every possible attempt made to promote reanimation, at first with some little encouragement, the pulse becoming just perceptible at the wrist and respiration less feeble; but ultimately death took place late in the evening, after a protracted stage of extreme collapse and exhaustion.

*Post-mortem examination.*—The parts about the seat of operation showed a sloughy disposition and signs of recent hæmorrhage. On carefully cleansing the wound, and removing a pellet of fecal matter which protruded, a small oval opening, nearly the size of a fourpenny piece, was observed, leading into the rectum; and on continuing the examination, the mouth of a vessel to the left side of the wound was discovered, which, on dissection, was traced to its origin from the pudic, and proved to be the superficial perineal artery, larger than usual, proceeding across the perineum towards the mesial line, and directly in the way of the incision for lithotomy. The bladder was found contracted and empty, with its coats corrugated and thickened, as if from long irritation. The other parts of the body were in a healthy condition.

At the conclusion of the inspection a further searching inquiry was immediately made, when one of the patients charged the night nurse with concealing the cause of the man's death, adding that he had seen her carry away large quantities of clotted blood and bloody linen, after the man had been straining and become worse. This statement led to a confession on the part of the nurse that her attention had been only called to the patient on finding him speechless, faint, and yawning, when she was frightened at observing a large quantity of blood in the bed, which she removed,

hoping the patient would rally, and the matter escape detection.

The annoyance of failure in the midst of hope and presumed safety, from secondary hæmorrhage—a rare occurrence—was rendered still more vexatious in this case, owing to a determination on the part of the friends to commence legal proceedings against the resident authorities of the hospital for negligence; and such further disagreeableness was only, after some difficulty, prevented, on the operator assuring the parties that the fatal hæmorrhage was entirely accidental, and that he alone was to blame, inasmuch as had he withdrawn the tube in the first instance, and secured the bleeding vessel by a ligature, rather than trusted to pressure, the sad event, in all probability, would not have happened.

[To be continued.]

## Proceedings of Societies.

### BATH AND BRISTOL BRANCH.

A MEETING of the Local Council was held at the Bath United Hospital, on September 3rd, 1852, "To consider if any or what steps shall be taken by this Branch, to support the resolution relating to the *Journal*, passed at the Oxford meeting." George Norman, Esq., in the chair. Present,—Dr. W. Budd, Messrs. Clark, Colthurst, Morgan, Prichard, Smerdon, of Bristol; Dr. Davies, Messrs. Bartrum, Ormond, Soden, of Bath; Mr. Adye, of Bradford, Mr. Crang, of Timsbury; and Mr. Ogilvie, Ridgway House.

The Secretary of the Association attended the meeting, and read a statement of the proceedings at Worcester, relative to Dr. Cowan's notice of motion, also a written statement of the President of the Central Council, as well as the minutes of the Central Council on the subject of the *Journal*. It was moved by Dr. W. Budd, seconded by Mr. J. SODEN, and unanimously resolved,—“That this Council, after having heard the correspondence, including the minutes of the Central Council, as read by the Secretary of the Association, is of opinion, that, notwithstanding certain informalities occurred in putting the resolutions, touching the future conduct of the *Journal* to the Oxford meeting, yet as no objection was made at the time to the course of the proceedings, these resolutions must be considered as past and binding on the Association.”

It was moved by Dr. DAVIES, seconded by Mr. ORMOND, and resolved unanimously,—“That in the opinion of this Council, the objection taken by the Central Council, to the notice given by Dr. Cowan, with reference to the alteration of the *Journal*, is untenable, because that notice was adopted by the Central Council, and circulated by them to the members of the General Council, and was adopted and acted on by the meeting at Oxford as legal and regular.”

It was moved by Dr. BUDD, seconded by Mr. CLARK, and resolved unanimously,—“That the Bath Secretary

be requested to forward a copy of the above resolutions to the Secretary of the Association, and another copy to the Editor of the *Journal*, for publication in the next number of the *Journal*."

It was moved by Mr. ORMOND, seconded by Mr. PRICHARD, and resolved unanimously,—“That the best thanks of this meeting be given to Mr. Sheppard, for his attendance here to-day, and for his courteous conduct to the members now assembled.”

JOHN S. BARTRUM, Hon. Sec.

## SOUTH WALES BRANCH.

THE first meeting of the MONMOUTHSHIRE AND SOUTH WALES BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION was held in the theatre of the Royal Institution, Swansea, on Thursday, the 26th of August. Dr. G. G. BIRD, of Swansea, President.

At two P.M., the members of the Society assembled, and the following gentlemen were present:—Sir C. Hastings, M.D., D.C.L., James P. Sheppard, Esq., Secretary to the Provincial Medical and Surgical Association, Worcester; Trevor Morris, M.D., Chepstow; C. R. Vnchell, M.D., Cardiff; Charles Sylvester, M.D., Cowbridge; W. T. Edwards, M.D., Cardiff; Mr. H. L. Prichard, Margam; Mr. Nathaniel Coates, Sirhowy Iron Works; — Stark, M.D., Newport; Mr. George Cherry, Caerleon; Mr. John Williams, Pontypool; Mr. W. W. Morgan, Newport; Mr. James Probert, Plymouth Iron Works, Merthyr; Mr. F. J. Dyke, Albert Street, Merthyr; Mr. J. Bowen, Carmarthen; Mr. E. J. Steele, Abergavenny; Mr. J. Jones, Amman Iron Works; Mr. F. M. Russell, Cwmavon; D. J. Whitty, M.D., Briton Ferry; Mr. French, Mayor of Neath; Mr. W. G. Jones, Neath; Mr. William Price, Glan Twrch; Mr. Cook, Morriston; Edward Howell, M.D., Swansea; G. G. Bird, M.D., Swansea; Mr. W. Rowland, Swansea; Mr. H. Long, Swansea; Mr. J. E. Hall, Swansea; Mr. W. P. Evans, Swansea; Mr. T. A. Essery, Swansea; Mr. W. H. Michael, Swansea; Mr. Tindal Robeston, Swansea; Mr. R. V. Leach, Vernon House, Briton Ferry; &c. &c.

A little after the hour above named, Dr. Bird proceeded to read the following Address:—

Gentlemen,—It was remarked by one of the most eminent surgeons of the present day, “that the medical profession was a noble profession, but a very low trade.” I have no doubt that this observation arose out of perfect conviction of the truth on the part of the distinguished speaker; and I think a little reflection would make it plain to any, that to practise our art solely for a livelihood, or for mere gain, is not the only duty involved; it must be perceived that a man owes more than this to himself, more than this to his profession, more than this to his professional brethren, more than this to mankind, and surely more than this to the Divine Being who gave him existence, and reason, and thought, and hope, and endowed him with improveable faculties and affections, all for some ends truly—cer-

tainly not for mere selfish ends only. Hence, gentlemen, it is not surprising that we should, as a body, desire to meet together for the purposes of doing good to each other, and for the advantage also of our fellow men—for our own mutual advantage and for theirs, and in order to support and encourage and assist each other, on the right pathway of wisdom, truth, and duty; and this, I take it, is the reason we have met together; and this, as I understand it, is the object of the Provincial Medical and Surgical Association of England and Wales.

It is now twenty years since the Provincial Medical and Surgical Association saw its first meeting; and I venture to believe the consequent results have fully borne out the benevolent aspirations and hopes which its eminent founder, and those who were intimately associated with him in his early labours for its formation, at that time conceived.

Doubtless, amongst the various causes that have, within the period of time of which I have just spoken, severally contributed to the honour, advantage, and usefulness of our profession, it may be truly stated that this Society, in many respects, has stood pre-eminent in the van; originating in the spirit of usefulness, having for its object only good, and steadily progressing with continually-acquiring power, both in numbers and effect, until at this time we may behold it by no means one of the least influential societies in any profession, having already accomplished much good, both to the medical and the general public, and, as we hope, steadily devoted to accomplish further good.

There are many around me, whom I have the honour now to address, who remember the surface of our profession, which we may well love, considering its tendencies and objects, displaying a far less desirable appearance than at present, whilst intrinsically there is, doubtless, a vast improvement in the feelings and tone of the general body and its different grades, towards each other, and a better unity of wish and action for the advantage of its members, and the good of society at large.

I think whoever shall rightly consider the aim and objects of medicine and surgery can only come to one conclusion, namely, that their province is, under the direction and guidance of a kind merciful Providence, the good of mankind.

This axiom may, I think, in some measure be illustrated by the fact that the truly wise and good men of our profession have, in all ages, untiringly devoted their zeal and best energies to this truly philanthropic object, and have accordingly spent their lives in doing good to their fellow-men, and in improving the science to which they had devoted themselves.

I humbly conceive that my proposition is yet more fully borne out by the just consideration of another fact of a solemn and portentous character, showing the unselfish nature of our profession, namely, that it appears by the statistics of the duration of human life, that in our calling there are fewer aged men than in most, and that in few civil occupations is the average duration of life so brief as amongst the practitioners of medicine and surgery.

This well-ascertained truth, brings with it home to

the mind many considerations replete with deep thought and appropriate reflection, standing widely apart from, although rising out of, the abstract fact, that the nature of our daily duties, our constantly interrupted repose, our broken leisure, our uncertain and often scanty periods of rest and refreshment, our labours, anxieties, constant care for others, and our heavy professional responsibilities, together with the melancholy and painful scenes we continually witness, and are called upon to sympathise with, are all of a nature to depress the powers of life, and that they necessarily tend to shorten our existence, and this far more than is usually the case with the generality of the more peaceable of human occupations.

I say there are other considerations—many others, naturally arising out of the primary one, some replete with solemn and portentous warning for the future; some which point at the sound wisdom and cautious policy of this world, and others again, if we act in a right spirit, by no means devoid of consolation and hope, but in some respects, if rightly viewed, were well calculated, I think, far to outweigh the mere consideration of the brevity of life, to which we are more or less especially liable, for one true mode of computing time is not by its mere duration, but by the use which is made of it, and the good purposes to which it is devoted; and viewed in this light, and acted on in this spirit, medicine may be said to be the handmaid of true religion, the offspring of charity, piety, and benevolence, which are all, as we truly know, the gifts of God, and under His guidance a healing balm to the suffering children of the family of man.

I trust, I may not in your estimation have gone further than I should have done in glancing at the practice of our art in the view wherein I have ventured by these few remarks to place it; for, doubtless, such considerations must and do frequently occupy our thoughts and reflections, and therefore may, I hope, be alluded to without impropriety here.

I shall take leave to observe further, that it seems to me the important fact of the brevity of life in the medical profession is a subject, however, that should with much propriety and advantage occupy the consideration of its members, as a community, with a view to lessen the average mortality amongst them, in so far as it can be legitimately accomplished; and I apprehend this desideratum is, in a comparative measure, almost as important to the public as it is to ourselves, and those who, by various ties of relationship, are connected with us; for it must be remembered that by no means the least considerable attribute of professional usefulness, competency, and excellence in medical men, in addition to a sound education, is medical and surgical experience acquired by a long course of habit and observation, and an intimate acquaintance with disease and its treatment, together with practical opportunity of clinical acquirement, and this, to produce its due effect, can only be attained by degrees, and through the accretion of time and opportunity; certainly, therefore, when men possessed of these attributes are frequently and successively removed by death from amongst us, in the prime of maturity and middle life, it may be said

to be a great public loss; and I may adduce to my professional brethren whom I now have the honour to address, an instance with which they are well acquainted, viz.,—the striking fact that in the metropolitan portion of our profession, within the last very few years, a galaxy of professional talent of the highest order, and an amount of skill and experience, the loss of which has been deeply felt and deplored both by the profession and the public, and will not be easily replaced, has passed away—prematurely cut off by the hand of death. I may amongst those mention the revered names, dear to many, by the ties of pupilage and reminiscences, of Aston Key, Henry Earle, Liston, Tyrel, Dalrymple, with many others, who have thus early died, but died at their posts, and fell at the shrine of professional zeal and usefulness.

And if so it must be, may we ever have many amongst us, even to the end of time, ready so to live, ready so to die, and prepared to die and to leave their honoured names and history to posterity as bright beacons to light the pathway of future generations, and examples to follow on the road of zeal, truth, and duty.

I have ventured to say I thought it a subject for deep consideration how far the average mortality amongst our community could be lessened, and I have generally glanced at some of those causes which have a tendency to depress the powers of life and shorten existence; and no doubt it is so. I have, within the last thirty years personally known many of our profession in the Principality, now no more; some of them my intimate friends; many of them I have seen during the course of their illness, and some I have attended to the last. Of these very few indeed attained the age of 60 years, and fewer still an age much beyond it. I may further remark that in a list consisting of thirty-one individuals of the medical profession resident in Monmouthshire and South Wales, all personally known to myself, who died during the last 30 years, I find that their ages united gave an aggregate of about 1395 years, or to each individual 45 years as the average duration of life; of these many died far younger, and some, I feel assured, from the want of care and medical remedies sufficiently early in their illness; they worked on in spite of warning and illness, till it was too late. Others I know, overtaxed their strength, and broke down, I have only in this statement alluded to gentlemen who were personally known to me; for I do not think this list contains a third of the deaths of medical men that have occurred within this time in the districts alluded to. But I think it shows the necessity for care and the advantage of mutual assistance and brotherly feeling for our mutual protection and safety. Whilst speaking of the duration of life, I desire to say a word on life-assurance, a subject not more important to any than to our profession, for this often constitutes the only means by which we can hope to leave provision for our families, as the few remarks I have made significantly show, for in a short life, accumulation of property arising out of business cannot be a matter of every day occurrence, and hence especially the stability of insurance offices is a matter to us of the highest moment.

Through the kindness of a friend I have procured the following statement, and it carries with it good and timely caution :—

It appears that in Great Britain the amount covered by insurance—in life-assurance offices—is upwards of 150 millions sterling; the annual premiums paid, 5 millions. The offices are in number, 152 in England, and 15 in Scotland. The amount assured in Scotland is about 34 millions, and in England 116 millions. Since the year 1841, there have been 141 new offices projected, and 131 founded; 78 have ceased to exist, 3 have amalgamated, 20 have transferred their business, and 6 are winding up in Chancery. 75, or nearly one-half of the existing offices, have come into operation since 1844—the year of the Joint-Stock Regulation Act, which, my friend observes, he fears has offered, unless great caution be used, very dangerous facilities for the manufacture of such societies. It seems to me, I repeat, that this information carries with it a lesson of prudent selection, and this is the reason I have ventured to adduce it here.

I proceed to say, that so far as my own observation has gone, in reference to the early death of medical men, and of course it only relates to provincial practitioners, I believe part of the evil tending to shorten existence often arises from want of due caution and care in the earlier periods of life, disregard to proper protection against weather, or changes of attire, and sitting in damp clothes for hours, a total disregard as to regularity of meals and due repose, and oftentimes the want of such systematic arrangements in carrying on their business as lie in their power, and would in a measure secure important advantages; these also are all, for the most part, sure harbingers of future illness, for they gradually depress the vital powers as a whole, and render the frame accessible to disease. It is a true axiom, that “where resistance ends, disease begins.”

Again, looking at the vicissitudes of practice, sudden calls for professional aid at late hours, after the ordinary business of the day in general life may be considered over, and unceasing interruptions during the hours of meals, both no doubt greatly detrimental to continued health, especially if taken in conjunction with other causes; for it is seldom to one cause only that illness may be attributed, but to a combination of causes, so much so that hence has arisen the medical aphorism, “One cause alone sufficeth not to produce disease.” One of the causes last alluded to, it appears to me, might, by better regulations and better understanding between the public and the profession, be very much ameliorated, especially by setting aside a certain part of the day, and, as far as possible, scrupulously and habitually abiding thereto, for seeing patients at home, where the public would be encouraged by experience to know that, unavoidable emergencies excepted, we should certainly be found in the way; as it is, in country practice, people flock to medical men's houses about the usual meal times, because, to use a common expression, they “are likely to catch them at home”—another word for surely interrupting them at meal times. Our professional brethren in the metropolis and

large towns are, to a great extent, wiser in their generation than we are, for they set their faces against this as much as they can, and I think they are right. They have, it is true, better opportunity for so doing; but I am of opinion country practitioners might, with great advantage to the public and themselves, do this to a much greater extent than they are in the habit of doing.

With regard to calls to visit patients at late hours, I think if any practitioner will sit down and reflect, he will perceive that out of these calls, whether late in the evening, or later still—after having retired to rest, not one in three arises out of real emergency, truly so called, or from sudden illness, but from a postponement of sending for advice until peremptory alarm for safety, or the continued vicissitudes of pain and suffering, admitted of no further delay, a very common expression being, “I was very ill all day, but I waited till the evening, to see if I should be better;” and in moderately extensive practice it is, as my hearers are all well aware, not uncommon to be solicited to visit three or four such cases after night, probably involving a ride of several miles, which might have been easily obviated, with advantage to all, by more timely, wise, and considerate determinations. Much of this rather serious evil might, I think, be done away with by proper and temperate explanations, given in good faith, and taken in good part, supported, if necessary, by a perfectly just and moderate claim for adequate remuneration, excepting in cases of real emergency, to the calls of which, heaven forbid, we should not all cheerfully and readily respond, whether for reward or without reward, in so far as we are able. I venture to think the profession would do well, as a body, to take this subject into consideration, and be acting as wisely for the public as for themselves in endeavouring to lessen the amount of wear and tear in professional life which the practice I have adverted to oftentimes very unnecessarily entails on its members. For that consideration to which a man is in justice entitled, he may clearly, with propriety and fairness, seek and expect; and it is not too much to expect from any, that he should do as he would be done by. Certainly, by all reasonable means and just proceedings, if we cannot do all we would, we may justly do what we legitimately may, to use a phrase of the day, in order to ameliorate the condition of the working classes, of which, I think, we form a very exemplary part.

Another rather serious evil, gentlemen, forming frequently a source of much inconvenience and danger, to which I briefly advert, for it is one replete with anxiety, and adds greatly to our responsibilities and cares, oftentimes is in country districts the want of competent and intelligent nurses to attend the sick; the remedy of this rests as much with the public as ourselves, but I apprehend the evil is frequently felt, and may admit of a gradual remedy, without great difficulty, and without injuring the interests of any.

I have said nothing, gentlemen, of intemperance as one of the evils, not only tending to shorten, but certainly lessening the duration of life; happily this can

never be a general vice in medical life, for to be given to this is only another word for certain ruin, and for my own part I never witnessed an exception to the rule. I have not known a successful drunken medical practitioner.

I must crave your patience, gentlemen, for one moment longer. I venture respectfully to observe there is yet one evil to which we are exposed—one which we cannot altogether remedy, but yet which we ought to avoid as much as possible—and that is, using the Sabbath day more than can possibly be avoided for our business purposes. The seventh part of the life of a man has been deliberately and specially ordained and consecrated by the wise Disposer of events for the purposes of devotion, reflection, and rest; and it seems to me impossible that this portion of time can be employed after the manner of ordinary days, without entailing, amongst other evils, the natural effects of this additional amount of "wear and tear," for to argue otherwise would be clearly to assert the *ad absurdum* that the greater is equal to the lesser. I shall not advert to this subject further, seeing that this is not the appropriate place for delivering a sermon on religion, although I am happy and proud to believe there is no lack of religion, piety, faith, hope, and charity, in the members of our profession.

Gentlemen, I have endeavoured to place before you some points connected with the every-day life of our profession, which I ventured to believe might, without impropriety, be deemed worthy of your consideration; and in connexion with the same subject permit me to add, that no one thing can, in my humble judgment, promote the advantage of all more than the well-weighed and well-directed efforts of all, to one common end—the good of all; and hence I infer, that societies like our own, if well managed and duly supported, are eminently calculated to be productive of substantial benefits, for by these means, what is beneficial will be likely to be suggested, where it will meet with adequate support and approbation; what is otherwise will be discouraged with effect, and that which is determined on will find a power ready to aid matured decision equal to the accomplishment of the end in view. All these are great and necessary elements in success. By such societies opportunity to know each other, and that knowledge of each other, which eventually leads us to confide in each other, are afforded, and this spreads like leaven through the whole community of the profession, and promotes unity of aim and purpose. Certainly, in one respect, opportunity is necessarily the parent of confidence—a child of slow growth; for, without sure knowledge of safety, who, being rational and wise, can venture to confide?

I apprehend, gentlemen, and I say so emphatically, that in an important and numerous profession like our own, small legislations are like small warfares, seldom leading to real advantage; for selfish aims, calculated only to benefit a few, a class, or a grade, are generally viewed by the many as odious in their nature, and are usually pernicious in their results, promoting angry rivalry, disunion, envy, and hate; and wherever these

undesirable feelings of our nature are engendered; and especially where excuse for their display exists, let them arise where they may, they do not commonly rest only with the originators, but spread like a plague-spot and a poison, until no place or persons are left, amongst whom the contamination has not found its way, and thus probably a habit of angry discussion and cavilling and wrangling spirit are fostered and engendered, so that an animadverting and suspicious disposition and tone become the prevailing vice of the time. I apprehend it was out of such a prevailing spirit in the medical men of their era, that Le Sage and Moliere found food for satire and ridicule at the expense of the medical profession, which amused society nearly for a century, and made the "quarrels of medical men" a bye-word for small revilings, vulgar bitterness of spirit, and undignified quarrels.

It has been, gentlemen, I believe, through the Provincial Medical and Surgical Association, in a full measure and degree, amongst other causes, that the medical profession of our day in this country is rapidly assuming a far different phase;—through it, in a great degree, that we are better known to each other and to the world at large; I hope, as a body of men earnest in effecting good and improving their knowledge, having no selfish objects of their own to gratify or seek at the expense of others,—moderate and just, as I trust, in their expectations, and contented with their lot in life, kind and united amongst themselves, and kindly and well-disposed to all. Indeed, gentlemen, in the latter aspect I may say, without departure from truth, although I say it not boastfully, but I say it with honest pride, that to no profession is the public, and especially the needy portion of society, more indebted for eleemosynary labour and unrequited exertion, than to ours, and in none is the ear of pity and compassion more open to the tale of woe, oppression, or distress; and so far, at least I think, we may all hope our community is not far from the right road.

I will not, gentlemen, detain you longer at this time, for we have much to do, and I feel assured it will be done well, and in a good and brotherly spirit; that hence we may know each other, and trust each other, and act with each other for the common good of all, and to the injury of none;—that what is good, will at your hands meet with aid and encouragement: what is evil, with discouragement and proper reproof;—that the motto of our Society may consist in the benevolent aspiration of the great apostle and servant of Christianity, St. Paul, "Let brotherly love prevail," and in the divine injunction of our Saviour, "This commandment I give to you, that he love one another."

The address was throughout received with demonstrations of approbation, and its termination was signalised by enthusiastic applause.

Dr. BIRD then said, that all present were perfectly aware that he occupied that chair only temporarily. Several friends had met together to consider the propriety of forming this Society, and when they had consulted with others, they had, as it was necessary to have organisation of some kind, made their arrangements

provisionally, till the medical men of Monmouthshire and South Wales could be called together, to give the Society a permanent form and constitution. Under these arrangements he (Dr. Bird) had been appointed President, and his friend Mr. Michael, to whose activity this Society owed so much, was appointed Secretary. This being the first meeting of the Society, the duties of the provisional officers would terminate, and it became necessary to appoint others in their room; and from among them, before they proceeded to business, they would first select a President of this meeting. Dr. Bird concluded his observations by congratulating the meeting on their success, attested by the fact, that it had already enrolled seventy-five members of the profession in Monmouthshire and South Wales. (Applause.)

Dr. Bird having vacated the chair, it was proposed by Mr. MICHAEL, seconded by Mr. ROWLAND, and carried unanimously, "That Dr. Bird do preside at this meeting."

THE PRESIDENT then called upon Dr. MORRIS, who said that he had the honour to propose the first resolution, and if that resolution required observations to recommend it to the meeting, he should have felt his incompetency for the duty which now devolved upon him. It did not so, as he believed opinion was unanimous upon it. Dr. Morris then proposed that "The Monmouthshire and South-Wales Branch of the Provincial Medical and Surgical Association be now formed."

The motion having been seconded by Mr. ROWLAND, was put from the chair and carried unanimously.

Dr. HOWELL then rose to move the second resolution, "That Dr. G. Gwynne Bird be the President for the year 1852-3." This resolution having been seconded by Mr. Brewer, was put to the meeting, and carried unanimously.

Dr. BIRD, in briefly acknowledging the honour conferred upon him, observed that it should be his constant endeavour and ambition to promote the objects of the Society. He was fully conscious that from among his medical brethren a more competent selection might have been made; but as far as lay in his power, he should endeavour to meet the duties which, as President, devolved upon him. It was not one of the least pleasing features in their selection of him as President, that he had been proposed by his friend Dr. Howell; at the same time with whom he entered upon professional life twenty-six years ago. He believed that a man of better heart could not be found; he was at once a kind friend and an excellent practitioner.

Dr. VACHELL moved, and Mr. Rowland seconded the next resolution, "That the meeting of 1853 be held at Chepstow, and that Dr. Morris be the President-Elect." The resolution having been duly carried,

Dr. MORRIS, in returning thanks for the honour conferred upon him, said that he should shrink from the acceptance of the responsibilities which it implied, if he did not rely on the kindness and support of his medical brethren. He took the opportunity of assuring the Society that he should receive them with a brother's love, and that no effort should be wanting on his part to render the Chepstow meeting one of interest and

instruction to all who would honour it by their presence.

The Secretary, Mr. MICHAEL, then read the

#### *Report of the Provisional Committee.*

"The Council having long felt desirous to place prominently before the profession in the Principality the claims of the Provincial Medical and Surgical Association to its support. The want of a bond of union and a rallying point, around which should centre the better feelings and kindlier emotions of the too often estrayed member of a common profession, has long existed, and has been universally acknowledged and lamented.

"These circumstances determined your President, in accordance with the wish of Sir Charles Hastings, President of the Council of the Provincial Medical and Surgical Association, and at the request of many members of the medical profession residing in South Wales, in calling together a few gentlemen from various parts of the Principality to ask their advice and to hear their opinions as to the advisability of establishing a Branch Association which should comprehend within itself the medical practitioners of Monmouthshire and South Wales.

"Such meeting was called on the 10th of March, and fifteen gentlemen attended, when it was unanimously resolved,—

"That it being in the opinion of this meeting desirable to form a Monmouthshire and South Wales Branch of the Provincial Medical and Surgical Association, a meeting be held at Swansea, on Wednesday, August the 25th, to take such steps as may be deemed necessary for the attainment of the object; that G. G. Bird, M.D., be this day elected Provisional President, and that he be desired to preside at such meeting, and also to read an address on the occasion."

"A Provisional Committee was likewise appointed to take such steps as might seem to them necessary to the attainment of this object, to make the necessary arrangements for holding the meeting at Swansea, to obtain members, and to prepare such laws for the future guidance of the branch as might seem to them desirable.

"In accordance with these resolutions, your Committee now resign into your hands the self-imposed office, and we are happy in being able, at the same time, to announce that seventy-five qualified members of the profession have joined the Branch Association, which bids fair to be one of the most important and flourishing of those already belonging to the Parent Society.

"Your Committee trust it may long continue to increase in usefulness and extent, and that this may be the first of many pleasant annual gatherings, not altogether without effect in aiding the members in their daily avocations by augmenting their knowledge, and drawing closer the ties of good fellowship and social intercourse.

"Your Committee rejoice in the establishment of such a Society in the Principality, as serving to afford opportunities of meeting old friends whom the exigencies of life have long separated, and in increasing the number of those who should be known to each other as united in one common brotherhood, whose purpose of life and their highest honour it is to be ever engaged in the mitigation of suffering and the alleviation of distress."

On the motion of Dr. EDWARDS, seconded by Dr. HOWELL, the reception and adoption of the report was confirmed by the meeting.

On the motion of Mr. ROWLAND, seconded by Mr. STEELE, it was unanimously determined that the following gentlemen be the officers of the Branch for the ensuing year:—

"Council.—Dr. Howell, Swansea; J. Brewer, Newport; E. Davies, Merthyr; Dr. Lawrence, Carmarthen; J. D. Brown, Haverfordwest; Dr. Vachell, Cardiff; E. Evans, Cardiff; W. P. Evans, Swansea; Dr. Davies, Brecon; F. C. Batt, Abergavenny; Dr. Sylvester, Cowbridge; Dr. Price, Monmouth; J. French, Neath; J. L. White, Dowlais. Secretary.—W. H. Michael, Swansea."

The Secretary then read over the rules and bye-laws of the Society, prepared by the Provisional Committee; they were subsequently submitted for discussion *seriatim*. Some slight amendments were made at the suggestion of various members. These amendments, for the most part, referred to extension of times of notice in calling meetings, and to the number of members forming a quorum in committee meetings. When the whole body of rules and bye-laws had been thus deliberated upon, their adoption as amended was confirmed by the meeting, on the motion of Mr. H. L. PRICHARD, seconded by Mr. PROBERT; as was also a resolution moved by Mr. E. EVANS, seconded by Mr. STEELE, to the effect that the *conversations* in connection with the Medico-Ethical Association be held in Cardiff.

Dr. MORRIS then moved a resolution expressive of the regret of the meeting at the contemplated removal of the *Provincial Medical and Surgical Journal* from Worcester to London—a step which the resolution characterised "as endangering the fundamental principles of the Institution, and the law on which it was based by its first founders." The subject called forth remarks from the President and several other gentlemen, all disapproving of the removal. The resolution having been seconded, was carried unanimously, as was also another resolution expressive of the desirability of an organ of provincial medical practitioners being published and edited in a provincial town.

The thanks of the meeting were then duly given to the Mayor of Swansea, for placing the Guildhall and Assembly Rooms at the disposal of the Committee; and to the Council of the Royal Institution of South Wales for the use of the theatre.

Mr. E. EVANS then moved, "That the thanks of the meeting be given to Mr. Michael, for his able services as Secretary, requesting him at the same time to continue his services as permanent Secretary." The motion having been seconded in highly complimentary terms by Mr. H. L. PRICHARD, was carried unanimously.

Mr. MICHAEL briefly acknowledged the honour done him, and added that any efforts at his disposal would be devoted to furthering the interests of the Society.

Votes of thanks were then passed to Sir C. Hastings, the President, and to Mr. Sheppard, the Secretary of the Provincial Medical and Surgical Association, for their attendance at the meeting of that day. These votes were duly acknowledged by the gentlemen to whom they referred.

A vote of thanks to the President having been passed and acknowledged by that gentleman, the proceedings of the business-meeting were brought to a termination about five o'clock.

## Correspondence.

### DR. OGIER WARD ON DR. MEREI'S DESCRIPTION OF TYPHUS.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—In the number of the *Journal* for August 18, in a lecture by Dr. Merai on the diseases of children, the following passage occurs at page 414:—"Abdominal typhus is rare before the eighth, or at least not characterised in the same degree on the intestines as from the eighth year upwards." Again, at page 416, "Asthemic or typhoid fevers, in the majority of cases, can scarcely be recognised before the third or fourth day; and typhus is, even at that time, and in children above the eighth year, frequently ambiguous." From the former of these quotations the reader might suppose that "abdominal typhus" is the "affection typhoid" of Louis and Chomel, who assert that it is rare in children; but in the second quotation a distinction is drawn between asthemic or typhoid fevers and typhus, so that it would seem that Dr. Merai admits two forms of fever in children, viz., typhoid fever, but without intestinal or abdominal complication under the eighth year, and a distinct typhus fever, which is more difficult to diagnose than the former. Having begun the study of the morbid anatomy of fevers in the adult under MM. Chomel, Louis, Baily, and Andral; and in children under M. Guersant, I can affirm that in no instance did I ever examine a body dead from continued fever in Paris, without finding extensive marks of intestinal disease in the form of ulceration of the Peyerian glands, whether in children or adults. "In 1837, during an epidemic typhoid fever in Birmingham, I attended twenty-two cases of fever, of which eleven were below the age of twelve years. All presented similar symptoms, of which the most urgent were cough and diarrhoea. Three cases were fatal, of the respective ages of 23, 11, and 1½ years, and the intestinal lesions found after death were identical in all, viz., the mucous membrane of the stomach ingested, thickened, and softened; the same appearances in the duodenum of the two elder, with great development of the mucous follicles, (glands of Brunner); the glands of Peyer prominent and covered with sloughing ulcers, particularly at the caecal valve; the mesenteric glands opposite the ulcerations much enlarged; the glands of the colon enlarged and ulcerated, and the rest of the viscera healthy but congested, except the spleen, which was softened also."\*

Here the only distinction between the lesions of the adult, the boy, and the infant, was, that the duodenum of the last was not affected. In all the other cases of death from continued fever in children, I have met with the same *post-mortem* appearances; but I have referred to those above because, from the epidemic attacking various ages, there can be no doubt of the identity of the disease. The affection of the Peyerian glands,

asserted by Louis to be characteristic of typhoid fever in its acute form, and of phthisis in the chronic, cannot, I think, be considered as strictly pathognomonic, as I once met with a fatal case of ulceration of the glands and perforations of the intestines in an infant only eight days old. In this instance, after the meconium had been passed, there was jaundice, tympanitis, and obstipation; and after death there was found peritonitis, from effusion of yellow feces through a perforation of an agminate gland, just above the cæcum, which was also ulcerated, as well as the other Peyerian glands, for some distance up the ileum. Neither Drs. Graves, Watson, nor Copland, make any distinction in the lesions of adults and children from continued fever, though the latter, like Louis, asserts that typhoid fever is most common between the ages of 15 and 40 years. None of these authors, however, speak decidedly and expressly upon this point, and therefore I have ventured to make the foregoing remarks as the result of my own experience, with the hope that if they meet the eye of Dr. Mercet he may be induced to favour your readers, in a future lecture, with the conclusions he has drawn upon the morbid anatomy of infantile fevers, whether continued or remittent, from the extensive field of observation he has enjoyed at the Childrens' Hospital in Pesth.

I do not mean to assert that continued fever in adults is always attended with ulceration of Peyer's glands, for Andral, Dr. Watson, and others, have met with cases in which no lesion of the kind could be discovered, and Dr. Lombard, of Geneva, has attempted to draw a distinction between the typhoid fever, thus characterised, and the Irish typhus, attended with petechiæ and vibices, a distinction, however, not admitted by Dr. Graves; but having invariably found ulceration of the intestines in infantile continued fever, which is always attended with more or less diarrhoea, indicative of the progress of the disorganization, it appears to be a most important proof in regard to treatment, to establish as a rule, that whenever other affections may complicate the course of continued fever in children, inflammation of the glandulæ agminatæ always co-exists, and requires our closest attention to guard against its consequences.

I am, Sir, your obedient Servant,

T. OGIER WARD.

Kensington, August 30, 1852.

#### MR. VIVIAN'S SPEECH AT THE LATE SWANSEA MEETING.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—I observe in the report of the proceedings of the Monmouthshire and South Wales Branch of the Provincial Medical and Surgical Association, as reported in the *Swansea Herald* of the 1st of this month, that the Hon. Member for Truro, Mr. H. H. Vivian, who honoured the Branch with his company at the dinner, expressed himself as a friend of medical science, and asserted his willingness to promote the legitimate

objects of its members in his place in the House of Commons.

I take leave to remark on the circumstance, as I have no doubt kind deeds and kind words will not be forgotten by the members of our Association and the profession generally. I feel assured Mr. Vivian's sentiments will be reciprocated by the medical constituencies of the influential borough the Hon. Gentleman represents, and that his interests will be duly cared for by them, and a friendly hand held out to aid him whenever opportunity offers.

I trust the medical profession has many such friends as the Hon. Gentleman in question; and I sincerely hope, in election matters, they will be duly appreciated and favourably recollected—"verbum sat." It is equally our duty and our interest to know our friends and to serve them faithfully, and remember them gratefully.

I remain, Sir, your obedient Servant,

A MEMBER OF THE PROVINCIAL MEDICAL  
AND SURGICAL ASSOCIATION.

September 8, 1852.

[The speech in question was made at the dinner, of which we have not given a report.—Ed. J.]

## Foreign Department.

### MATERIA MEDICA.

*On Iodized Cigars.*—It has been suggested by Kletzinsky that the iodized cigars introduced by Chartroule and Bertow might be advantageously used more generally in medicine. He finds—

1. That a sufficient quantity of iodine may be found in a cigar which, after being iodized, has been lying exposed for four days in a warm room. (We may observe that the process of iodizing consists in lightly washing a cigar with an alcoholic solution of iodine, or in exposing it for a few minutes, in a closed box or vessel, to the simultaneous action of iodine vapour and steam.)

2. The greater part of the iodine which has been taken up is found in the ash as iodide of potassium, calcium, and magnesium.

3. The smoke, after being passed through cotton wool to retain any particles of ash, and then conducted through a neutral solution of starch, did not give rise to the slightest blue coloration, even after the neutralization of the carbonate of ammonia contained in the smoke, with acetic acid. On the addition, however, of chlorine water or nitric acid, a blue tint was evolved, showing that there was a little iodide of ammonia, although no free iodine, in the smoke.

4. After a few puffs, the saliva and buccal mucus gave distinct, although slight, traces of combined iodine.

5. After smoking an iodized cigar, iodine could generally be detected in half an hour, and often earlier, in the urine.—*Kletzinsky in Wien. Med. Wochenschr.* No. 39, 1851.



**Kousso as a Remedy for Tape-Worm.**—The three following cases of the successful application of this remedy, are recorded by Dr. Oliari, Director of the Hospital at Cremona:—

1. A woman, aged 36, had for four months frequently passed pieces of tape-worm (*vermis solitarius*) with the evacuations. Without any previous treatment she one morning took five drachms of kousso, with sufficient honey to make an electuary, in two doses, the second two hours after the first. Two hours after the last dose she took an ounce of castor oil, and another ounce two hours later. In the course of the day she discharged a large number of pieces of tape-worm, from one to two inches in length; and since that time [the period is not stated—Ed.] appears perfectly free from the disease.

2. A girl, aged 16, took the same quantity, similarly divided, in the form of a warm aqueous decoction, and followed it with castor-oil in precisely the same manner. Besides many fragments, she discharged a portion of worm twenty-two ells in length, with a very pointed extremity and short joints, such as occur near the head. The head itself could not be perceived. Since this time (a period of two months) she has been quite free from the disease.

3. A man, aged 40, had suffered from tape-worm for several years, and had tried many remedies, which, strange to say, failed to bring away any portion of the worm, although pieces were often observed in the ordinary evacuations. After taking five drachms of kousso (in an electuary,) he passed several pieces of worm (*tania sol*), six or eight ells in length. He has had no return of the disease.

The two following cases of a similar nature are recorded in the same journal, by Dr. Vincenzo Masserotti:—

1. A man, aged 40, had from his earliest childhood, at different intervals, passed pieces of botriocephalus. He had tried the ordinary remedies in vain; his symptoms were increasing in intensity, and he dreaded the same fate as a brother, who had died from insidious gastro-enteritis, induced by the same parasite. Although, after taking the kousso, he interfered with the treatment by obstinately drinking seidlitz water, which induced severe vomiting, yet several pieces of worm were discharged, one of which was twelve ells in length, and had the head attached to it.

2. A woman, aged 33, had for the last eight years often discharged pieces of tape-worm, and had suffered from painful tremors of the limbs, pain in the abdomen, palpitation of the heart, hypochondriasis, and emaciation. After five drachms of kousso, she passed several portions of worm, to one of which the head was attached. None of these portions exhibited any signs of vitality, although pieces she had previously passed showed indications of life when kept in water for two hours. Hence the poisonous power of the drug in relation to the worm is well shown in this case.—*Gazz. Med. Ital. fed. Lombard.*, No. 46, 1851.

**On the Potio Choparti as a Remedy for Hæmoptysis.**—The following is the formula for this medicine, as

now used in the *Charité* Hospital at Berlin:—*R.* Balsami. Copaivæ.; Syrupi Tolutani; Aquæ Menthae Pip.; Spirit. Vini. Rectificatis, utrq., oz. j.; Spirit. Nitric. Æther., dr. iss. Misce. A teaspoonful for a dose. The mixture requires shaking before use, as the balsam of copaiva separates, and floats on the surface. The taste is not disagreeable; it is slightly irritating, but not sufficiently so as to induce cough. Dr. Wolff has for two years used this combination in a large number of cases of hæmoptysis depending on pulmonary tuberculosis; and the general results have been so favourable that the medicine is now permanently introduced into the hospital pharmacopœia. At first he only tried it when other means had failed, but now it is the remedy on which he chiefly relies; and he uses it in most of these cases. If it causes vomiting, its application must be suspended, or altogether discontinued.—*Wolff in Ann. d. Charité zu Berlin*, Vol. 2, No. 2, 1852.

**Tannin in Hooping Cough.**—Dr. v. Browning employs tannin in the following combination, in cases of hooping cough:—*R.* Tannini, gr. 1-6th; Acid. Benzoic., Extract. Belladonnæ, utrq., gr. 1-12th; Pulv. Rhei, gr. ij.; Pulv. Gumm. Acaciæ, gr. xij. *M.* Fiat pulv. The powder may be given three or four times a-day. For a very young child half the dose twice daily will be sufficient. In a few days the severity of the symptoms usually diminishes, and the character of the attack changes. If the *prima vis* require clearing, an emetic dose of antimonial wine should be first administered. If the disease does not yield in a few days, and the periodicity of the attack is well-marked, one or two grains of hydrochlorate of quinine [The sulphate would, doubtless, be equally efficacious.—Ed.] may be substituted for the rhubarb. He recommends, as a domestic remedy, the simultaneous use of a tea of the flowers of the common primrose, with equal parts of insipidated crab-juice and sugar-candy.—*v. Browning in Deutsche Klin.* No. 6, 1852.

## PATHOLOGY AND PRACTICE OF PHYSIC.

**The Post-mortem Appearances in a Case of Hydrophobia.**—Dr. Middeldorpf relates the case of a man—a confirmed drunkard, who had been several times treated for delirium tremens—who was bitten in the last phalanx of the first and second finger of the right hand by a mad dog, on the 26th of July, 1851. As the dog was unquestionably rabid, the man was, on the 4th of August, admitted into the hospital, that his case might be watched. On the 26th of that month he was seized with the symptoms of hydrophobia, which carried him off within twenty-four hours. There is nothing in the treatment or in the symptoms to call for special remark, but as carefully-conducted *post-mortems* in this disease are still a desideratum, we give the results of the *sectio*.

There was much thin fluid blood in the superior longitudinal sinus. The pia mater and arachnoid were opaque, and milky; under the pia mater, both on the surface of the brain and on the lateral ventricles, there was an effusion of serum. Both the grey and the white

substance were more full of blood than is natural, especially the former. The medulla oblongata was of the normal firmness. The bones forming the vertebral canal abounded in blood. The grey matter of the spinal cord was softened to the consistence of a pulp, the lower half of the uppermost enlargement of the cord being the most disintegrated, and being reduced to a homogeneous, greyish, red mass. There was nothing abnormal about the pneumogastric nerve, or the nerves or vessels of the axilla. The papillae vallatæ of the tongue were very prominent. The larynx and trachea were slightly reddened, and the bronchial mucous membrane was of a dark-red colour. The lungs contained much light red blood, but very little air. There was no excess of serum in the pericardium. The heart was relaxed and flabby, and its tissue was of a pale-brown colour; it contained a good deal of non-coagulated blood. There was fatty liver. The spleen was enlarged, very friable, and of a pale chocolate colour. The kidneys were large and pale; the pancreas very vascular. Nothing abnormal was observed in the stomach, intestinal canal, pharynx, or œsophagus. [We need hardly mention, that many of the latter appearances—as those of the heart, liver, kidneys, &c.—can have no connection with the special disease, but depended on the previous habits of the patient.—Ed.]—*Middeldorpf in Günsburg's Zeitsch.*, Vol. 2, No. 6. 1851.

*Symptoms of Bright's Disease, which, taken alone, might simulate other Diseases.*—Professor Christensen, a Danish physician, who has already published several important memoirs on Bright's Disease, has just published a paper bearing the above title (in the *Hospital's Meddelelser*, vol. 3, part 5).

That the primary pathological condition in Bright's disease lies in the blood is obvious from its morbid products, namely, the exudation of an albuminous fluid into the cellular tissue and the serous and mucous membranes; it is likewise shown in rarer cases by the retention of urea in the blood. This morbid secretion from the blood into the different parts of the body does not by any means occur simultaneously; it sometimes only presents itself in one part, but is more commonly followed by effusions into other parts or organs; moreover, if the effusion into one organ be suspended, it usually commences in some other part. Hence it is obvious that the symptoms may be very various, and that many phenomena which we might expect in the ordinary form of this disease, may be absent, so that, unless a proper examination of the urine be instituted, grave errors of diagnosis may be made. Christensen observes, that the symptoms which may simulate other diseases, are especially those of the brain, the air-passages, the stomach, and the intestine.

*Cerebral symptoms* are a consequence of retention of urea in the blood when the urinary secretion is suppressed or diminished, although it may sometimes occur when there is scarcely any apparent diminution of the quantity of urine. In these cases chemistry reveals the presence of urea in the blood to very considerable quantity, and occasionally a lesser quantity in the other

fluids of the body. The morbid changes which the kidneys undergo in Bright's disease, may give rise to a suppression of urine, and if this suppression be gradual, the cerebral symptoms also come on gradually, and a peculiar apathetic soporose condition is observed. The blanched, and often somewhat puffy, cachectic countenance, has a peculiar expression hard to describe; the pupils are normal, or rather dilated, but are torpid in contracting. When the disease is slowly developed, there is occasionally a little wandering and mental disturbance (the quieter form of delirium); when it advances rapidly, there is delirium of a much more marked, although never of a furious, character. Hallucinations do not seem to occur, but there is often loss of consciousness. An involuntary and shrill scream is often uttered; and we sometimes observe a peculiar grasping action of the hands, or a fighting-like movement of the arms. There are also involuntary movements of other parts of the body, especially of the head; and convulsions of the muscles of the face are by no means rare. At length a comatose state supervenes; there is prolonged, tracheal, laborious, and sometimes stertorous respiration; and deglutition becomes very difficult, or is altogether impeded. The pulse is very uncertain, often slow, (not above 60,) never very rapid, usually about 100 in the minute. The excretions are passed involuntarily.

Christensen gives two cases in illustration of this class of symptoms:—

*Case 1.*—A woman, aged 27, was seized with peritonitis, (a slight attack,) four months after delivery. During her convalescence she was suddenly attacked with somnolence, accompanied with diminution of secretion from the kidneys, and albumen in the urine; these symptoms continued for three days, when she died. On examination the kidneys were found to be in the third stage of Bright's disease.

In reference to this case he observes, that a perfect suppression of the urine is not necessary for the development of cerebral symptoms.

*Case 2.*—A woman, aged 28, who had not menstruated for six months, was brought into the hospital in convulsions. On subsequently examining her, the only circumstance pointing to Bright's disease, was pain in the lumbar region, extending down the thigh. Two days after admission convulsions again supervened, which carried her off in eighteen hours. On dissection the characteristic degeneration of the kidneys was revealed.

*Of the symptoms connected with the air-passages*, the most prominent are a peculiar laborious respiration, something like that which occurs in croup, but more closely resembling that which accompanies syphilitic ulceration of the larynx. There is more or less dyspnoea, but cough is not invariably present. On auscultation we detect a widely-distributed sonorous and blowing rhonchus in the lungs, which can often be heard at some distance. The anatomical indications of this condition are merely a diffused redness and puffiness of the mucous

membrane of the air-passages. This affection of the trachea and bronchi is often combined with dropsy and other symptoms of Bright's disease; and as one symptom often acts vicariously to another, so an attack of this kind of bronchitis often takes the place of vomiting or diarrhoea, or becomes more intense when the oedema diminishes. The author gives two illustrative cases:—

**Case 1.**—A woman, aged 28, who shortly before had been cured of oedema arising from Bright's disease; took fever, which was accompanied by disturbed respiration, dry skin, and hoarseness; there was difficulty of speech, and there were attacks of orthopnoea, with considerable cerebral congestion and epistaxis. There was no pain in the larynx or trachea, or in the chest; but there was a slight sensation of weight in the pit of the stomach. The patient could lie on either side. Pulse from 80 to 100, and tense; tongue moist, and almost clean; bowels open. Widely distributed sonorous rattles were heard in both lungs, and there was very prolonged expiration. One venesection was ordered, leeches were applied, and a solution of tartarised antimony prescribed. On the following night great dyspnoea came on, and she was in a state of impending suffocation, with a livid swollen face, loss of consciousness, and a short rough cough. After vomiting several times, the respiration was somewhat relieved, but the act of expiration was accompanied with much difficulty; the face exhibited an expression of great anxiety, the pulse was rapid and somewhat tense, and there was no delirium. Leeches were again applied to the larynx, and the tartarised antimony continued. The symptoms, however, continued to increase, and she died on the eleventh day after her admission. A few days before death tracheotomy was performed, which gave temporary relief.

On a *post-mortem* examination, it was found that the epiglottis, and the mucous membrane above the glottis, were pale and not swollen; below the glottis the mucous membrane was dotted with fine red points, to the ultimate extremities of the bronchial tubes. It was not swollen, nor was there any false membrane; but it was covered with frothy mucus. The right lung was sound; the left was somewhat infiltrated with a serous bloody fluid. The heart was healthy. Both kidneys were of the normal size, but were very hard and irregular on their surface. The cortical substance was very hard, and of a whitish-grey colour, smooth, and without granulations; the pyramidal bodies were in many places much thronged together. The author believes that such cases as this one should be treated as tracheitis, even if we detect the true nature of the disease, since we can never be quite certain that these attacks may not depend on a genuine inflammatory process.

**Case 2.**—In this case it appeared as if a syphilitic ulceration of the larynx were present. The most prominent symptoms were hoarseness, shortness of breath, redness of the interior of the nostrils, with foetid discharges from them; a sensation of dryness in the throat; and, finally, a febrile condition, with difficulty

in deglutition and respiration. The urine was examined on the day preceding the patient's death, but contained no albumen. In consequence of the increased difficulty of respiration, and on the supposition that some mechanical impediment was the cause of this and of the dysphagia, tracheotomy was performed, without, however, any satisfactory result, for the patient died in a comatose state within eighteen hours. After death nothing abnormal was found in or near the larynx; there was slight oedema in the lower part of the lungs, a nutmeg liver, and a very large and hard spleen. The kidneys were passing into the last stage of Bright's disease. The brain and its membranes contained an excess of blood; and there was a little serous effusion. The urine found in the bladder contained much albumen. The author suspects that the urine already referred to as containing no albumen must have been passed by another patient; had he then found albumen he would not have ordered tracheotomy.

**Gastric and Intestinal Symptoms.**—Although vomiting and diarrhoea are amongst the most frequent of the symptoms which characterise Bright's disease, either or both are very rarely the only symptoms. Christensen has only seen six instances of this nature in several hundred cases. The vomiting rapidly debilitates patients; and if it is not supplanted by some other symptoms, as diarrhoea, a severe attack of bronchitis, well-marked oedema, or increased diuresis, it may prove fatal in a week. In one case the vomiting continued at intervals for a year and a half, in another case for about half a year. At first the vomited matters consist chiefly of mucus, but in a later stage they contain bile. The vomiting, unless when very continuous and severe, is unaccompanied by any very marked pain in the gastric region. Hiccough and eructations sometimes occur. Diarrhoea is one of the mildest symptoms of Bright's disease; and the author believes the extensive mucous surface of the intestinal canal separates and removes a large quantity of morbid secretion; and thus relieves other organs. As the diarrhoea depends on a simple exudation of albuminous fluid, without any inflammatory process, it gives rise to no pain; sometimes, however, a diphtheritic inflammation of the lower part of the ileum or of the colon is simultaneously present. Unless the latter complication is present the intestinal discharges are not mixed with blood or mucus, but are merely their liquid excrement. We have only space to notice the *first* of the *six cases* recorded by Christensen. In this case vomiting was the predominating symptom. The patient was supposed to be suffering from a slight attack of typhus, and his urine was not examined. On dissection, it was found that the cortical substance of the kidneys was hypertrophied, and that the pyramidal bodies were much atrophied; the tissue was hard, firm, and pale. The urine found in the bladder contained much albumen. —*Schmidt's Jahrbücher für 1852.*, No. 2.

## Reviews.

*Disease in Childhood, its common Causes, and Directions for its Practical Management.* By ROBERT ELLIS, F.L.S. London: G. Cox, King William Street. 1852. 12mo, pp. 288.

It is much to be desired that in all cases where authors are writing for the express use of the public, they should broadly state the fact in their title pages. This precaution would prevent much disappointment, and would certainly not tend much to diminish the sale of the work, since its omission as often leads the individual who really wants the information afforded, to avoid the purchase, as it tempts the professional reader to procure a volume which has no information useful to him. These observations have been called forth by the work whose title is copied above, and from which, as well as from the preface, we certainly were led to expect a treatise adapted to the wants of the profession, whereas it is quite clear, indeed in the body of the book it may fairly be inferred, that it is solely intended for the use of families. For this purpose we can certainly advise our readers to recommend its perusal by their patients, though perhaps it may be open to the objection of intrusting too much of the medical treatment to the hands of the mother or nurse. There is, however, much sound practical information, and with the above exception, we certainly have no fault to find with the author.

Whilst on the subject of children's diseases, we may draw attention to the favourable mention made in the last number of the "British and Foreign Medical Review," of one of the former publications of our esteemed contributor, Dr. Merei, who is now permanently attached to the Chatham Street School of Medicine, Manchester. In the article in question, Dr. Merei is introduced as follows:—"We pause for a moment to draw the attention of those interested in the pathology of the diseases of children, to a name to which much praise is due, as those who are acquainted with the work of Dr. Hügel (reviewed in our fifth volume, page 362) will be sufficiently aware. We allude to Dr. Schoepf Merei, whose work is mentioned at the head of this article, and we may here observe, that to this Hungarian physician is due the existence of a Children's Hospital at Pesth, &c., &c." After mentioning the successful efforts of Dr. Merei in the

of medical science, the review concludes with the wish that the above treatise of Dr. Merei (written in a foreign language) may be but a prelude to others, "clothed in the garment of our mother tongue. Previous to the political disturbances in 1846, which drove Dr. Merei from his country and home, he held an exalted position, both as a private physician, and as Professor of the History of Medicine in the University of Pesth, as well as chief physician of one of the first establishments for diseases of children which anywhere exist. It appears, indeed, from the work of Dr. Hügel, already quoted, who is himself chief physician to one of the Vienna Hospitals, and is consequently competent to judge, that the Children's Hospital of Pesth has been highly appreciated for its excellent organisation and completeness, and that at that time, with the exception of Paris and Vienna, there was scarcely one which could compete with it in opportunities afforded for the diffusion of practical knowledge in the diseases of childhood.

From the instruction which we have ourselves derived from the lectures already published in this *Journal*, and from the terms in which many of our correspondents have expressed themselves to us, we are sure that we shall gratify our readers in announcing that Dr. Merei intends shortly to publish a revised edition, considerably extended and amended, so as to form a complete and systematic treatise on the diseases of children. We do not know precisely the time when he contemplates their publication, but we would suggest some slight delay, since every day will add to their permanent value, by familiarising Dr. Merei with the peculiarities of our customs, our climate, and our constitutions; and when the principles which have been laid down so successfully in Pesth, have been practically modified in this country by a slightly longer residence among us, we venture to predict that the product of his brain will be received as the standard work in this department of our art, throughout the length and breadth of our land.

*Traité des Fistules Vesico-Uterines, Vesico-Uter-Vaginales, Entero-Vaginales et Recto-Vaginales,* par A. J. JOBERT de Lamballe, Docteur en Médecine, &c., &c. Un Vol. in 8vo. Paris, 1852. J. B. Baillière.

THE object of the above treatise is to show, that the cure of those distressing

fistulas connected with the bladder, uterus, and rectum, it is necessary not only to pare the edges of the fistula and to bring them in apposition by suture, *but also to supply from the adjacent parts the loss of substance which has taken place.* M. Jobert maintains that all vesico-vaginal and vesico-uterine fistulas, except where the vagina is reduced to the size of a crow-quill, and even those fistulas in which the bladder, womb, and rectum, are all opening into one cloaca, are capable of alleviation by autoplasmic operation; and that by means of the univalve speculum, without having recourse to any division of the perinaeum, this operation may always be concluded.

The results of M. Jobert's practice, as detailed by him, are so completely at variance with the acknowledged want of success in this country, in similar operations, that we can scarcely give full credence to his assertions. But nevertheless, it is not because these accidents are the *opprobria* of our art in this country, that we should resolutely shut our eyes to what is put forth in another, and therefore we have thought it right to draw the attention of those who may be called upon to treat any of the various forms of fistula, to the work of M. Jobert.

In the treatment of vesico-vaginal fistula, M. Jobert leans to the simple occlusion of the ostium, in which case the secretions from the lining membrane of the uterus are all poured into the bladder through the original fistula, and the incontinence of urine is got rid of, which is the most disgusting symptom attendant upon these unfortunate cases; but in addition, he gives a method of operating, which, however, does not appear to partake of the nature of autoplasty, but simply to consist in a tedious dissection and final paring of the lips of the fistula, which is then to be brought together by suture.

In proceeding to operate upon those lamentable cases in which the vesico-vaginal septum is destroyed as well as the anterior wall of the uterus, M. Jobert sometimes makes use of the neck of the uterus itself to supply the deficiency, and he finds that union by the first intention is procured as easily as in any other structure. In other cases the labia are the parts which are compelled to take a new position in supplying the defective parts; and sometimes even the cellular couch surrounding the orifice of the urethra, with a part of that organ included.

In the details of the operation M. Jobert is most minute; and as far as description can supply the place of ocular demonstration, his book will be sufficient for all who may think it desirable to follow his steps. We may remind our readers, that the operations described have all, or nearly all, been performed in public, and that the treatise is published in Paris, where the correctness of the statements may easily be ascertained.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, SEPTEMBER 15, 1852.

EVERY trial for malpractice is one of the saddest of public scandals, for of necessity it implies gross ignorance and neglect on the part of the medical practitioner, or the extreme of ingratitude in his patient, or in the relatives of the patient. If the medical man be not culpable he must be a martyr. However complicated were the forms of judicature when Greece and Rome were in their splendour, we are not aware that they had to deal with this form of suit. It is an offspring of our civilization. In Italy and in the southern states of Europe it is still unknown; it is of extremely rare occurrence in Germany. In France this scandal sometimes occurs. It is more frequent in England, and of common occurrence in America. If America occupies in this respect so unenviable a position amongst nations, it depends upon the low standing of the medical profession in that country, where universities rise as easily as Sunday schools amongst us, (each university turning out M.D.'s as fast as our gardeners do mushrooms;) it depends also upon the low standing of the morality accepted in the United States. It is not likely that life and the blessings of health should be adequately appreciated by a people who have so little respect for human nature, that they doom to slavery those whose skins are a little darker than their own. It is not likely that the claims of the most learned of the grave professions for services less tangible than cotton bales, should be always admitted by a nation who consider piracy fair play, and who diligently rob of their well-deserved reward, those whose industry or genius have added to that stock of literary lore, by which the human mind is either instructed or amused. Why should not the doctor's claim be

repudiated, since the States repudiate their debts? The logic of crime is inexorable, and after pillaging foreign shareholders, it is but fair that they should plunder each other.

These remarks have been suggested by a case of trial for malpractice, which has lately excited great interest in the west of England, and we intend to draw our readers' attention to it because it will lead to some remarks of practical import to all, for we are all liable every day of our professional career to be implicated in such a trial, either as defendants or witnesses.

The case we allude to was tried at Exeter, at the last summer Assizes, and although the trial lasted seventeen hours the case is very simple. The wife of a dealer in surgery fittings went, under a false name, to seek gratuitous advice of Dr. ROE, of Plymouth. After two months' attendance Dr. ROE suspected some uterine disease, and when he detected ulceration of the neck of the womb by an examination, he told the patient that the case would be long and difficult, that he could no longer attend her gratuitously, but if her husband approved of his attending her in the usual way at her own house, he would do so. This was agreed to, the patient gave her real name, and remained nine months under Dr. ROE's care, proving her satisfaction by repeated presents. But Christmas came, and as Dr. ROE practises as a surgeon, he sent in his bill of twenty-seven guineas. Then it occurred to the woman to go to another medical man, Dr. PRANCE, of Plymouth, who, after making a digital examination of the womb, said that there was nothing the matter with her, and advised her to consult Mr. WHIPPEL, of the same town, whose patient she had formerly been. Unfortunately there had been previously to this, some professional collision between Dr. ROE and Dr. PRANCE, and he, in addition, also advised the woman to go to a lawyer. She acted upon both parts of his advice, and, after a very stormy meeting with Dr. ROE—when it seems both parties alike forgot themselves—the woman sued Dr. ROE in the County Court, but Dr. ROE removed the cause by *certiorari* to the Exeter Assizes, where it was tried before a special jury.

Now, from a careful consideration of the case, and from conversing with some of those who attended the trial, it is evident to us that the woman had been some time suffering from tertiary symptoms of syphilis when she first consulted Dr. ROE. Such was his diagnosis: such

had previously been that of Mr. WHIPPEL, and her counsel did not attempt to deny the point. It is also evident to us that she was affected with uterine disease. Her first nurse, during Dr. ROE's treatment, testified to the usual uterine pains, and to a yellow discharge, and if the nurse who subsequently attended the patient swore that this was not the case during her attendance, we think it right to side with the jury, and lay on her shoulders the onus of perjury, since, as Baron PLATT remarked, it must be borne by the witnesses of one of the parties. We are further justified in so doing by one of the patient's own medical witnesses, Mr. WHIPPEL, confirming Dr. ROE's statement of the case; for a day or two after Dr. PRANCE had pronounced the woman free from all uterine lesion, Mr. WHIPPEL examined her with the speculum and found "an abrasion of about the size of a split pea," on one of the lips of the neck of the womb. Dr. ROE could not, therefore, be accused of not having detected the nature of the disease, and with regard to his treatment of the patient, whether as afflicted with syphilis or with uterine disease, it was that of most medical men, and that recommended in most works on such complaints; it was difficult, therefore, to tax him with ignorance, and as for neglect of his patient, his great attention to the case prevented this plea being even urged. Such will be the view most medical men will take of the case, and the light in which the English jury viewed it, or they would not have acquitted Dr. ROE. But Sergeant KINGLAKE was instructed to state, contrary to the evidence of the nurse, that the plaintiff had no uterine disease until Dr. ROE began his treatment, and that his treatment alone reduced her to debility and helplessness, a statement strangely at variance with the fact that she repeatedly sent for him at all hours of the day, and of her own accord.

Another accusation repeatedly brought forward by Sergeant KINGLAKE against Dr. ROE, was his scarification of the womb; and without defining what was meant by scarification in medical practice, he, in the same breath, accused Dr. ROE of cutting, maiming, and lacerating. "Lacerating the womb" was an expression calculated to tell upon the jury, and the counsel repeated it over and over again, and even brought a witness to prove, that after one of those terrible lacerations of the womb the patient actually lost *two tablespoonfuls*

of blood. None of Dr. ROE's legal advisers drew the Judge's attention to the fact of this monstrous accusation, being emphatically contradicted by the plaintiff's own medical witnesses, for Dr. PRANCE asserted that the neck of the womb was sound, and Mr. WHIPPEL that it was so, with the exception of an abrasion; now, if the neck of the womb had been frequently lacerated, it would have certainly presented irregular cicatrices. But the grand element of the plaintiff's case in which the learned Sergeant displayed great ingenuity, was, that quackery had assumed a new form of late—that Dr. ROE was a *speculum* doctor, and that he was not warranted in using the *speculum* in the case.

Dr. BUDD, of Plymouth, appeared on the plaintiff's behalf to say that when a young man he used to employ the *speculum*, but that since he had grown wiser he seldom did; and that he would not meet several London physicians who found it necessary to use this instrument frequently. His sweeping condemnation of a mode of examination often indispensable, was counteracted in its effect upon judge or jury, by the evidence of Dr. TILLY, of London, Mr. NORMAN, of Bath, and six other medical practitioners of good standing in Plymouth and in Exeter, who all approved of the plan of treatment adopted by Dr. ROE.

Singularly enough, while Sergeant KINGLAKE was declaiming against the *speculum*, his client's case gave a striking proof of its utility, for while, by making a digital examination only, Dr. PRANCE pronounced the plaintiff's womb to be perfectly healthy, Mr. WHIPPEL, on making a *speculum* examination, discovered an abrasion which Dr. PRANCE would perhaps have seen, had he adopted the same means, in which case he certainly would not have directed the unfortunate woman to the lawyer.

We cannot conclude without remarking, that in proportion as the standard and moral tone of our profession is raised, in the same proportion will trials like the one to which it is our painful duty to draw attention become scarce. There must be many circumstances to render such a trial possible. In this instance the patient's ingratitude was fanned by professional jealousy, the corroding canker which causes so much individual misery, and deprives the profession, considered as a body, of that power which always springs from unity of mind and purpose.

The manner in which Sergeant KINGLAKE

considered *scarification* and *laceration* as synonymous, must impress upon all medical practitioners the urgency of giving the solicitor of the case in which they may be connected in any way, the clearest definition of the medical terms that may be used, so that—as in the present case, an unfair use may not be made of a term having a popular as well as a medical meaning.

It is an acknowledged principle of the law of the land, that every wrong has its remedy, and as an example, that even the dicta of a judge, if founded in error, can be remedied in their effects upon a jury by a new trial, until which takes place, everything remains *in statu quo*. Upon this principle we have argued the various points in our discussion of the "Journal question." We thought and still think that an injustice has been committed in the course of the proceedings at Oxford, relative to the publication of the *Journal*, which proceedings were, as we believe, based upon an illegal notice, supported by incorrect statements—which could not there be discussed, and carried in an irregular manner. But we find by the resolution of the Bath Council, which is composed of gentlemen every way fit to investigate the matter with impartiality, that our conclusions are not supported by them, though they admit the correctness of the facts upon which they are founded; we therefore agree with the Worcester Council, in thinking it better, under all the circumstances of the case, to throw the entire responsibility upon the Committee, of carrying out this fundamental change in our proceedings, and we publish the following resolutions, without further comment, and shall, as far as we are concerned, henceforth dismiss the matter as *un fait accompli*.

At a meeting of the Central Council, held on Saturday, the 11th inst., the following resolutions were unanimously passed:—

*Resolved*,—

"That the Central Council, having ascertained from many influential members of the Association, that the general feeling is in favour of the validity of the resolution passed at Oxford, with regard to the *Journal*, are of opinion that it is not desirable further to insist upon the informality of Dr. Cowan's proposition."

*It was also Resolved*,—

"That the Secretary be requested to send the foregoing resolution to the Editor of the *Journal*, for publication, and also to Dr. Cowan."

Since writing the above we learn that Dr. CORMACK, of Putney, has been appointed the future Editor of the *Journal*.

It is with deep regret that we publish the following particulars of an action in the Bath County Court, for malicious arrest, brought by a person of the name of BOURN, against Mr. W. A. Cox, surgeon, of Bath, and a member of the Provincial Medical and Surgical Association. It appears from the evidence, as reported in the *Bath Chronicle*, that Mr. Cox had attended BOURN for five weeks, in June and July last, when, hearing that he was about to leave the country, Mr. Cox, without making any application to him, obtained a Judge's order, under the Absconding Debtor's Act, for the amount of his bill, viz., £21. 5s. He then followed BOURN to Bristol, in company with his attorney, and compromised the matter by receiving £15 in full of all demands for bill and costs, BOURN returning to Bath in Mr. Cox's gig. Soon after this, the above action being commenced, Mr. Cox sent in a bill of particulars, from which we extract the following items, the remainder being of a precisely similar character:—

1852.

MR. FRANCIS BOURN,

To W. A. Cox, Surgeon.

*In a Case of Syphilitic Ulceration of the Foreskin and Gonorrhoea, with Phimosis, Bubo, and Stricture of the Urethra.*

June 16th.—Long consultation in your case which had been improperly treated and neglected, dressing ulcers, fomenting and poulticing bubo, and passing bougie	£0	10	6	
Two bottles of mixture	...	0	5	6
Three mercurial powders	...	0	1	0
Attendance in the evening, dressing ulcers, fomenting and poulticing bubo, and passing medicated bougie	...	0	10	6
18th.—Consultation and attendance, dressing ulcers, fomenting and poulticing bubo, and passing bougie	...	0	10	6
Two bottles of mixture	...	0	5	0
Attendance in the evening, dressing ulcers, fomenting and poulticing bubo, and passing bougie	...	0	10	6
* * * * *				
July 20th.—Consultation and attendance, when I found the disease had been all but subdued, the ulcerations healed, the induration of the foreskin gone, the bubo and stricture cured, and the only remaining symptom was a slight gleet, for which I passed a medicated bougie, the system being in too delicate a state to admit of the exhibition of internal remedies, likely to stop the discharge...	0	10	6	
Attendance in the evening, passing medicated bougie	...	0	10	6
24th.—One bottle of mixture	...	0	3	6
Total .....	£21	5	0	

The above is an explanatory bill of the charges in my ledger; I make it out thus that the parties may have some idea of the nature of the case, and of the services rendered. Each attendance occupied a very considerable time.

I regret to be obliged, in self-defence, to set out my charges so minutely.

W. A. Cox.

It was asserted by BOURN's attorney that this bill was concocted for the purpose of raising the sum above £20, which is the lowest amount upon which a Judge's order can be issued, and we leave our readers to form their own opinion upon the matter. Evidence was given on both sides, as is unfortunately too often the case in all professions, but here we think all must agree that the bill is not such as ought to be sent in under ordinary circumstances; indeed Mr. Cox admits that he should not have charged in this manner, if his patient had come to him for the purpose of discharging his debt. On examination of the books of Mr. Cox by the Judge, his Honour was of opinion that the various visits charged in the bill had been interlined at a period subsequent to the time at which the medicines, &c., were posted, and we are sorry to be obliged to announce that the jury expressed their opinion of the case by giving a verdict against Mr. Cox, with £15 damages.

The above case is in every way unfortunate; for, granting that the visits were an addition for the purpose of increasing the amount to meet the legal requirements of the case, still we can scarcely suppose that forty-two bottles of mixture, and the same number of mercurial powders, could be required in the space of five weeks. The public have, therefore, a fair charge against a member of the profession of overdrugging his patient, on evidence of his own affording, and in these days of homoeopathy we can ill afford to give such a handle. But, unfortunately, it does not stop here, for, unless Mr. Cox takes some further steps to upset the judgment, or to do away with its effects by explanation, he stands convicted of "gross fraud," which, according to the Judge's summing up, was the point put to the Jury, who were directed "not to give a verdict against the defendant, unless they were satisfied that there was no reasonable doubt in the case as to his having committed that which had been described as a gross fraud—one of the most disgraceful frauds which any man, in any station of society, could be guilty of." \* \* \*

"The question for them was, whether Mr. Cox had fraudulently aggravated the bill for the



purpose of enforcing the arrest." The imputation, therefore, is so serious that we call upon Mr. Cox to meet the case, if possible, and we shall be most happy to publish such an explanation as he may be able to offer. For the sake of the profession to which he belongs, we cannot but hope, even against conviction, that there is some apology to be made, which could not appear in a court of justice.

## Medical Intelligence.

(From our own Correspondent.)

LONDON, SEPT. 13, 1852.

[OWING to our absence in London in attendance on the Committee on the Medical Bill, a considerable and important portion of the memoir of the late Dr. Herbert Mayo, was omitted in our last communication. As the omitted part contained the explanation of the reasons which led him to subject himself to the hydropathic treatment, and subsequently to practise as a hydropath—a proceeding on his part which gave rise to great obloquy, in justice to the dead, it is published in this letter. It refers, also, to his literary labours, of which it gives a succinct account.—ED. J.]

We are not aware when Mr. Mayo's health was first shaken by the attack of disease—rheumatic gout, which ultimately disabled him for the performance of his duties, and compelled him to retire to Germany; neither do we know the precise causes, whether hereditary or acquired, to which it is to be attributed, but certain it is that, as is usual in such cases, every fresh attack left more and more serious consequences behind it, in the shape of enfeebled health, crippled joints, and less capability to bear up against the invasion of disease, every attack being more and more severe and more and more prolonged than its predecessor. After the lapse of some years, during which his sufferings were very great, all the known remedies failing to afford him any relief, the larger joints became the seat of false ankylosis, and he was ultimately so completely crippled, as to be unable even to move without assistance. Under these circumstances, he resigned his professional appointments, his connections with the Middlesex Hospital ceasing in 1842, and soon afterwards he went to Germany to try what the then apparently new system of hydropathy would do for him, he being advised to take that step by several medical friends of high reputation and deserved eminence in the profession, who candidly confessed that the resources of art had been unavailingly exhausted in his behalf, and therefore, as the old principle, that *inceps remedium melius est quam nullum*, that the mode of treatment advised by Preissnitz, might now have a fair trial. His friends did not give him much hope, even as regards obtaining relief; as to a cure, such a thought never entered their minds. Dr. Mayo's having recourse to the hydropathic treatment, has been spoken of by a cotemporary as an instance of insanity; if it were such—and we by no means look upon it in that light, he was not alone in the matter, as his professional friends in this respect were as deep in the mud as he was in the mire. The fact is, that after years of severe suffering, such as only martyrs to rheumatic gout can be judges of, and after having been assured by those who were best capable of forming an accurate opinion on the matter, that medicine could do no more for him, he resolved to give the Silesian peasant's mode of treating disease a fair trial, just as "drowning men catch at a straw," knowing that if it did him no good, at all events it could not make his state much worse. Under such circumstances, how few are they

who would not do the same? In this respect we have but small claim to blame him: he was a martyr to disease, and past all hope of cure or relief by legitimate medicine, and was unwilling to die *secundum artem*, without at all events making a struggle for it. He did not in this secede from the ranks of legitimate medicine, until he had been thoroughly crippled by the attacks of incurable disease, causing ankylosis of the larger joints.

Nor was he altogether deceived: when he left England he proceeded to Muhlbad, near Boppard, where he was subjected to the hydropathic system and regimen, and after the lapse of some time, according to the letters which he wrote to friends in England, he experienced a certain amount of benefit as regards his sufferings, and also in the regaining a degree of suppleness and utility in the smaller joints, the ankylosed condition of the larger ones, forbidding the entertaining any hope as to their improvement.

In the course of time having apparently at least derived some benefit from this mode of treating disease, he entertained a proposition to practise hydropathically, and entered into partnership with a Dr. Schmidt, at Muhlbad accordingly, the care of the English patients devolving on him. Dr. Mayo, however, was not prepared to be so thorough a follower of Preissnitz, as to swear in *verba magistri*; although employing the principles of hydropathy, and enforcing a strict regimen in the cases of disease which came under his notice, he did not restrict himself to that plan only, but availing himself to the full when requisite, of his extensive medical knowledge, he treated disease in accordance with the rules of science, using only those parts of the hydropathic plan, which he considered to be adapted to the especial features of each case, thus acting in his medical capacity scientifically, if we may so use the term, and not empirically. The partnership with Dr. Schmidt did not endure. Dr. Mayo afterwards opened an establishment for himself at Bad-Weilbach, near Mayence, where he enjoyed a considerable share of practice, and lived very happily, until he became afflicted with paralysis, which, by diminishing still further his capacity for resisting the inroads of disease, ultimately led to his decease. The immediate cause of death was mortification of the arm.

Dr. Herbert Mayo was well known in the medico-literary world as the author of several excellent works. One of his earliest productions was entitled "Anatomical and Physiological Commentaries;" it was published in two parts, (illustrated with engravings,) 1822—23. In the first of these he made known his views on the vital principle, and also his experiments on muscular action, and on the influence of the portio dura and the facial branches of the fifth, together with commentaries on Reil's "Essays on the Structure of the Brain." In the second part he continued the last-named subject, and extended his observations to Reil's remarks on the medulla oblongata and the peduncles of the cerebellum, the anterior commissure, the septum lucidum, etc., and on the spinal cord and the nervous system generally. He published also essays on the cerebral nerves, with reference to sensation and voluntary motion; on local action; the structure of horn, hoof, and cuticle; the Hunterian theory of absorption; and also an account of the examination of a body soon after parturition. This work, which is but rarely to be met with, made its appearance in his 26th year. In 1825 he published a useful work called "Course of Dissections;" and, two years later, a magnificent work, in folio, "The Plates of the Brain," a book, as yet, unsurpassed. In 1833 appeared the "Observations on the Injuries and Diseases of the Rectum," a work then much wanted, as there was scarcely a modern work on the diseases, &c., of that bowel, worth notice. In these observations we have a plain, straight-forward account of these diseases, and their mode of cure, illustrated by cases; it shows the practical surgeon throughout. The "Outlines of

Human Pathology" is an octavo volume, full of sound practical information, and may still serve as a useful guide to the surgeon and student in the acquiring a knowledge of disease, and the mode of treating it, although it has now been published many years. Few works of the present day are equal to it in value. The next year brought us the "Outlines of Human Physiology," the fourth edition, long since out of print. All we need say of this work is, that it is an excellent companion to the preceding. In 1840 appeared the second edition of a work "On the Management of the Organs of Digestion;" a treatise on "Syphilis," a republication of lectures which appeared originally in the *London Medical Gazette*; it contains some original views, and will well repay a perusal and attentive study of its pages. Notwithstanding such large and valuable additions to medical literature, Mr. Mayo's pen did not remain idle. In 1842 he published a small work "On the Nervous System and its Functions," in which he recapitulated his own discoveries, and those by Sir Charles Bell and others, on that most important and interesting branch of physiology. The *Medical Gazette* contained also many useful lectures and papers from his pen.

After he had left England, and had given, as he believed, a fair trial to hydropathy, he brought out a work entitled "The Cold Water Cure, its Use and Abuse." This appeared in 1847, and all we shall say of it is, that it is quite out of print. His final publications were made last year; they are,—“On the Truths contained in Popular Superstitions;” and the third edition of his “Philosophy of Living.” The former of these tends to show the peculiar bias of his mind; of the latter, the mere fact that it had reached a third edition is praise enough.

The Government is at last aroused to the imminence of the danger impending over the country, by the dreaded invasion of the fearful epidemic which is committing such devastation on the Continent. Every report received from abroad shows that the present epidemic, so rapidly approaching our shores, has a far higher degree of malignancy, than in the two previous invasions of 1832 and 1849, the ratio of mortality on this occasion being generally above fifty per cent.; and yet up to this time, although the warning note has been previously loudly sounded, nothing (or next to nothing) has been done to place the country in a condition of sanitary improvement, so that the inhabitants may be able to resist its insidious advances. Greater anxiety was manifested on the first occasion, in 1832, than now; but at last, after hearing for months that this disease has been raging in Poland and in Silesia, on finding that the great sea-ports through which a great deal of the commerce of the country is conducted, have become infected, the General Board of Health have so far bestirred themselves as to reappoint Dr. Sutherland and Mr. Grainger, Cholera Medical Inspectors, and to despatch the last-named gentleman to the cholera lands, to inspect, examine, and report upon the disease, instead of staying here to superintend the labours of those who are employed in carrying out the necessary sanitary measures. After remaining idle for three or four years, the Board of Commissioners of Sewers have suddenly resolved to do their little something in the matter. The rapid approach of the cholera seems to have frightened them into work, and they have resolved to apply to Government for the money, to enable them to cover over foul uncovered ditches and sewers, and to remove all other injurious nuisances. If they can succeed in doing this, their labours will be indeed Herculean; for London is a genuine Augean stable, full of filth, foulness, and all uncleanness—personal, general, and moral. In many parts the inhabitants, already decimated by typhus, small-pox, scarlet fever, *et hoc genus omne*, are ripe to be cut down by the cholera sickle. What an awful reproach it is upon our rulers, that this disease, now on

its third visitation among us, should find us wallowing in the same amount of filth as at its first advent, and no better prepared to resist its ravages than we were then. When will our rulers learn wisdom, and know that the true happiness and health of the people are in the charge of their governors? The violence of the pestilence is lessening in Warsaw, and in other places in Poland and Silesia, but its giant steps are directed hitherwards. Preparations are being made in Berlin, in expectation of its enemy. Cases have occurred in Vienna. It is raging fiercely in Dantzig. At Magdeburgh and Königsberg many have already perished. And some isolated cases are said to have occurred even in Hamburg. It is pursuing the same route as in its previous visits, and is making about the same stay in each place. We are greatly favoured in being thus warned of its approach long beforehand, but we do nothing to avert its dangers. It might almost be regarded as a natural suicide!

Small-pox continues to prevail in the thrice-doomed island of Jamaica, where it is reported the cholera has again made good its footing. The inhabitants, after two years' peril, and the loss of 40,000 lives, had scarcely a breathing time from the former epidemic, ere the small-pox and measles broke out with great virulence, and destroyed large numbers, and now again they are threatened with the cholera. Surely there must be something radically wrong in the sanitary condition of this beautiful island, for the destruction of human life by epidemic—preventible disease—for the last three or four years, has been enormous and frightful in the extreme, tending almost to the depopulation of the island. At Port-au-Prince, among the free negroes of Hayti, a singular pestilence, causing a “rotting of the stomach,” has been the means of great loss of life. Death ensues in twenty-four hours, if unchecked. At the Havana, they have a combination of the destructive endemics,—to wit, cholera, yellow fever, and small-pox, and so great is the mortality, that out of 120 soldiers in one company, only ten remain; and of one chain-gang of convicts, 109 in number, all but nine have perished.

#### APPOINTMENT.

William James Moore, Esq., for the last three years Resident Surgeon at the Queen's Hospital, Birmingham, has just been nominated as an Assistant Surgeon in the service of the Honourable East India Company; and it is satisfactory to add that the nomination was procured for him by a friend, in consideration of those personal and professional merits which he had the fullest opportunities of estimating.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, August 26:—William David Adams, Edinburgh; Henry Homer Granger, Skidton, Yorkshire; Thomas Smith, Oxfordshire; Samuel Woodall, Dudley; William Henry Yates, Westbury-on-Severn.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### SOUTH-WESTERN BRANCH.

Mr. Fuge having withdrawn from the Association, Dr. Cookworthly has succeeded him as a member of the Council of the Branch.

W. D. KINGDON, Secretary.

#### TO CORRESPONDENTS.

Communications have been received from Mr. Bree, M.D. (with *Bath Chronicle*), Mr. Kelson, Mr. Frew (with many thanks), Dr. Bryan, Dr. Merri, Dr. Barker, Mr. Cooke, Dr. Whitehead, Dr. Tunstall, Dr. Davies, Dr. Coptman.

LECTURES  
ON THE  
DISEASES OF CHILDREN,

DELIVERED IN THE  
Chatham Street School of Medicine, Manchester.

BY DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Vienna, etc.*

LECTURE XIV.

*Bilious Fever: a summer disease, rare in children. Characteristics. Head symptoms. Combination with other fevers. Valuing of bilious vomiting. Complications—meningitis, pneumonia, hepatitis. Cause and disposition. Prognosis—transitions, issues. Treatment—emetics, purgatives, and antibilious indication.*

GENTLEMEN,—*Bilious fever*, an acute disease, spread over all Europe, but more common and vehement in the southern countries, and in hot summer-time, seldom occurs before the eighth year, or at least not strongly characterised before that age.

This fever consists not in a mere functional derangement of the liver—a frequent complication of many acute diseases, but apparently in a chemical alteration of the blood, by the influence of heat and rarefied atmosphere upon our respiratory organs and skin. The effect of this seems to be overcarbonisation, or overvenosity of the blood, of which superabundant bilious secretion, or accumulation of bilious elements in the liver, is but a consequence. *Post-mortem* examination confirms the same. I have dissected patients, amongst whom some were children, who died of this fever, and in whom no structural alterations could be detected, except those of accidental complications, but in whom, besides a great quantity of bile in the gall-bladder and liver, there was a striking abundance of dark venous blood in the abdominal and other organs. In southern Europe, in Italy, Hungary, and Austria, it is a frequent epidemic of *hot summers*, along with dysentery and summer cholera. In this country (Great Britain) it appears to be rarer, and less violent, though last week I saw two children strongly affected. Now, this acute bilious dyscrasy, in its full development, I seldom meet with before the eighth year, (just like that of typhus,) and in very few cases, and not so clearly developed, before the second year of life.

One case I have quoted in my Hungarian work, of which the history is recorded in the case-book of the Children's Hospital of Pesth, under the number 1084, of the year 1844; it concerns a child only nineteen months' old, the youngest I ever saw. Neither in this, nor in any other instance of a young child, however, could we determine the diagnosis before the third or fourth day after the beginning of the fever. Between the second and fourth year I have seen some more characteristic cases. In almost all of them, for the first day or two, bilious fever approaches the

description we gave of the hypersthenic fever, from which we may be able to distinguish it towards the third or fourth day, by the dark-brown, greenish, apparently bilious quality of the intestinal discharge, or the intense yellow, or green, of the vomited liquids, if the one or the other came either naturally or by medicine. The skin is dryer than in other fevers, except the gastric and typhoid. Sooner than the third day bilious discharges have much less distinctive signification, because the case might yet become, at that time, scarlatina. With measles and small-pox you will less easily confound it, when you reflect that bilious fever offers a greater dryness of the skin than the two latter, before the eruption comes out. A careful examination of the epigastric and right hypochondriac regions, verifies a tumid state of the liver, along with a more or less visible yellow cover of the tongue, though never so thick as in adults: all this will scarcely be discoverable before the fourth day. The urine leaves a brownish or yellow stain. A yellowish hue in the face, about the cheeks, mouth, or the conjunctiva, if present, serves us as an excellent guide; but this is seldom the case, and scarcely ever before the third day.

We see of what value in this fever are the words of an adult patient, who tells us about the bitter taste in his mouth, and some sensation in the region of the liver, all of which are wanting in young children. The want of these subjective symptoms leads to many a mischievous mistake, because the head of the child affected with bilious fever, presents very alarming symptoms. We know what violent kind of headache grown-up persons complain of in these cases. It can cause mischief to the little patient, if overlooking the tense state of the right hypochondrium, we would apply leeches to the head, instead of giving an emetic—mischief both positive and negative.

The diagnosis seems to be difficult also, inasmuch as acute bilious dyscrasy frequently combines with or joins scarlet fever, more seldom measles, typhus, and almost all kinds of continued fever. But this difficulty is but apparent. Your purpose will be to detect the bilious state in the child, if present, and then act against it, whatever name you may give the fever.

As to the diagnostic value of *bilious vomiting*, if it be the symptom of an affection of the brain, or of an exanthema to come, it is far less in degree and less constantly connected with such fulness of the epigastrium, and yellowish appearance of the tongue, than if it comes from bilious fever.

But bilious fever does not exclude the possibility of the development of meningitis during its course. It also sometimes engenders pneumonia, more frequently hepatitis or enteritis.

Concerning *prognosis*, it is certain that acute bilious dyscrasy attacks more frequently and more dangerously children of a full plethoric constitution, with dark hair. The general bilious character of a constitution, in addition to the degree of the fever, makes the latter always proportionally more severe.

In hot summer this fever becomes very dangerous. It goes sometimes along with summer cholera. I have

seen instances, when a child under a sudden attack of high fever, was seized by bilious vomiting and similar diarrhoea (the evacuated liquids of real cholera have not that character), with an excessive appearance of languor, almost threatening death: when an hour after that happened, fever was gone, and the little sufferer at once relieved to cheerfulness. This again shows how dangerous it might be to directly check bilious evacuations. If, however, this crisis does not appear at an early stage, the effect will scarcely be so complete. The bilious dyscrasy once established, runs a longer course, for several days, even weeks, towards recovery. I have seen it in some instances of young children, to come on suddenly, when, as soon as the bilious aspect appeared, the hypersthenic form of reaction declined into astheny, ending fatally under profuse bilious diarrhoea in three or four days. I have seen it sometimes pass into a kind of low remittent, or gastric form, to be spoken of on a further occasion.

The transition of bilious fever into icterus, as in adults, I do not remember to have seen in young children. There is another transition: that into bilious dysentery, which, though fever may sometimes considerably decrease in such case, still forms a very dangerous affection for the tender age. The extraordinary heat which we have here just at present, (July, 1854,) proves also in this country as productive of bilious affections, though certainly they are more violent in Italy or Hungary.

The treatment consists of emetics and purgatives, according to directions given, when we spoke of febrile gastric disorder, and in the use of acids against hypercarbonization and bile. The emetic, the sooner the better; but if the child is above three or four years, even the third or fourth day of it will allow yet the use of the emetic, whilst children under two years, will before that time have fallen into astheny, and no more admit that remedy.

Amongst purgatives, whenever the skin is very hot and dry, and the dryness of the mouth indicates a similar state of the gastric mucous membrane, in general in very high fever, I prefer the liquid ones to others, *f. e.*, from one ounce and a half to two ounces of simple infusion of senna, with two to three drachms of sal. sedlitz; under other circumstances, however, one or two full doses of calomel may be useful.

The antibilious indication I use to fulfil by the following:—R. Acet. Rub. Idæi, dr. iij.; Aquæ Dest. Simp., oz. ij.; Acidi Tartarici, scr. ss.—gr. xv.; Syrup. Rub. Idæi, vel. Citr., dr. iij. Every hour or two one or two teaspoonfuls. As to the treatment of hepatitis, pneumonia, meningitis, or other complication, it is too well known to be mentioned in this place, and must be applied in stronger or more moderate measure, according to the degree of those local affections, and the stage of fever; but it can scarcely be inculcated too much to the young practitioner, that if liver and gall-bladder are torpid with bile, in vain we subtract blood from the head, lungs or liver, and in vain we order "antibilious" medicines; the emetic alone can lay the foundation of successful treatment in this case.

## ON THE DIAGNOSIS OF CHRONIC OVARIAN TUMOURS.

By E. J. TILT, M.D.,

Senior Physician to the Farringdon General Dispensary and Lying-in Charity, and to the Paddington Free Dispensary for Diseases of Women and Children.

"Hydrops ovariorum ut plurimum steriles anosaque mulieres occupat difficulter cognoscitur et vix abs seculo cadaverum."—Boerhaave (Aph. 1232.)

### (1) *The Impregnated Womb may be mistaken for an Ovarian Tumour.*

NOTWITHSTANDING the greater degree of perfection of our means of diagnosis, our knowledge is still so imperfect that the most eminent practitioners often fall into erroneous diagnosis.

Cases.—M. Taignot relates that a country doctor in France was consulted by a girl for an abdominal swelling, which she persisted in denying the possibility of being physiological. Thus led astray, he, with an inexcusable precipitation, punctured what he supposed to be an ovarian cyst. Premature labour brought from the womb an eight-months still-born child, and the mother died three months after.

Dr. Corfe in his lectures, (*Medical Times*, July 15.) states:—"I knew of two circumstances in the country where the patients have been tapped for supposed dropsy, and the *post-mortem* examination brought to light that they were both advanced in pregnancy." But such cases are not confined to country practitioners, Professor Murphy, whose well-earned reputation cannot suffer from the avowal of a mistake, informs us that in two cases he had mistaken pregnancy for ovarian dropsy. Mr. Phillips told us that, in a case upon which he was called in consultation, (with two of the most eminent physician-accoucheurs in town,) the tumour had existed eleven months. The two obstetricians said it was ovarian, but Mr. Phillips thought it pregnancy and advised the husband to wait as women were often wrong in their calculations; and some time after the lady was confined. We also, once made a fatal mistake of this description, and record it in order that others may seek for and know how to wait for the signs by which the error may be avoided.

Case.—In June, 1849, we were consulted by the wife of an officer, and at first sight were struck with the emaciated appearance and care-worn expression, so characteristic of an advanced stage of ovarian growths. The patient was 40, and had been married nine years without having been pregnant. Some months previously and after derangement and suspension of the monthly function, a swelling of the abdomen made her hope that she was in the family way, and a month before calling upon us she had consulted Dr. Mayo, of Winchester, who after a careful examination, pronounced her case to be one of ovarian dropsy. Feeling still confident that she was pregnant she came to town.

From a careful examination of the womb and breasts, and after seeking in vain for the sound of the fetal

heart over the tumour, we pronounced her to be suffering from an ovarian tumour; ordered an iodine treatment, to be followed out by her medical attendant, and an abdominal bandage to be worn. We heard nothing more of the patient until six months after, when her husband wrote to inform us that she had been delivered of a full-grown male child (still born) at exactly nine months after she had been persuaded that she was pregnant, and six months after her visit to town. We know of several instances wherein a successful effort of procreation towards the decline of life was considered to be ovarian dropsy, and of the patients being given up to nature, who brought about a radical cure after the tumour had been retained nine months in the womb.

(1) *Ovarian Tumours are sometimes mistaken for Pregnancy.*

This error of diagnosis is no less frequent than the one previously noticed, but more fortunate, as it presents the intempestive or fatal interference of art. All who have written on ovarian dropsy, have related cases of women in whom that complaint has been considered pregnancy, both by the patients themselves and their medical attendants. Madame Boivin, in her valuable Memoir ("Sur une des causes frequentes de l'avortement") has enumerated nine very interesting cases of this description which occurred in her practice, and in some of them nothing could dissuade the patients from their conviction. The strong desire for progeny, the arrest of menstruation, the appearance of mammary symptoms, and the assurance on the part of the patient, who has already borne children, that she feels the child; such are the grounds which also lead astray the medical man, particularly if he feel a regularly round tumour, rising, as does the womb, from the pubes to the umbilicus, instead of descending from the umbilicus to the pubes, as do many other tumours. Some have attempted suicide, under the conviction that the natural consequences of unlawful connection were becoming manifest; while others, who under the sanctity of the marriage tie, could contemplate any amount of abdominal swelling with the same feelings of pride as those ascribed by Tacitus to Agrippina, could not bring themselves to relinquish their long cherished hopes of progeny. If the frequency of this mistake be as great as we have said—if falling into such an error of diagnosis either causes the death of the patient, or unbecomingly fosters her delusions, it behoves us carefully to inquire how such an error may be avoided.

In the first place let the practitioner make up his mind to consider every woman as pregnant who may consult him for an abdominal enlargement, however old the patient may be, or of however high the rank, or spotless the virtue of the unmarried. Let him ask himself—"Is not this a case of pregnancy?" and let the idea of pregnancy be torn away from him by a most rigorous investigation of all the phenomena of the tumour. By so doing, he will avoid the risk of committing manslaughter. But if, on the contrary, he prescribes limits to nature, and says,—“Such a lady has

been so long sterile, that if any abdominal swelling occur, it must be morbid;” or, Miss — is so high-born, so well bred,” he is on the road of discredit and dishonour to himself and his profession. After this word of advice we shall attempt to point out how it is possible to avoid mistaking uterine and ovarian tumours.

Both tumours rise from the pelvis, as we have seen when treating of fibrous tumours of the uterus. And we then mentioned, that the only way of detecting one from the other is, by using the uterine sound; but when reasoning on the hypothesis of pregnancy, the use of this instrument is forbidden, as it would bring on abortion. And when we remember having been told by an eminent obstetric physician that, suspecting a tumour to be ovarian, he had once passed the uterine sound into the uterus, broke the membranes, and produced abortion, we cannot but tremble lest, in the hands of the incautious, this instrument should be an instrument of mischief.

We must take an extreme case, for if a right diagnosis can be obtained in an extreme case, it can in any other. We will suppose the case to be either one of four months' pregnancy, or else an ovarian swelling. The two tumours may be said to have the same seat. We will admit that the physiological softening of the neck of the womb may be imitated by the softened patulous os uteri, when under the long-continued influence of ovarian irritation. Both ovarian and uterine tumours may give rise to the same morning sickness, to the same mammary symptoms, and to amenorrhœa. In both cases there may be a more livid colour of the vaginal mucous membrane. Both patients may feel what they suppose to be the movements of the child; and in both cases the ear applied to the tumour can only detect a *bruit de souffle* when the tumour presses upon the iliac artery, but there is no sound of the fetal heart.

It would seem that there could be little possibility of mistake when, in a married woman for instance, the irregular, scanty, or suppressed catamenia coincide with peculiar or depraved longings, with morning sickness, pains in the breasts, darkening of the circle surrounding the nipple, and a beginning of lacteal secretion, especially if these symptoms, occurring in the midst of health, coincide with a swelling which rises from the cavity of the pelvis.

It will be said, that in the third or fourth month of pregnancy, the neck of the womb will present, to any tolerably experienced practitioner, evident proofs of pregnancy, in the more or less complete spreading of its external orifice, in the kind of cedematous swelling of the lips of the os uteri, in the slight softening of the tissue of the womb itself, and in the regular development of its inferior segment, which seems to form one with the base of the neck of the womb, and to be itself the tumour. All this is very true, but the neck of the womb may be displaced by some pelvic ovarian tumour which may take the position it usually occupies in the first months of pregnancy. Then, again, the length and the form of the neck of the womb, and of its orifice, are far from being the same in all women; and

when enlarged by previous confinements, and patulous from granular ulceration, and from a low type of inflammation, it may afford reasons for confounding it with the physiological softening of the same organ during pregnancy. The situation also of the tumour gives us no certain indication, for we have seen ovarian tumours central from the first; and the pregnant womb, on the contrary, may develop itself on one or the other sides of the pelvis, a remarkable instance of which we lately saw in a patient who had for some time been treated *homœopathically* for an ovarian tumour. When lying on her back the tumour seemed to spring from the right side, where the patient suffered extremely, and on assuming the sitting posture, the whole of the pregnant womb was seen lodged on the right side—a singular appearance, which had, no doubt, caused her pregnancy to be mistaken for an ovarian tumour.

With regard to the arrest of the catamenia, this is common in pregnancy, but very rare in ovarian tumours, unless both ovaries are affected, and not always then. It is sometimes profuse in the beginning, but more generally scanty, and often irregular. So far our own experience is confirmed by that of Dr. Clay, who thus writes to us:—"Of the numerous cases which have come under my observation, I have not in my remembrance any case of ovarian disease where menstruation was truly normal. There is in *all* more or less irregularity, the chief features scanty at long periods, somewhat painful, and not of good colour; I have seldom found it entirely absent, except in cases where both ovaries have afterwards been proved to be extensively implicated. I have YET to see perfect regularity of menstruation where there is a decided ovarian enlargement. What I mean by perfect regularity is,—in time, quantity, and quality." These assertions are fully borne out by those of one of the best writers on the subject. Caseau says:—"Derangements of the uterine functions sometimes precede every other symptom and all appearance of disease. Normal menstruation, generally speaking, sometimes becomes irregular in time and in quantity, being sometimes scanty, sometimes profuse. Successive miscarriage, accompanied by bleedings, even sometimes seem to have preceded the disease, or rather to have coincided with its first appearance." On the other hand, Mr. Samuel Lane informs us:—"That in nine cases out of ten which have come under his notice, the menstrual discharge was not interrupted by the occurrence of ovarian dropsy." And Meisner confirms this assertion by giving as the result of his experience, that the absence of menstruation is no criterion of ovarian dropsy. He remarks, however, "that should it be absent at an early stage of the disease, hysterical symptoms supervene."

It is sufficiently proved, that the total absence of the catamenia, which is the rule in pregnancy, is the exception in ovarian disease, only occurring, as Dr. Seymour first pointed out, when both ovaries are affected, and not always then, as proved by the experience of Madame Boivin and our own. Dr. F. Bird even affirms, that in one of his cases the catamenia

appeared after the extraction of both ovaries. Except, therefore, in extreme cases, the state of the catamenial flow will only help to a diagnosis without positively indicating it.

Pregnancy and ovarian growths wake up the same sympathetic effects in the breasts, which become swollen, firmer, are often the seat of darting pains, the nipple becoming tumid, surrounded by a dark circle, and even milky fluid may be secreted, without there having been any previous pregnancy. The fact has been doubted by some authors, and we believe by Caseau, but the following fact, to which others might be added, proves that it may occur:—

*Case.*—In a case of ovarian tumour, says Mr. Jeafferson, not only did the breasts enlarge, and secrete milk, but the woman was conscious of the movements of the child, which after a time suddenly ceased, and then the breasts became flaccid. The patient supposing the child was dead, consulted me, and both ovaries were found diseased. The one filled the abdomen, the other was jammed into the pelvis. No trace of conception was found anywhere.

Meisner says, that these consensual affections of the heart are more apt to supervene when menstruation leaves off at an early stage of the disease; but these mammary symptoms do not persist as they do in pregnancy, on the contrary, they generally disappear after a few weeks, although the primary affection may continue its progress. The persistence of mammary symptoms may, therefore, help us to diagnose pregnancy. In obscure cases, however, there is no possibility of arriving at a positive diagnosis, and we must wait—wait until the catamenia reappear regularly in ovarian dropsy, and the mammary sympathies diminish, or vanish completely; while, if the patient be pregnant, the catamenia will not return, and the mammary symptoms will increase, or remain stationary. Wait until the sixth month, when it will be no longer difficult to decide whether the tumour be morbid or physiological; for in the first case, with the exception of an increase in size, the tumour remains as it has been all along; while in the second, if the foetus be alive, there is—1st, active movement on the part of the child; 2nd, its passive movement or *ballotement*; and, 3rd, the double beat of the foetal heart. These three signs often coexist, and the last is the most important.

1st. With regard to the so-called movements of the child, whether they be produced, if by the active exertion of the child, as we still believe, or by the peristaltic motion of the womb accustoming itself to an important function, as has been lately advanced, it is equally difficult to understand how women who have had children, and afterwards become affected with an ovarian tumour, can consider the abdominal sensations caused by an inert tumour and those of a living child, to be exactly similar, for in an ovarian tumour the muscular fibres of the unimpregnated womb could not, by their contraction, give rise to such sensations. However inexplicable the mistake may be, it has so

often occurred that unless the medical practitioner himself has distinctly felt the child's movements, the patient doing so would give no certainty to the diagnosis of pregnancy.

2nd. The ballottement, on the contrary, must bring to the mind of the practitioner who experiences that sensation, the idea of a free body moving in the distended womb; whereas, if the tumour be ovarian the shock will not be felt; but we must also bear in mind that the sensation of ballottement is not always to be obtained.

3rd. The sound of the foetal heart. When the ear, by means of the stethoscope, explores the surface of an abdominal tumour towards its inferior portion, more particularly in the vicinity of each inguinal region, a bellows' sound is heard; it is a *bruit de soufflet*, and owes its origin to the pressure of the tumour on the large arteries situated beneath. This sound may be produced by any sort of tumour pressing on these arteries; but when the abdomen of a pregnant woman is examined in the same way, something similar is heard, which the tutored ear very soon distinguishes as the placental murmur, caused by the passage of the blood through the placental vascular ramifications. But this sound cannot be relied upon as a sufficient proof, because the bruit of the enlarged vessels of an ovarian tumour has been sometimes mistaken for the placental murmur; as in the case of a patient of Dr. Fleetwood Churchill.\* The danger of relying upon that sound is also well shown in the following instance, related by Bricheteau, of a woman in whom, with the other signs of pregnancy, there was the *bruit de soufflet*, which was thought to be that of the placenta. An ovarian conception was diagnosed. Gastrotomy was performed, and there was found to have been no pregnancy. The patient died six days afterwards.

The distinct perception of the tic-tac of the foetal heart is, on the contrary, the incontestable proof of pregnancy. We have never found any sound to imitate it, and in this one instance we should be tempted to reserve the old adage—"signum unum, signum nullum," for it enables us to affirm the existence of a living child. In thus strongly expressing our own convictions we do not pretend that even after the sixth month it can always be detected. The inquirer may be placed in unfavourable circumstances which may render it necessary to repeat his examination several times before he hears the sound, but it has never yet occurred to ourselves to make a careful and repeated search after this sound in women six months gone with child, without detecting it. We are aware that others do not attach the same importance to this. Thus at a discussion on the diagnosis of ovarian disease, Professor Murphy is reported to have said that the transmission of the sound of the heart of the patient by a solid ovarian tumour might be mistaken for the sound of the foetal heart, and lead to the belief of pregnancy where none exists. Mr. Drewitt supported the same views, but we cannot understand how the

sound of the patient's heart, beating sixty times in the minute, can be mistaken for that of the foetal heart, beating 120 in the same space of time, and in the belief that such a sound can be confounded with no other. Caseau says:—"I can affirm that for the last five or six years I have not met with a woman in the family way (the child being alive) without hearing the sound of the foetal heart after the first six months of pregnancy," and we so fully agree with him, that if after repeated examinations we could not detect that sound we should have no hesitation in affirming that the woman is not pregnant, or that if she had been so, the child is dead.

If the child be dead, the difficulty of diagnosis is thereby considerably increased. Then we must make the most of the information afforded by the examination of the neck of the uterus which will present those modifications which are generally sufficient to denote pregnancy. The sensation of ballottement may still be obtained. Owing to the resiliency of the uterine parietes it will be often possible to detect through them eminences corresponding to the head and limbs of the child.

Should the pregnancy be extra-uterine, the sound of the foetal heart will give the same undeniable evidence of the child's existence; but the case already related will teach the surgeon not to ground so important an operation as gastrotomy on the audition of a placental murmur, which may be imitated by the *bruit de souffle* of the enlarged vessels of the ovarian tumour, or by the arterial souffle of the compressed iliac artery.

If the child be dead, we agree with Bluff, that there will be no possibility in distinguishing an extra-uterine pregnancy from an ovarian tumour, because both tumours have nearly the same seat, and the difficulty would be increased in the case of dropsy, or if the pregnancy be tubal. The history of the case, the mother's distinct perception of the child's movements, the flaccidity of the breasts, the arrest in the progress of the tumour—which has become harder, and presents eminences resembling the salient points of bones, must guide the sagacious practitioner.

Lastly, it must be borne in mind, that during the progress of ovarian disease the patient may be repeatedly pregnant, that the two may coincide, and that the certainty of an ovarian tumour in one part of the abdomen must not cause the attendant to disbelieve the existence of pregnant womb in another part of the same cavity. Such mistake has been fatal in several of the cases operated upon, the operation having brought on abortion. By careful examination in this case two tumours will be found, or at least two portions of what may seem to be one tumour. In the one, when it is sufficiently developed, the sound of a foetal heart will be heard, but nothing similar in the other portion. When there is the slightest doubt, let the attendant follow the philosophic precept and abstain from treatment.

In concluding this important subject we may add, that the frequent errors which are committed are the result of the hasty and careless investigation of the medical man into the cases of women already pro-

\* Outlines of the Principal Diseases of Woman, i. iv., p. 364.

nounced to be affected with ovarian disease, and that if we were perfectly unaffected by what Dr. ——— and Mr. ——— may have thought of the case, and were to conduct our own inquiries (repeating them sufficiently often) upon the principles we have laid down, there would be but few cases wherein it would be impossible to give a correct diagnosis.

To the junior members of the profession we shall again say, "learn to wait." The medical practitioner must oftener be a Fabius than a Marcellus. No doubt he sometimes wants the eagle glance of the general on the battle field, to know how to break the force of the disease by a sudden attack, but more frequently will he find the prudence of keeping to the hills and dodging the enemy. In beginning practice we are apt to give decided opinions; to this we are prompted by the impulsive energy of youth, and by the fear of being accused of ignorance if we do not give a decided answer. Thus we are persuaded to an erroneous diagnosis which we should not have given if we had well examined and thought over the case;—an error of diagnosis which may compromise the reputation of the man of talent, and which no future professional success can wholly obliterate from the minds of the public.

11, York Street, Portman Square.

[To be continued.]

## GALLIC ACID IN HÆMOPTYSIS.

By WILLIAM BAYES, M.D.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—The invitation given forth in the last number of your journal to your subscribers, "to put their shoulders to the wheel," induces me to forward you the history of a case which has very recently occurred to my notice, and which, showing as it does the great value of gallic acid as a therapeutic agent, and the large doses with which it may be given with safety, may possibly appear to possess some interest to your numerous readers.

I am, Sir, yours obediently,

W. BAYES, M.D.

Marine Square, Brighton.

Mr. R., a gentleman of bilious temperament and thin conformation, called upon me (professionally) on Sunday, the 6th of June. Before he had recovered from the fatigue of walking to my house, and while his wife was giving me a slight sketch of his ailments, he gave a painful evidence of his state by a fit of coughing, accompanied by some slight hæmoptysis, perhaps as much as two or three tablespoonfuls. After recovering him from the faintness which ensued, and quieting the mental anxiety and excitement which this induced, I sent him to his house, (which was near at hand,) with orders to be put to bed at once, and to be kept per-

fectly quiet. On following him to his house, I heard from his wife that he had been for years subject to attacks of (what they believed to be) bronchitis;—that he was at this time threatened with jaundice;—that four years since Dr. Ramadge had pronounced him incurably consumptive;—that, not being satisfied with this opinion they had consulted Dr. Addison, who had reported the same;—that their present London physician had, however, told them that it was merely bronchitis;—that, after a severe attack, which had been accompanied by profuse expectoration, by night sweats, and by hectic fever, he had been advised to visit Brighton;—that he had been in Brighton two weeks, and had apparently much improved, when he imprudently had walked to the top of the Downs;—that the fatigue attending this exertion had caused him to expectorate blood five or six times;—that this had frightened them, and that they had continued their walk to my house, to ask whether it would be safe to return at once to London;—and that the excitement attendant upon this last imprudence had produced the hæmoptysis before-mentioned.

In the highly nervous and excitable condition in which I found Mr. R., (he had been shedding tear-like an hysterical female,) I did not deem it prudent to make a very lengthened or particular stethoscopic examination of the lungs, especially as the hæmoptysis had much diminished since he had assumed the recumbent position. I found, however, that they were extensively diseased, and that there was evidence of subacute inflammation in the lower and back part of the left lung. His skin and face were yellow, and dusky-looking; tongue deeply furred; breath very offensive; pulse 95, rather full, yet jerking and tremulous; skin felt harsh and rough; bowels confined, and for several months he had never had proper action from them, generally scarcely more passed daily than the size of two or three almonds; urine abundant, and he said "it smells quite beautiful, almost as good as a scent." On examination I found it diabetic, although in quantity it was not very much increased, probably not more than six or seven pints daily. The only pain he felt was a dull aching across the loins, and occasionally more severe at the lower and back portion of the left lung. The colour of the expectoration was bright and florid.

I first ordered him a few grains of sulphate of magnesia and sulphuric acid, in infusion of roses, and in twenty-four hours, the hæmoptysis having almost ceased, I gave him three tablespoonfuls of lemon-juice, to be continued every two hours. Under this treatment all the symptoms of subacute inflammatory action subsided, the pulse diminished in frequency, (to 68,) the pain in the side disappeared, the tongue cleared itself, the night sweats became greatly decreased, and in three days ceased altogether. What most of all pleased me was, that the bowels acted freely, and the alvine secretions were well coloured with bile. The patient himself seemed astonished with the change, saying, that his bowels had not acted so well or so comfortably for years. The urine, so far from increasing in quantity, diminished considerably, and Mr. R. was rapidly gaining



strength, and apparently health, his skin losing its dusky yellow tinge, and becoming clear, and even slightly coloured.

I do not ever remember to have seen so rapid a change for the better in six days, but, on the 12th of June, I was as much grieved as astonished to see my patient walk into my consulting room, leaning upon the arm of his wife. Before, however, I had time to express my displeasure, the poor gentleman sunk into my chair, and the hæmoptysis returned, worse than at the first. Every fifth or sixth inspiration brought on the cough, and every cough was followed by sputa of frothy florid blood. I was seriously alarmed for him, and as soon as possible had him conveyed home, and laid upon the sofa, with the strictest injunctions that he should neither be allowed to speak or to move. I ordered him five grains of gallic acid every second hour, and was pleased to see that the hæmoptysis gradually diminished. He probably had lost half a pint of blood between twelve o'clock at noon—when he called upon me, and nine at night, the intervals between each expectoration being, at the latter hour, about twenty minutes, and the colour still florid, although somewhat less bright. At a quarter past eleven o'clock the same night I was summoned, hurriedly. In undressing the patient, the hæmorrhage had a third time recurred. His breathing was now hurried, every inspiration brought on a cough, and every cough brought up bright arterial-looking blood. He was becoming faint and livid-looking when I arrived, and I really was afraid lest he should have been suffocated. The air passing through the blood already in his throat produced a gurgling sound, which alarmed his wife, to whom it sounded like the "death rattle." I now took a drachm of gallic acid, put it into a six-ounce bottle, dissolved it in hot water, and added rather more than a tablespoonful of brandy. I cooled this mixture in some ice which was in the room, and gave Mr. R. a dessert spoonful of it every three minutes. The pulse, which could not be felt at the wrist, recovered slightly after the third dose. At the end of half an hour the face became less livid, and he seemed much revived; I, however, continued the gallic acid every five minutes until the end of the first hour, and afterwards every ten minutes until nearly two hours had elapsed, when, to my great joy, the expectoration became perfectly inky. After the first inky expectoration the breathing became greatly relieved, and the patient fell into a quiet doze. He had taken the first drachm of gallic acid in one hour and fifty minutes. I then mixed a second drachm, in the same manner as the first, and gave him a tablespoonful of the mixture at half-past one o'clock, after which he fell asleep soundly; I then left him, with orders that the gallic acid should be given him, in five-grain doses, every hour, for six hours, while he was awake, or to be repeated every ten minutes, if the hæmoptysis were to recur. On calling next morning I found he had expectorated but twice, and the sputa were perfectly inky. I kept him under the influence of the gallic acid for three days, gradually diminishing the frequency of the dose. At the end of this time, as he had neither cough nor expectoration, I

changed his medicine to the infusion of roses and sulphate of magnesia, and ordered him also to take five-drop doses of creasote, three times a day, upon sugar; he now went on steadily getting well. I found it rather difficult to prevent his committing indiscretions in exercise and in diet, and therefore curbed him a little, by giving him minute doses of tartarized antimony; and upon the 26th, or fourteen days after his severe attack, he was so far recovered, and had for some days borne exercise in the open air so well, that I allowed him to go home again to London, indeed for the last three days I could scarce persuade him that he was an invalid.

Perhaps one of the most satisfactory results of the large doses of gallic acid, was the entire disappearance of the diabetes, and the simultaneous reappearance of bile and sufficient stools. Another point worthy of notice was, that the patient weighed precisely the same upon the day he left Brighton as he had done one month previously.

There is yet a third point to which I would direct the attention of the reader,—that the dyspnoea was almost completely relieved as soon as the system was well saturated with the gallic acid. The difficulty of breathing was no doubt caused by the gorged state of the vessels of the lungs, which was relieved by the powerful astringent acting upon them from within.

## ON MAMMARY ABSCESS.

By ALEX. H. PATERSON, Esq., ALTRINCHAM.

SEVERAL London surgeons have mentioned that boils, carbuncles, and similar diseases have been very prevalent in the metropolis during the last few months.

These diseases have not been confined to London, but have spread, I believe throughout the country, and in this neighbourhood I have noticed inflammation and suppuration of the breast to be unusually frequent after confinement, in females of all classes. In most of the cases I have seen there has been no cause assigned for an attack of fever, which commonly set in a week or fortnight after delivery, was in many cases very severe and even dangerous, typhoid in character, with disordered secretions and diarrhoea. This was followed by inflammation in one and sometimes in both breasts, terminating in abscess.

Burns and Ryan, in their works on midwifery, tell us that this complaint is very easily induced, and very difficult to check. And we know from experience, that the loose cellular tissue of the gland favours the formation of troublesome sinuses, which give great pain, are very long in healing, and seriously affect the strength. The skin is here thick and loosely attached, and the subcutaneous tissues thickened, pass into a state of sub-acute or chronic inflammation, and remain indolent and painful for a long time. Not unfrequently abscess succeeds abscess, and sinus unites with sinus, until a young and delicate woman is reduced to a shadow, and

the gland so injured that it cannot be used after any succeeding pregnancy.

The authors I have mentioned recommend warm applications at first, and the gentle use of mild liniments, the laying open of sinuses, (which Dr. Burns says truly, is very painful,) and stimulating embrocations to remove any swelling that may remain.

I doubt not all my readers have had ample opportunities of trying and being disappointed by these remedies; and finding in some of the cases before alluded to, their inefficiency, either in arresting suppuration, or after that was established, in preventing the formation of sinuses, I resolved to change my treatment. The chief causes of sinuses—prolonged suppuration, swelling and consolidation, are undoubtedly the structure of the part in which the inflammation arises, and its loose pendant position obstructing the return of venous blood, and favouring infiltration of lymph, and the burrowing of matter.

My first principle in the treatment was to support the breast by a handkerchief plated beneath it and brought round the neck; then, if suppuration had not commenced, I covered the whole breast with strips of adhesive plaster, an inch wide and from nine to six inches long; the strapping commenced below, and extended from the arm pit, beneath the breast to the upper part of the sternum, successive strips were applied as high up as the nipple, leaving it uncovered, and then, in the same manner over the upper part of the gland, commencing at the top. The plaster was so applied as particularly to press on the indurated inflamed portion, and support the parts below it, but not to give pain by being too tight. It was removed when it became loose, and generally worn for a week or fortnight, until all swelling and hardness had disappeared. When suppuration had commenced, the breast was supported and a poultice applied till the abscess burst spontaneously or the matter was evacuated by the bistoury, and the strapping applied as above; a small hole being cut to allow the escape of the pus. The plaster was reapplied as often as the discharge rendered necessary, but not more often than I could avoid, as I preferred replacing a saturated or loose strip, to removing the whole oftener than every second day. This plan proved eminently successful, the formation of matter was arrested, old sinuses closed and healed, and no new ones formed; and under steady equable pressure, chronic indurations rapidly melted away. I should add, that the strapping used by me is composed of emplastrum saponis and emplastrum plumbi, spread on unglazed calico, and prepared by Messrs. Palmer and Palmer, druggists, of Birmingham, according to a form of Mr. Hodgson's.

It is, I think, much less irritating, more elastic, and less apt to cut at the edges than common adhesive plaster, and when good and fresh, at least as adhesive. I will, in conclusion, give the outlines of two cases, exemplifying the treatment.

Mrs. P., aged 27. This lady was confined for the third time early in May last. Breasts small; milk scanty and not sufficient to support her healthy infant.

At the end of a month she had in a great measure recovered her health, when, without any apparent cause, she was seized with headache, giddiness, thirst, and rigors, and the right breast became painful, hard, and marked with red lines beneath the axilla. The treatment was aperients, and fomentations to the breast; the next day three leeches were applied, with partial relief; on the day following the tenderness was still great with much hardness, the general symptoms much improved. The strapping was now applied, and remained on a week, when the breast was well. The supply of milk failed for three days, but afterwards returned. This lady had never before anything amiss with her breasts.

Mrs. B., aged 37. Has had four children. This woman was attended by a midwife at her confinement, which occurred early in May last. About a week afterwards I was sent for, and found her suffering from fever, of a morbid type, inclining to typhus; great constipation, succeeded by diarrhoea, &c. These symptoms yielded, and at the end of a week I left her convalescent, though much reduced, and with inflammation of the right breast, which the friends of the patient thought themselves competent to treat, as they had some years before cured an abscess of the other breast after it had lasted three months, and had left the gland useless, and indeed without the power of secreting milk, so that the woman nursed entirely by the right breast. About a fortnight afterwards I was again sent for. My patient was weaker than ever, and one or two abscesses were forming on the right side, and one on the left. I ordered nourishing diet, the breasts to be supported by handkerchiefs, and poulticed; they went on, however, badly; abscess after abscess formed and broke, or were lanced, on both sides; the breasts were riddled by sinuses, and much substance was lost in the right one from sloughing; the discharge was profuse, and the patient scarcely able to sit up in bed. On the right side there were, probably, eight or ten openings, from the size of a crown piece to a pin's head, most of them connected. On the left there was great induration, and more matter evidently forming, and four openings communicating with the sinuses. I applied the strapping on both sides, removing it for the first week every second day, afterwards every third. The induration, which had been accompanied by throbbing, shooting, and burning, disappeared from the left mamma, and the sinuses rapidly healed. On the right side the improvement was equally rapid, and in less than three weeks from the application of the plaster, the woman was pretty well, and the breasts perfectly and soundly healed, with very little contraction of the nipple on the right side.

# Hospital Reports.

BRISTOL ROYAL INFIRMARY.

## CASES

*Reported under the Terms proposed by the Association.*

BY NIL DESPERANDUM.

### *Dislocation of the Acromial End of the Clavicle.*

THOMAS JENKINS, aged 21, admitted August 3rd, 1852, under the care of Mr. Green. An hour before admission he was standing in a narrow way, when a coal cart passed by, the wheel coming in contact with the outer part of the left shoulder, and pressing him against the wall. On examination the nature of the injury was at once evident, for the acromial end of the clavicle was plainly seen resting against the spine of the scapula, and under cover of the trapezius muscle. The part of the spine of the scapula where the clavicle was resting on, was nearly two inches from that part of the acromial process of the scapula to which it is normally articulated. Shortening of the distance between the neck and the shoulder was well-marked. In consequence of the support of the clavicle being gone, the shoulder came forward so as to give the impression that there was some displacement of the head of the humerus. There was some confusion of the soft parts at the outer and posterior aspect of the shoulder-joint. The clavicle was almost brought back to its normal position, by keeping the shoulders back, and raising the arm. A figure of 8 bandage was therefore applied, in the same manner as for fractured clavicle; and the arm was raised by a bandage under the elbow, and carried over the opposite shoulder. This treatment was continued up to August 21st, when he was discharged. There was but little deformity when he left the Infirmary.

This was an extreme case of displacement, for in most instances the clavicle is dislocated upwards on the acromion. There was the following circumstance to be noticed in this man:—On the other side, the clavicle and the acromion process were not on the same plane, so that on the application of great force, this condition of articulation would, I think, rather tend to dislocation, whereas, if the two bones had been on the same plane, the clavicle would have been most likely fractured.

### *Scrofulous Disease of the Knee—Amputation—Death.*

JAMES LLOYD, aged 19, admitted October 25, 1851, under the care of Mr. Clark. He is of weak conformation, and the strumous diathesis is well marked. A week ago his right knee became very painful, so that he was obliged to give up his work, which was that of a carpenter; but three days previous to this he had severe rigors. At present there is some slight swelling below the patella, and he has severe pain on pressure. He has a discharge from the urethra, but it evidently

depends on phimosis, which no doubt is congenital. The first time he had any discharge from his urethra, was twelve months ago; but it subsided without doing anything for its removal. He has had a return of the discharge two or three times since. *Hirudines xij. genu.*

26th.—Pain was very severe last night; tenderness much the same, but is not quite so puffy below the patella; pulse 96; tongue moist and white.—*R. Pulv. Ipecac. Co., gr. iij.; Ant. Pot. Tart., gr. 1-6th.; sextis horis sumend. Hirud. viij. Middle diet.*

27th.—Pain a little relieved; swelling much increased, extending half way down the inner side of the leg; no effusion above the patella; pulse 120, full and compressible; tongue more furred; skin hot; bowels have been opened; great thirst.

28th.—Pain less; skin is red, and there is a feeling of fluctuation three inches below the patella; pulse 108; tongue dry; skin not so hot; not so much thirst. Discharge from the urethra continues. Has half a pint of milk with middle diet. *Hirud. vj.*

29th.—Pain and swelling are less about the knee; but have extended below the leg; ankle is puffy and cedematous. Does not sleep well. Pulse 120.

30th.—An incision was made in the inner side of the leg about the middle-third, and a little pus evacuated. *Capiat pulvis quartis horis.*

31st.—There is a free discharge of pus; ankle not so puffy; pain and swelling of knee less; pulse 112. *Poultice to leg.*

November 2nd.—Wound discharges freely, pus is not mature; the knee is reduced to normal size; pulse 108, weak; tongue cleaner, but is injected at the margins. Has considerable thirst and heat of skin. Discharge from urethra diminished. Omit pulveres.—*R. Potass. Bicarb., Potass. Nitrat., utr. gr. x.; Acid. Hydrocy. Dil., m. iij.; Aq., oz. iss. Fiat haust. quartis horis sum.*

4th.—Discharge from leg is less, but on pressure, some cherry-like pus is brought away; pulse 92; tongue clean; not so much thirst or heat of skin. Ordered six ounces of mutton and half a pint of beer daily.

6th.—A large amount of pus is discharged on pressure, almost half a pint came away yesterday; pulse 120; tongue clean, but very red. Very little pain in knee or leg. To have one pint of beer daily.

7th.—Pus comes away more freely to day; is of a brownish colour as if from admixture with blood. Complains of pain and tenderness in the bladder and urethra after passing water. Scarcely any discharge from urethra.—*R. Potass. Bicarb., scr. j.; Liq. Potas., m. x.; Mist. Tragacanth Co., oz. iss.; Tinct. Hyosc., m. xx.; sextis horis sumend.*

8th.—The scalding is less to day. The tibia was found to be bare for about three inches, the probe passing for some distance under the integuments. General health the same. To have four ounces of port wine, one pint of beer, six ounces of mutton, and milk daily.

10th.—Pressure on the inner surface of the tibia brings away a large quantity of pus mixed with coagula; knee-joint is of normal size; scalding and pain in

making water have returned. Has had diarrhoea for the last two days.

12th.—The poultice was discontinued yesterday, and simple dressing applied; to-day the discharge has diminished to nearly one-half; feels stronger; diarrhoea has ceased.

18th.—Has remained much the same since the last report, with the exception of some soreness and pain in swallowing; cannot pass his water, only coming away in drops, with a good deal of pain.

19th.—The difficulty in passing water was much increased last evening, but after dilating the meatus urinarius with a probe, he passed water freely, and he has no difficulty to day; there is still considerable discharge from the leg, and there is some enlargement about the head of the tibia; pulse 120, weak; tongue clean and injected; appetite good.

20th.—On making pressure to-day on the outer side of the leg, between the tibia and fibula, a considerable quantity of pus came away, floating in which there was a good number of oil globules; is obliged to strain a good deal in passing water.—*Lotio Calcis Chlorid.* applied as a dressing.

December 1st.—There were more oil globules in the pus to-day.

5th.—The opening of the prepuce has contracted, requiring great efforts to pass his water. Opening dilated with the probe.

11th.—Complains of great pain in the knee, which is hot, but not swollen; had an eruption over him this morning, but which has now disappeared; passes water more freely.—*R. Pulv. Ipecac. Co., gr. v., sextis horis.* *Mist. Salina Antimonialis ter die sumend.* Poultice to knee.

13th.—Knee is much swollen, very painful, and fluctuates; there is oedema of the foot and ankle; has vomited several times to day; pulse 166; tongue furred and dry; cheeks flushed, in fact is in a state of hectic.—*R. Pulv. Trag. Co., dr. j.; Mist. Salin., oz. iss., quartis horis.*—*R. Tinct. Opil, m. xx.; Aq., oz. j., o. n. s.* To have fowl, and eight ounces of wine daily.

14th.—Is rather better; slept well, and has less pain in the knee, but the swelling is just the same; pulse 150; tongue moist and red; appetite improved slightly.

The symptoms of hectic rather increased than diminished, and there being no doubt that the joint was distended with pus, on the

26th Mr. Clark opened the joint on the inner side, and about a pint of well-formed, but very offensive pus escaped; tongue is ulcerated superficially on the dorsum.

27th.—Much easier; slept all night; there is an immense discharge from the knee; the leg is much everted, apparently from a displacement of the articulating surfaces of the thigh and leg; pulse 128, weak; tongue injected, and is more ulcerated; bowels relaxed at times; appetite not good, but he takes his wine and beer. Ordered the following application to the ulcers on the tongue:—*R. Argent. Nit., gr. iv.; Aq. Destill., oz. ss. M.*

January 1st, 1852.—Is very weak, the discharge from the knee being exceedingly profuse. A consultation was held as to the propriety of removing his leg, but it was considered that he was not strong enough to bear the operation.

Half-past 11, P.M.—A little better this evening; pulse 130.—*R. Tinct. Opil, m. xx.; Aq., oz. j., fiat haust. st.* Has taken two ounces of brandy.

2nd.—Slept last night, and seems a little better this morning.

3, P.M.—Has taken four ounces of brandy to day; pulse 160; blood comes away freely per urethram after passing water.

4, P.M.—He was placed under the influence of chloroform, and Mr. Clark removed the limb, about the middle-third of the thigh, by the circular method; on making the incision through the muscle, about half a pint of pus escaped. Very little blood lost.

9, P.M.—Going on well; pulse 130; has taken four ounces of brandy since the operation.—*R. Tinct. Opil, m. xx.; Aq., oz. j., st.*

3rd.—Slept tolerably well last night; pulse 125; took five ounces of brandy during the night.

5th.—Bandage removed; a little discharge from the stump; pulse 120. To take a little wine sometimes instead of the brandy.

6th.—Much the same; on removing the dressing, a dark, thin, offensive, unhealthy discharge escaped. The *Lotio Calcis Chlorid.*, and some turpentine, were applied, and then a bread poultice was wrapped around the stump. He took some fish for his dinner.

January 7th.—Did not sleep well last night. The poultice has occasioned some pain; pulse 120; the soft parts are sloughy. A dressing of turpentine and resin was applied, and another poultice.

8th.—Slept all night, and feels better this morning. He has a large bed-sore on the lower part of the back. The discharge from the stump is more healthy. A poultice of beer grounds and bread applied.

9th.—The soft parts sloughed to some extent, and the femur is denuded of its periosteum for nearly two inches. Takes his food pretty well. Pulse 130. To have eight ounces of wine and eight ounces of brandy daily. Yeast poultice to stump.

10th.—Is a little stronger, and his appetite is moderately good. The sloughing has ceased and there are a few granulations formed. To have a mutton chop for breakfast.

12th.—Enjoyed his chop yesterday. Bowels not opened since the operation.—*R. Pil. Rhei. Co., gr. v. Fiat pil. tertiis horis sum donec alv. respond.*

13th.—Slept well; pulse 124, weak. Bowels not yet moved, although he has taken four pills.

15th.—Is not so well to-day; has been sick, and is not able to take his food; pulse 128; bowels moved three times.

17th.—Was very sick all day yesterday, but is better to-day. He is very weak. Stump is dressed with simple ointment and plasters.

18th.—Is much worse to-day. Was constantly vomiting and retching during the night, but the pain

did not call any one to his assistance, allowing the vomiting to go on unchecked. This morning he was ordered the Mist. Acid. Hydrocyanici, and to take soda water occasionally. Pulse is weak and intermittent and cannot be counted.

19th.—The sickness continued all day yesterday and through the night; and he died at six o'clock this morning.

No examination of the body could be obtained. On examining the amputated limb, the cartilages of the tibia were entirely destroyed; but those of the femur were not so much affected. The cartilage covering the head of the fibula was also ulcerated. There was not much pus present, on account of their having been such a free opening into the joint. A portion of the shaft of the tibia, for about four inches, was necrosed, and presented a smooth and shining appearance. Several nodules of new bone were present on the anterior and outer part of the tibia. The head of the tibia appeared carious—that is, the cancelli were much enlarged and filled with a reddish coloured fluid. The epiphyses of the femur, tibia, and fibula were not united to their respective shafts.

This is one of those unfortunate cases of necrosis of bone in the neighbourhood of a joint, in which the disease is propagated to the articulation and destroys it. There was extreme pain in the knee-joint for two days before any swelling came on; before this he was going on very favourably, and there appeared to be every chance of his getting well, although the suppuration (which was more profuse in this case than it is generally in necrosis) had weakened him considerably.

*Aneurism by Anastomosis; Ligature of Right Carotid without relief; Partial cure by Galvanic Caustery.*

ELIZA LANWORN, aged 25, a native of Wales, single. Occupation that of a servant. Admitted February 19th, 1852, under Mr. Prichard, for an aneurism by anastomosis, situated on the lower jaw. It commenced about six years and a half since, but had not given her any inconvenience till six weeks ago, when it became painful, and she had a sensation of beating in it, and she noticed that it was extending underneath the jaw, but otherwise it has remained much the same since she first observed it. She has enjoyed good health during all this period. The tumour consists of two lobes, as it were, the upper being about two inches in length, extending over the ramus of the jaw, commencing on the right side, opposite the angle of the mouth, and ending near the other angle; the under lobe is of rounder form, and the part of the tumour over the edge of the jaw connecting the two lobes is narrower than any other part. This connecting portion is situated a little to the right of the symphysis. The integuments are injected; she says that this resulted from the application of a blister. There is a distinct pulsation all over the tumour, but stronger on the left side in the under lobe. Pressure on the right common carotid stops pulsation in the greater part of the tumour, and

of course pressure on both carotids entirely. Pressure on the tumour by gutta percha was employed for a few days, but it had no effect on the disease.

March 4th.—The tumour having increased a little, Mr. Prichard ligatured the right common carotid. The incision was about two inches and a half long. A small artery required to be tied—a branch of the superior thyroid. The descendens noni was in its usual position, external to the sheath. There was some difficulty in securing the artery, from the space of operation being limited, by a venous branch crossing the sheath to join the external jugular vein. The artery was tied where the omo-hyoid crosses the sheath, the muscle being drawn a little upwards. After the ligature was tightened, the pulsation in the tumour was stopped in a great measure, and the right side of the face became blanched. She was under the influence of chloroform. The wound was brought together with two pins and twisted sutures.

*Vespere.*—Has been restless, and has vomited several times.—Ordered soda water.

5th.—Did not sleep; skin is hot; pulse 120; a good deal of thirst. The sickness continued, but was relieved by the Mist. Acid. Hydrocy. She has considerable cough.—R. Tinct. Opil, m. xx., horâ somni sumend.

6th.—Slept a little; the left side of the face is much hotter, and more flushed, than the other; the temporal and facial arteries pulsate strongly on the left side; cannot feel any pulsation in the right; a bruit can be heard over the tumour with the stethoscope; pulse 116; tongue rather dry; the pins were removed, the wound was united where the pins were inserted, but no union in the centre; the margins of the wound not inflamed; no suppuration.

7th.—Did not sleep last night, although she took twenty drops of tincture of opium; felt very much nauseated after taking the draught, and has vomited this morning; cough was troublesome in the night, but is less to-day; pulse 108; tongue moist; complains of pain in the head; there is not so much difference in the temperature of the two sides of the head and neck to-day; can feel pulsation in the tumour on the right side underneath the jaw.

8th.—Slept well without the draught; the pain in the head continues; no vomiting to day; pulse 108. Wound suppurating, but is united at the extremities; the margins are inflamed.

9th.—The cough and pain in the head much the same, the former being worse at night; pulse 100. The edges of the wound are not quite so much inflamed.

11th.—There is more suppuration, comes apparently from the situation of the ligature; headache and cough are less; pulse 100; bowels opened. There is a faint pulsation above the jaw on the right side.—To have one egg daily.

13th.—Wound still suppurating freely; the tumour is a little smaller; the cough and headache are but slight; pulse 96; tongue moist.

16th.—Has more pain in the head to-day, but otherwise feels very well; the tumour feels more flaccid, there is pulsation in every part, but it is not so strong. The wound has healed, with the exception of about half

an inch in the centre, at this spot (where the ligature is) there are fungous granulations.—Ordered fowl daily.

20th.—No apparent alteration in the tumour. There is but little suppuration from the wound; and the ligature is hanging farther out.

23rd.—Ligature came away while dressing the wound.

From this time, for the space of two months, nothing particular occurred to require a report. The pulsation gradually returned with its original force, and the tumour appeared to be extending somewhat, when Mr. Prichard determined to attack the disease locally. On May 27th, being placed under the influence of chloroform, a needle and thread was passed through the tumour in a transverse direction, to which was attached a piece of platinum wire; the two extremities of the platinum wire were connected with the copper wires of a galvanic battery, when in the course of a few seconds, the platinum wire was heated to whiteness. The connection of the battery was then broken, and the platinum wire passed through the tumour and heated to whiteness in two other places, at about equal distances from each other. I should say, that at one end, the platinum wire was soldered to the copper wire of the battery, but at the other the connection was effected by twisting the copper wire round the platinum. There was some little bleeding when the needle was passed, but it was immediately stopped when the platinum became heated.

28th.—Had considerable pain for some time after the operation. Vomited, but this no doubt arose from the chloroform. The tumour is larger, tender, and red, and pulsates stronger than it did before. The increase of pulsation is perceptible to the patient. No fever.

29th.—Swelling and redness increased. Pulsation not so strong.

June 1st.—Tumour is as much swollen as at last date, and is very painful. The redness is chiefly on the right side, underneath the jaw. There is a slight discharge from the openings and the sloughs are in process of separation.

5th.—The sloughs are detached, and the wounds are suppurating. Swelling and pulsation diminished.

From this date the tumour very gradually diminished, and the pulsation became weaker, especially in that part of the tumour above the ramus of the jaw, but the portion below the chin was not so much affected.

July 5th.—The operation was repeated. She was placed under the influence of chloroform. This time the needles were passed through the most vascular part of the tumour in a perpendicular direction, smart arterial hemorrhage followed, but was speedily arrested when the connection with the battery was established. A compress of lint, and the bandage were applied.

6th.—Has passed an uncomfortable night, the tumour having throbbed and being at times extremely painful. She vomited an hour after the operation; complains of nausea, slight headache, and thirst; pulse 100; skin and tongue natural. Tumour is swollen and tender; but the action is chiefly confined to the spots where the needles were introduced. Pulsation strong over the symphysis menti. A cold water pad to be constantly applied.

8th.—Tumour more inflamed, being more swollen, tense, and shining, and very hot to the touch. A small slough is apparent at each aperture. No constitutional derangement. Continue the cold application.

10th.—Temperature and swelling of tumour increased since the last date. There is considerable tenderness. The sloughs are detached from two of the apertures, and the wounds are suppurating. Has a little headache, but no other ailment. Face is pallid.

14th.—Tumour is smaller, and not so tender. The apertures are larger, and are discharging laudable pus. Countenance less anæmic. Bowels and catamenia regular.

20th.—The apertures have healed by granulation, leaving the chin studded with small, depressed, firm cicatrices. The tumour feels firm, and is quite consolidated above the base of the jaw; underneath there is a circumscribed vascular patch, rather larger than a shilling, and giving an aneurismal sound; the integument is rather thin here. General health is good.

At her own urgent request she left the infirmary at the latter end of July, with strict injunctions to apply at once if there should be any tendency manifested of the tumour becoming larger.

I think that the treatment and progress of this case bear out very strongly the correctness of the opinion, that most cases of aneurism by anastomosis are to be only efficaciously treated by local means. Mr. Liston says:—"The cases are innumerable in which I have been obliged to employ the ligature in an effectual manner, combined or not with incision, where caustics, injections, puncturings, setons, and even imperfectly-applied ligatures had been previously resorted to, in vain." In this instance, certainly, the ligaturing of the carotid diminished the pulsation of the tumour, but after some time it returned with its almost original force, and the tumour was extending.

Of all local measures hitherto used in the treatment of these tumours, (at least when they are above a certain size), the ligature has been the most effectual. The application of caustics, such as potass or nitric acid, would have been out of the question in a tumour of this size, as their use is attended with danger, from the profuse hæmorrhage that is likely to occur. Stimulating injections into the substance of these tumours have been sometimes employed, and with success; but some surgeons speak most decidedly against their employment in any cases, as their use has been followed by severe irritative fever, phlebitis, &c. It is only of late years that galvanism has been resorted to in the treatment of these cases. I think that the use of the platinum wires and the galvanic battery, is preferable to the ligature, and for these reasons:—1st, that the painful processes of strangulation of the tumour, and its subsequent ulceration are avoided; 2nd, that the skin is not destroyed, and thus the deformity of a large cicatrix is prevented.

It is to be regretted, that this woman was not entirely cured, as I think there was every probability she would have been with another slight operation.

## WEST NORFOLK AND LYNN HOSPITAL.

CASES ADMITTED UNDER THE CARE OF CHARLES COTTON,  
M.D., F.R.C.S., SENIOR SURGEON TO THE HOSPITAL.\*

*Stone in the Bladder—Lithotomy twenty-seven months  
after "cure"† by Lithotrity—Death, twenty-seventh  
day.*

WILLIAM KEMP, asthmatic and infirm, aged 67 years, agricultural labourer. Admitted Jan. 24th, 1851. Conveyed to the hospital, a distance of ten miles, in a very hopeless condition, in order to seek relief for sufferings referred to the genital organs, which the friends of the patient describe as being beyond further endurance. On admission, the old man, pinched with cold, and fatigued by his journey, was found to be greatly emaciated, half childish, and extremely feeble; and on being stripped of his clothes and placed in a warm bed, several livid and abraded patches became apparent upon the knees, shins, and feet, said to be the effects of chilblains and scorching. He stated that he was a patient of the hospital about three years ago, when he had a stone crushed, and that on returning home he continued very well for several months, when his water began again occasionally to stop, and pass with difficulty; and that, although the symptoms gradually became worse, he would not consent to apply again at the hospital, because he was so old and ailing. Wishes now to be relieved of his misery. Says he makes water loaded with matter, frequently, and in small quantities; and with such dreadful pain, that he has long accustomed himself to the taking of as many as five and six pea-sized opium pills, during the day and night. Ordered full diet and gin, together with his usual allowance of opium.

January 28th.—Frequent and painful micturition; urine pale-coloured, alkaline, and depositing mucous and phosphatic matter in large quantity. Bladder explored with the sound, and calculus at once detected. Prefers porter or wine to gin. To have a mixture of muriated tincture of iron, henbane, and buchu.

February 1st.—Patient extremely weak, and unable to sit up any length of time; and in spite of the influence of his opiate, wandering about the ward at intervals during the night, drowsy and drivelling, disturbing the nurses and inmates with his wants and complainings.

2nd.—Consultation. Aspect of the case desperate; lithotomy under the influence of chloroform approved, as a *dernier resort*, and with a view to alleviate suffering. The irritation and pain consequent on the introduction of an instrument into the bladder rendered the sounding very imperfect; a suspicion, however, of the existence of more than one calculus was generally entertained.

5th.—Chloroform inhaled with marked success, and lithotomy by lateral section performed; the cutting gorget employed in the usual way, and the operation

completed without difficulty. Three calculi (triple phosphates) removed, each having a small nucleus of oxalate of lime, and weighing—one, six drachms and ten grains; a second, two drachms one scruple; a third, two drachms. The patient was placed in bed, having an elastic tube introduced, when a slight oozing existing, the wound was immediately plugged, to prevent, as much as possible, any loss of blood.

Evening.—Tranquil and composed; no hemorrhage. About three hours after the operation it was ascertained that the patient had unobserved withdrawn the elastic tube, leaving the plug within the wound.

6th.—Comfortable and easy; says he shall get well and be up to-morrow. Plug, by the side of which the urine dribbles away, removed.

7th.—Weak and wandering; pulse 96, small, and feeble; tongue clean, but dryish in the centre; urine passes freely through the wound. To have strong broth, egg-slip, and wine, and his pill of opium but three times a day.

8th.—Slightly improved in every way; has had pretty good sleep since two A.M., and wandered much less; tongue clean and moist; pulse 96, somewhat stronger; takes readily fluid nourishment, and has eaten an egg; sat up a short time in bed in the morning; was at first sleepy and cloudy, but afterwards became techy and irritable.

9th.—Has passed part of his urine by the natural channel. Aspect of the case generally encouraging.

10th.—No relapse in well doing.

11th.—Sudden drowsiness and exhaustion at noon. Complains of the wound smarting.—R. Spt. Eth. Sulph. Comp., dr. iij.; Spt. Ammon. Arom., dr. ij.; Syr. Zinziber., oz. ss.; Aq. Cinnam. ad., oz. viij. Ht. oz. j. quaque secunda vel. tertia horâ.

12th and 13th.—Improved. Eats again his food.

14th.—Another relapse; looks haggard and distressed; is in low spirits, and has refused his dinner; says he shall not get well, or live more than four or five days. Complains of considerable smarting from the urine passing at the seat of operation; wound, ash-coloured and sloughing. An elastic catheter introduced by the urethra and retained in the bladder, giving exit to about three ounces of urine. Wound dressed with tincture of benzoin.

15th.—Expresses himself better, and has eaten heartily. Withdrew catheter yesterday, about two hours after its introduction, and the water passes now "both ways" without inconvenience.

19th.—Appears in every way improved; appetite pretty good; perineal wound healing, although urine still escapes during micturition.

21st.—Listless and feeble; nates excoriated. Mixture of muriated tincture of iron given, and starch powder applied. Wound to be dressed with balsam of Peru.

24th.—Gradually becoming weaker. Appetite diminishing; tongue brownish and dry.

27th.—Hiccup and further weakness.

March 3rd.—Death from sheer exhaustion.

*Post-mortem examination.*—Beyond a thickening of

\* Continued from page 475.

† See *Provincial Journal*, No. 17, 1852.

the coats of the bladder, and an hypertrophied condition of the kidneys, nothing unusual was observed about the urinary organs. A small sloughing opening, communicating with the urethra, remained at the seat of operation. The aorta and aortic valves were much degenerated from ossific deposition, and both pleurae, together with the pericardium, were found generally, though not very firmly, adherent.

Operative procedure in this instance was resorted to, after much deliberation, with great unwillingness, solely as an act of duty and humanity towards a suffering fellow creature. The amount of relief from urinary distress, and the improvement in the state of the patient on more than one occasion, were so marked, as to give hopes of a successful issue; death, however, ultimately took place, after a prolonged struggle, when the *post-mortem* examination disclosed the existence, *previous* to the operation, of an advanced state of mortal disease and decay.

[To be continued.]

## Proceedings of Societies.

### LIVERPOOL MEDICO-ETHICAL SOCIETY,

#### AN ADDRESS

*Delivered before the Liverpool Medico-Ethical Society,  
at their last General Meeting.*

BY THOS. BLACKBURN, ESQ., VICE-PRESIDENT.

GENTLEMEN,—The Council of the Medico-Ethical Society have done me the honour to request that I would offer to your attention this evening a few general remarks on the nature, objects, and proceedings of the Institution; and in complying with their request I must throw myself upon your candour and indulgence, sensible that I am addressing gentlemen, many of whom are more fully acquainted with the subject than myself. Possibly there may be some present who have not thought much upon the subject, whose information concerning it is scanty or erroneous, and whose thoughts may be directed to a more thorough inquiry into its importance by the few plain remarks with which I propose to trouble you. I cannot pursue a course more likely to accomplish the purpose I have in view than by taking up in the order in which they are found in the general laws of the Institution, the various objects of the Society, and endeavouring to explain and illustrate them in succession. The first is stated to be:—

“To form a band of union amongst the members of the profession, and a medium through which their opinions can easily be ascertained and expressed.”

It has been said of poets and artists that they are *genus irritabile*, and I fear the same character applies in some degree to the members of our own noble and benevolent profession. How very prone are we to jealousies, estrangements, and misunderstandings among

ourselves, which not only injure the individuals who give way to them, but bring a discredit on the profession itself, and lower it in the estimation of the public. Now, no means of preventing such feelings from arising, or at any rate from displaying themselves, can be more effectual than mutual and confidential co-operation in the attainment of objects interesting alike to us all. A large proportion of the differences and contentions which arise, are the result of imperfect or incorrect information as to the conduct of the contending parties, and require only the opportunity of mutual explanation to be effectually removed. It becomes the member of a profession, having for its great purpose the relief of human suffering and the preservation of health and life, to cherish towards each other feelings of confidence and respect—to cultivate such a measure of friendly intercourse and fellowship in their pursuits and engagements, as may enable them to present to the public rather the appearance of an associated phalanx, labouring harmoniously in the service of humanity, than that of a body of rival tradesmen and money-grubbers, having no higher aim than to enrich themselves. It is evident that a society of this nature, having for its specific purposes the promotion of union and cordiality in the profession—the correction of those evils and irregularities which interfere with right feeling and the maintenance of those rules and regulations of propriety, courtesy, and decorum, which are so essential in the intercourse of men engaged in the same pursuits, and frequently in danger of coming in contact with each other—must have greater tendency to secure united action, than associations merely for the promotion of professional improvement. In this association the cultivation of right feelings towards each other, and the hindrance or removal of everything inconsistent with it, is one of the endorsed purposes of all our proceedings, and the very existence of a society, for such a design is calculated to fix the attention of the mind upon it, and thus to secure just apprehensions of its importance and value. Objects so truly desirable as these, however, can never be achieved—to such an extent and on such a scale as shall produce any decidedly favourable impression on the public mind, or render any really available service to the great body of the profession, unless a much larger proportion of the practitioners of the town and neighbourhood unite with the Society than have hitherto done so. If the proceedings of this meeting should have the effect of securing a large addition to our membership, and a more active co-operation amongst us for the promotion of our objects, we shall have much occasion to rejoice.

No man can have been resident for any length of time in Liverpool, and observant of what was passing around him, without perceiving the great inconvenience—indeed the positive injury—that has arisen again and again, from the want of some precise and recognised arrangement amongst us for calling together upon important public occasions the great body of the profession. Now, this Association, if generally supported, and if including in its membership a large proportion



of the resident practitioners (as it certainly ought to do) is 'just the very thing for meeting that exigency and supplying that want. It has passed into a proverb,—“that what is everybody's business is nobody's business,”—and so it often comes to pass that important occasions of expressing a general opinion on some subject specially interesting to us all, have either been lost, or so inadequately improved, as to do injury rather than good. On such occasions every man wishes that we should meet, but no one likes to assume the importance which appears to be involved in being the leader to call a meeting; and thus, between the spurious modesty of some, and the idle jealousy of others, nothing is effectually done. Now, an association, having for one of its specific objects to secure the assembling together of its own members on all important occasions, removes the difficulty. Its council and office-bearers are only discharging a duty devolved upon them by their constituency in summoning such a meeting, and bringing before them in a formal and distinct manner the business to be considered; and if the invitation to such a gathering should be extended beyond the membership of the Society, and the whole profession be urged to attend, no charge of presumption or undue forwardness can possibly be brought against them. At the present time, when schemes of medical reform are engaging so much attention;—when divers plans for education, and for effecting organizations to afford relief to indigent men in sickness, and to their families after their death;—and when the rules and arrangements in reference to our profession, adopted by the Poor-Law Commissioners and Boards of Guardians are so materially affecting the position of numbers, the absolute necessity of affording to the members of the profession the means of consultation, co-operation, and the expression of united opinion cannot be too strongly enforced. We do not do justice to ourselves as a portion of the great national family; entitled to be heard and attended to, and well able to give opinions which may influence nationally the decisions of the Legislature; and we fail to discharge an important duty to society, and especially to the poor, when we remain altogether silent on those matters in which Legislators are perhaps too willing to interfere, and of which our position and means of observation and knowledge eminently qualify us to judge. Union, therefore, for mutual support, mutual defence, and mutual assistance, is the main object of this Association. Have we not reason to acknowledge that there is amongst us generally a want of that *esprit de corps* which the dignified character of our profession, and the noble objects to which we are devoted ought to inspire? Let us learn to cherish a high estimation of the pursuits in which we are engaged, and whose great design it is to diminish the amount of misery that prevails around us—to extend the boundaries of knowledge on that most interesting question—by what means health may be preserved, or best restored. And let us learn to regard each other as fellow-labourers in the cause of humanity and benevolence—an *esprit de corps* founded on such principles and directed to such objects—while

it will tend to maintain peace and good will, and mutual respect amongst ourselves, will be in no danger of running into selfishness or excess.

The cultivation of this spirit of union and mutual respect, will be the most effectual way of advancing the general and social interests of the profession. Very much in proportion to the respect and estimation in which we hold each other, will be the respect and estimation which the public will accord to us. A generous spirit in recognising each other's merits, and a ready and cheerful acknowledgment of each other's attainments and talents; the cultivation of such a feeling towards each other as shall show that to commend and improve is our delight, and that censure is ever painful to us, and never indulged but from a sense of duty, cannot fail to advance the social interests of the profession at large. Nothing can permanently advance the interest, either of individuals or bodies of men, but genuine worth of character. Such an association as this has a direct tendency to promote moral worth and sterling integrity, by frowning upon and discouraging whatever is hollow, mean, tricky, and insecure; and by giving honour to the straightforward, the manly, and the genuine. The very fact of uniting together for such purposes we have in view in this Association, is calculated to promote the attainment of our aim. The man who has joined himself voluntarily to a society having in view the promotion of honourable and gentlemanly conduct in his profession, both towards his brethren and the public, must be made of strange stuff if the very circumstance of his having done so does not give an additional impulse to his own exertions in guarding against every temptation to go wrong. If we really wish that the noble profession in which we are engaged, and the history of which is illustrated by the names of some of the most celebrated philosophers and philanthropists of which the world can boast, should be justly estimated by the public, let us carefully avoid a jealous spirit towards each other, let detraction never be heard from our lips, let us dwell on the good and the excellent, and throw the mantle of a generous oblivion on the faults and failings of our brethren.

If the maxim be true that—“As a man thinketh in his heart so is he,” the cultivation of the generous spirit on which I have been dwelling, will render it a very easy matter to promote fair and honourable practice, and to decide on questions of professional usage and courtesy. Unfair and dishonourable practice and violations of professional usage and courtesy, are very rarely the result of mere ignorance or inadvertency. I do not say they are never to be traced to that cause, but such instances are rare; and it is to such instances, I humbly apprehend, that the useful interference of the Society is limited. There may be occasions where errors are committed from sheer thoughtlessness or ignorance, and where the interposition of the Society to warn and instruct in the right way may be productive of much good. No man, however, will permanently act an honourable part who is not possessed of honourable feelings and upright principles. If there be not an internal perception of the right and the beautiful in

conduct, mere rules and regulations, however excellent in themselves, are utterly powerless.

Those matters included in the terms—professional usage and courtesy, and which may be denominated the polite *morale* of our intercourse with each other, have their foundation in the due regard to propriety, and the just attention to the feelings of others which in general society is designated by the term politeness. Where men, having confidence in each other, are associated in attendance, or brought in any way into connection, a very formal and punctilious attention to such matters is often by mutual consent dispensed with. As a general rule, however, the observance of them is safest and best. They are not mere conventional arrangements, of no intrinsic value or utility, but on the contrary, they arise out of the nature of things, and have acquired the character of usages and laws, because they have been found by long experience conducive to the advantage of all concerned—the patients and friends as well as the attendant practitioners.

As union is strength, and as by combined action strength is congregated as well as displayed, it becomes important that the means of correspondence and communication between professional men throughout the kingdom, in reference to medical interests, should be provided; and I know no method by which that object can be secured so effectually as by societies similar to this. If, in every large town, an association of this kind existed, and was in active operation, how comparatively easy would it be to elicit an expression of general opinion on any subject affecting the well-being of the profession. The moral influence of such a union could not fail to exert great power in the prevention of abuses, and the correction of evils. The modes of appointing medical men to public institutions and situations are worthy of much consideration, and it is not too much to say, capable of improvement. Without presuming to give any positive opinion on such questions, it may not be improper to remark, that they are deserving of the most careful and candid attention, both on the part of the public and the profession; that hitherto they have been very much left to chance or caprice, and have never yet received that systematic and careful examination in all their bearings on the interests of science and humanity to which they are eminently entitled. They constitute an important portion of the ethics of the profession, and demand and will reward the careful study and investigation of the most powerful minds among us. There does not appear to me any way so likely to bring the talent and intellect and research of the profession to bear effectually on such subjects, as the formation and combined action of societies of this nature.

There is a great diversity of opinion on the subject of medical polity—the duty of the legislature in reference to our profession—but we shall all, I think, agree thus far, that if the Legislature is to interfere with us at all, it is our duty to give an anxious attention to its proceedings, and to take care that the interests of the profession and the public are not sacrificed by injudicious meddling. This is neither the place nor the time for

entering at length into the examination of any particular scheme or bill for what is called medical reform. I advert to the subject merely for the sake of remarking that the present state of affairs in this respect is such as to render it more than usually desirable that there should be in existence some regularly organized body, duly authorised, to watch the course of events, and to be on the alert to draw the attention of the medical man to any proposals or plans that may be brought forward. This is one recommendation of societies such as the one whose interests we are assembled to promote, and should induce every man who wishes well to his profession to swell its ranks.

I have thus, gentlemen, very hastily and carelessly run over the various objects, for the accomplishment of which, this association exists; and in doing so I have naturally been led to state the reasons which appear to me to entitle it to the support of the profession at large. A society which proposes to constitute a bond of union amongst the members of the profession, and a medium through which their opinions may be easily ascertained and expressed, which aims at advancing the general and social interest of the faculty, to promote fair and honourable practice, to decide on questions of usage and courtesy, to co-operate with similar institutions in other parts of the kingdom on all matters affecting medical interests, is surely deserving of support, and not only well calculated to effect purposes of great value and utility, but is in many points of view absolutely necessary if we intend to discharge aright the duties we owe to ourselves and the public. I recognise no distinction between the interest of the profession and the interest of the public. I believe them to be identical. The higher we raise our own standard of attainment and morals, the more effectually shall we promote the general weal.

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## Correspondence.

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### DR. MEREI ON TYPHUS FEVER.

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*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—In your last number I find Dr. Ogier Ward's letter concerning typhoid fever; and beg to reply that I will not fail, in its place, to pay due consideration to the interesting remarks it contains.

Typhus, I have found—or I might perhaps say, continuous fever, with the asthenic character—various in form and intensity, in various epidemics. I know not of any town where the abdominal form, of which the structural pathology has been so well defined by Rokitsansky, was more endemic and vehement than it was at Vienna many years ago. Still, even there, in some epidemics, a form was observed, which, for distinction, some have called *cerebral* typhus. As to children, my experience comes very near that of Drs. Rilliet and Barthez. Besides the well characterised typhus, I have seen cases of severe continued fever,

with or without diarrhoea, with a fatal end in a few days, and no typhoid ulcerations in the intestines, which, perhaps, might have been developed, however, if those tender patients had resisted the disease a longer time.

Concerning the hypersthenic and asthenic stages of continued fever, described in my last lectures, it is obvious, of course, that I do not consider them as *species* of fever; I only described in them real *objective* features, with some correspondent indications and management, as they occur sometimes, and destroy life, before a satisfactory, clear, specific character could be developed.

I beg, at the same time, to return my sincere thanks, for the Editorial remarks concerning my lectures. I could not have said to any one that I was willing to publish a separate work; for I sincerely confess that, as yet, I do not even feel the suitable disposition of mind to do so. I only think I shall, by-and-by, re-issue, in one volume, certain sections of the lectures you have the kindness to publish, with some corrections and supplements, which are very much required for their better comprehension; because the difficulties I had with the language itself caused very considerable faults in the first six or seven lectures, causing me in some places to write just the reverse of what I wished to say. In the series which are going on just now, I hope I have been able to avoid such great mistakes.

I am, Sir, your obedient Servant,  
S. MEREI.

[We were informed by a friend of Dr. Meret of his intentions, and requested to announce the fact. We regret that the announcement was premature.—Ed. J.]

#### MR. PAUL ON OUR REMARKS UPON HIS CASE OF SCIRRHOUS PYLORUS.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—You have either mistaken the facts, or my language has misled you, in Higginson's case, reported by me in your last, and commented upon by yourself. From the phalanx of drugs detailed, my treatment was, as you may guess, *tout-a-fait*, gastric, regardless of liver. I suspected the pylorus all through; yet, in the face of authorities, both University and oppidan, so omnipotent, I confess I did lose somewhat of self-confidence. Farre's or Bright's was, I concluded, the disease, if any, of the liver. And we know that people live long enough with such a state of things. The head and front of his symptoms were, obstinate vomiting, pre-existent tympanitis, partial dropsy, and intense nocturnal pain.

With the infirmary staff, medical and surgical, I did not have in this, nor do I have in other cases, any communication, save in one recently, which I may possibly bring before your readers, as an instance of surgery's triumph. All my information was from the man himself, and after his death from his widow. "They all," said he, "told me my disease was the liver and the dropsy."

Mr. Briscoe does not prescribe save in a physician's

absence or in emergencies. To him, on the day of the *post-mortem* I wrote, as in courtesy I should, offering to show him the morbid specimen ere I immersed it in spirit. That was upon the 7th. The 12th is the date of my report; and on the 30th ultimo Mr. B. honoured me with a visit. He then told me "that a tumour was thought to be pressing upon the porta."

And this leads me, in conclusion, to a fact—incredible, no doubt, it will be to yourself and your readers—viz., that a law exists in the Radcliffe Infirmary, to the effect that the staff, medical and surgical, are not to divulge to their unattached *confères* their treatment of intern patients. Nor, by the same law, are we permitted to witness operations. Will it be credited, Sir, that in this century—the nineteenth—of universal onward sciences, those of medicine and surgery, in this seat of learning, should be swayed by old Solon's law—"What is said or done, Sir, within these walls, passes not out through yonder door." What will our Associates, yourself among them, who flocked here from far and near, think of this, when they recal to mind all you and they saw and heard under the noble dome of another of Oxford's Radcliffe Memorials? In my *entrée* upon Oxford practice I observed a shyness in talking upon infirmary cases; coming as I did from London practice, it then excited my surprise, but now it only does my pity.

I am, Sir, your obedient Servant,  
ANDREW PAUL.

September 20, 1852.

[It is a pity that Mr. Paul should place such reliance upon the reports of his non-medical patients as to make statements of the existence of disease founded upon them. Nothing is so likely to lead to error in judging of our fellow-practitioners; and had we known that there was no other foundation, we should not have inserted that portion of Mr. Paul's letter.—Ed. J.]

## Foreign Department.

### GERMANY.

#### *Amputation of the Cervix Uteri.*

THE following has been abridged from *Fränke's Handwörterbuch der Frauenkrankheiten* :—

The position of the patient for this operation is the same as that adopted in lithotomy. A bivalve speculum is to be introduced into the vagina, and then opened by pressure upon the handles. The advantage of this kind of speculum is, that it surrounds the tumour better, reaches completely the upper portion of the vagina, and removes the circular folds which must otherwise obscure the mouth of the uterus. The cervix uteri is then to be cleaned with a sponge, or bits of charpie, or by an injection. A pair of Museux's forceps, with long blades, is to be introduced closed into the speculum, opened at the cervix uteri, and fastened upon it as high up as possible before and behind; the branches are then to be pressed together, that the teeth may enter as deep as possible, so as to secure the deeper as well as the superficial structures. By moderate, slow, and continued traction, the vaginal portion of the uterus is to

be brought down with the hooks to the vulva. These tractions must be made gradually, and in the axis of the pelvis. In order, however, that the uterus may be the better brought down and secured, and that every part of the os uteri may form an equal projection, the operator may place another hook either before or behind, or diagonally through the diameter of the vaginal portion, according as the first hooks were placed. Traction is made by all the hooks together for five minutes, or in case of necessity, for a quarter of an hour, until the uterus is sufficiently drawn forth. This part of the operation is the most painful to the patient. The pain and difficulty proceed from the resistance of the ligaments. The forefinger is now passed up to the circumference of the insertion of the vagina to the uterus, which is recognised by a kind of ring, beyond which an empty space is felt. Standing at the left of the patient, the operator gives the hooks to an experienced assistant placed in front of the pelvis, and carefully cleans the neck of the uterus; he then takes a curved knife, cutting by its concave edge, provided with a covering of linen up to about an inch from its buttoned extremity, brings the edge of the instrument, guided by the forefinger of the left hand, under the os uteri, which is to be lifted a little upwards by the assistant, so as to expose more completely its posterior surface, after which he measures with this finger, the inner surface of which is to be applied to the patient, the height at which the cut is to be made. The knife rests upon the finger, and is directed by it as it is carried on, taking it for a point of support, whilst the assistant lets go the hook by degrees, so that the other points of the cervix are by turns to be drawn forth. The incision must be made slowly, and by short cuts, so that the labia may not be wounded, no unequal wound be made, and especially that the unequal prolongation of the degeneration does not give occasion to an irregular incision.

If the neck of the uterus be too large to be included within a speculum, so that this instrument cannot be used, the finger must be introduced into the vagina, and guided by it, a single hook passed into the cervix or some part of the tumour sufficiently firm to hold it.

Sometimes the cervix is not indeed very large, but soft, fungoid, and bleeds upon the slightest touch. Here the speculum is at least useless, for the os uteri would be shut out from the view by the bleeding, and no washing or injection would prevent it. In such a case it is better to apply a hook to the cervix uteri introduced upon the forefinger of the left hand. Yet it might be possible to use a bivalvular speculum, by opening it carefully, and before touching the tumour with it, so letting this fall in between the blades, and then applying the hooks.

If the vaginal portion of the uterus is too soft, and the ulceration has already made considerable progress, so that the hooks cannot seize any sound, or sufficiently sound part, they tear the tumour during traction, and bring away a portion of it with them. It is then often impossible with them to bring down the neck of the uterus out of the vagina; and the difficulty will be

increased if there be want of laxity of the ligaments, if the swelling be of unusual size, and there be narrowness of the parts. In the latter case Lisfranc does not hesitate to make room by an incision in the pudenda, in order to judge of the extent of the evil, and to bring the uterus through the external parts. Should it not be possible to draw down the neck of the uterus, the operation must be performed in its natural situation; for it would be attended with considerable difficulty and danger to introduce an instrument, invented by Guillon, through the os into the cavity of the uterus, which takes hold of the diseased parts from within, so as to make the internal surface of the organ the point of support in drawing the uterus down. It is clear that, with such an instrument, laceration and confusion must be occasioned, which it is the duty of the physician to avoid.

It is certainly a better plan to introduce a speculum, include the tumour within its blades, and then cut this off with an instrument. This may be done, either with Dupuytren's knife, or with one of two instruments invented by Hatin and Colombat, which cut the cervix uteri in a circle. Or better still, with a pair of curved scissors, especially recommended by Téallin; or his steel ring, which has an annular edge, and is fastened upon two branches, a cross bar, or a wide yielding circle, because parts can be removed by them which must be left by almost any other instrument. It is to be remarked that most of these instruments, which are all very complicated and difficult to handle, have the great objection that they cut off the diseased parts by a straight incision, whilst the disease itself has generally made a very uneven progress. The cut made with them almost always, in one part, goes beyond the parts necessary to be removed, and in another leaves a portion of the cancer behind. The simple blunt bistoury, for one who is tolerably accustomed to use it, is sufficient for performing the operation. It is to be carried either upon the finger or through the speculum to the cervix uteri. Whichever instrument is made use of, the rule always is to remove all parts that are affected by the disease. Lisfranc had the idea of performing the operation by two half-moon-shaped incisions, which met together, their great diameter being from before backwards. He then cut out a conical piece in the thickness of the organ, whose apex was above. By this plan he asserts that he met with very good success. The ill consequences which may arise from the operation are, hæmorrhage, metritis, and peritonitis, and various nervous affections. Hæmorrhage is the one most to be feared; yet this is seldom so violent as to require special treatment. Even when it does occur profusely we are not to take alarm immediately, for it empties the uterine vessels, and prevents inflammation. Should it meanwhile be really too profuse, and continue too long, it is to be stayed by injections of cold water and vinegar, or by a small hot iron. By using the speculum, the operator will be able to discover the place whence the blood proceeds, and to apply the cautery in the right situation. Should these means fail, the tampon may lastly be had recourse to. It is often sufficient to introduce the tampon into the vulva and a

little way into the vagina. After a few hours it can be withdrawn, and the bleeding will have ceased; but if it be not so, a fresh one is to be applied. But we should never be too much in a hurry to stop the hemorrhage; for if stopped too quickly, inflammation may be the consequence, whereas this is prevented by an opposite course. When the *tampon* has been again removed, injections into the vagina are to be made use of, in order to remove the coagulated blood and serous and purulent matter collected there.

Inflammation of the uterus and peritoneum is, upon the whole, less to be expected when the bleeding has been free. Should it occur, however, it is to be treated in the same manner as any other traumatic inflammation. If the uterus be especially attacked, small, frequently-repeated bleedings from the arm are to be preferred to local bleedings. In inflammation of the peritoneum, on the contrary, local bleedings from the groin and abdomen are the most advantageous.

Shortly after the operation, Téallier sometimes met with very severe nervous affections, such as dyspnoea, convulsions, vomiting, &c. Still these accidents are always only sympathetic, and occasioned by the commotion of the nerves during the operation, which communicates itself to other nerves, and they quickly leave again when these have recovered. Composing and antispasmodic medicines are here of use.

By amputation of the cervix uteri, we substitute for an unhealthy and disorganising wound a simple one that may heal. The discharge of unhealthy matter stops at once, and a fluid suppuration is set up, such as takes place in all simple wounds. After superficial ulcerations, healing rapidly takes place; after the amputation, it does not go on so quickly, and the healing shows itself then by the formation of a cuticle, which covers the whole wound, and requires a longer time in order to become organised.

The cicatrix, subsequent to amputation of the cervix uteri, is at first very red, then it becomes white, and finally assumes the colour of the surrounding structure. This cicatrix may obliterate the orifice of the uterus, of which Lisfranc gives an example. This condition, however, does not prevent the flow of the menses, but only renders their escape difficult, producing symptoms of metritis. The menstrual fluid does not, therefore, collect in the uterus, but flows through the surface of the vagina. This obliteration may be prevented by the frequent introduction of the sound into the diminished orifice of the uterus.

In this way the healing of the incision is accomplished in the same manner as in other simple wounds. If pain and a tendency to inflammation be present, the healing will be promoted by emollient injections; if, on the contrary, it takes place too slowly, or the granulations are weak, a chlorine lotion will be useful; if the granulations arise too rapidly, they may be stopped by nitrate of silver. We may then use a dressing of charpie spread with emollient ointment, or soaked in emollient or narcotic decoction, and applied by means of a speculum to the wound.

Congestions of blood, to which the uterus is periodic-

ally subject when the critical period is not passed, exert an unfavourable influence upon the healing of the wound; and when they are considerable, and the organ has a tendency to inflame, we must bleed from the arm, as soon as signs of inflammation show themselves, and the time for menstruation approaches. By this means the healing will be accelerated.

During the first period after the operation we may find the wound, to our comfort, putting on a healthy appearance and an inclination to heal. Yet, in the midst of the most favourable expectations, interruptions to the well-doing of the patient may occur, which one is inclined to attribute to this or that innocent circumstance—slight shiverings, followed by feverish symptoms; loss of appetite, or some difficulty of digestion; passing pain in the wound. The discharge becomes more serous and somewhat offensive. On examining the wound, one or more ill-looking spots are discovered, which contrast in colour with the red of the neighbouring structures. These points are soft, and one fancies they arise from the purulent matter; but they remain even after they have been washed. They are the commencement of a relapse. They make rapid progress, and soon destroy all hope of a cure. We must hasten to apply the cautery as deeply as possible, and the canterization must be frequently repeated. Moreover, the part must be dressed with the chlorides, with opiate ointment, or with salves containing extractum cicute, belladonna, hyosciamus, with creasote, or Recamier's tincture. All causes which can be unfavourable to recovery are to be avoided; and if we succeed in putting a stop to the disease, and establishing a complete cure, the same watchfulness is to be continued to prevent another relapse. But unfortunately, in most cases, the greatest activity and circumspection can do nothing more. The disease begins its course again, affects the neighbouring surfaces, spreads to the adjoining organs, induces hectic fever, and the patient quickly dies.

## Reviews.

*Rheumatism, Gout, and Neuralgia, as affecting the Head and Ear, with Remarks on some forms of Headache, in connection with Deafness.* By WM. HARVEY, Surgeon to the Royal Dispensary for Diseases of the Ear, &c. Renshaw, 1852, pp. 291.

THE columns of this journal have already contained an epitome of the views promulgated by Mr. Harvey on rheumatism and gout, affecting the head and ear; in the work now before us that epitome is enlarged and dwelt upon, the symptoms displayed at greater length, the treatment, both constitutional and local, as connected with all the varieties of the disease, and their sequelæ is clearly laid down, and the consequences of neglect in these hitherto almost

unknown forms of disease, are fairly and properly pointed out. The diagnosis is also demonstrated between the rheumatic, gouty, and neuralgic forms of otalgic disease; and upon all these points the author has evidently bestowed some pains. As drawing professional attention to some forms of disease not hitherto included in the catalogue of the "ills to which flesh is heir," the work now under our notice is deserving a careful perusal.

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### Provincial Medical & Surgical Journal.

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WEDNESDAY, SEPTEMBER 29, 1852.

WE earnestly call the attention of the members of the Provincial Medical and Surgical Association to the annexed address of Dr. COWAN, and also to the letters of Dr. FORBES and Mr. DAYMAN, which, as expressing the various opinions of parties who have taken an interest in our periodical literature, are entitled to their attention and respect. It will be seen that Dr. FORBES (who was named on the committee, but who has since resigned) differs entirely from these gentlemen in his idea of the objects, as well as the proper composition, of the *Journal* of an Association like our own. His opinion is undoubtedly of great weight, and we are proud to observe, is in accordance with our own previously-expressed views, except on the subject of leading articles, upon which point we are almost inclined to agree with him; at all events, without some such arrangement as that which he proposes, they will never be generally acceptable; but we unhesitatingly subscribe to the assertion of Mr. DAYMAN, that if we are to have such leading articles as shall come up to the standard of general periodical literature, they cannot be the product of one brain, and must be paid for at a high price.

As the experiment is to be tried in London, we must impress upon our Associates, that unless they do their best to increase the funds by obtaining new members, as suggested by Dr. COWAN, the Society will be speedily swamped by a load of debt, which otherwise, as we have on former occasions foretold, will be the inevitable result. We have no doubt Dr. COWAN already finds the responsibility greater than he expected, and that, as is too often the case, the estimated

expenditure does not correspond with the actual outlay necessary. This is pretty clear, from the tone of his present address, which contrasts strangely with his sanguine anticipations, as expressed in his speech at Oxford. For the sake of the Association, however, let us strive to meet the expenditure, and if the produce should turn out to be proportionally good, we are quite sure that it will be hailed with satisfaction by every member at our next anniversary.

We have hitherto abstained, for various reasons, from offering our own plan, but as we shall not long have the opportunity, we may as well produce it, in conjunction with those of Dr. COWAN, Dr. FORBES, and Mr. DAYMAN. We think, then, that in order to conduct our journal efficiently, and at the same time at such a price as to come within the income of the Association, the following is the only one likely to produce a successful result. The greater part of this plan was last year laid by us before the *Journal*-Committee, but as it was then thought desirable to continue the "Transactions," it was not adopted by them:—

1st. We would have an Editor appointed who should have little or nothing to do with writing the articles composing the *Journal*, but should have full power to select the writers of them, and, where necessary, to pay for them. His duty should be, to obtain the foreign articles, the bibliographical notices, (which, we agree with Dr. FORBES, should be analyses rather than reviews,) &c., &c., and he must be answerable for them; the sums for these to be actually paid by the Treasurer, or some other responsible party.

2ndly. The Editor should have a regular establishment of compositors, &c., at the service of the Association only, by which means a large saving would be effected, and the contributors would have the privilege of obtaining extra copies of their articles at the mere price of the paper and labour required. This alone would be a boon sufficient to attract many who now have to pay a considerable sum for reprints.

By this plan we are quite certain that a weekly journal of thirty-two pages may be supplied to every member of the Association, stamped, for £800 per annum, over and above the receipts for advertisements; these are now about £200 a year, and would probably, with good management, and a weekly issue, amount to £400, but which we only calculate at £325. In addition,

therefore, to the above outlay of £800, there would be only the Editor and contributors to pay; and we know full well that foreign intelligence, superior to any which has ever yet been offered to the public, together with all the contributions necessary to form a first-rate periodical, may be afforded out of the surplus funds, without entailing any risk, or crippling the Association by debt. To this consummation we have long looked forward, but we have been disappointed in our hopes; and we have, therefore, as an anxious fellow-labourer in the Association, only to lay before our associates the results of that experience which we have gained in their service.

We do not positively know whether the arrangements of the *Journal* Committee are definitely concluded as to the printer and publisher, but we have reason to believe that the printers and publishers of the "*London Journal of Medicine*" are to be the favored individuals. It would be absurd, of course, for us to express any opinion as to the literary merits of that periodical; but certainly, in point of price, it was not a very good specimen of London economy; and we are afraid that its total failure, as a speculation, is no argument in favour of our adoption of its commercial managers.

*To the Members of the Provincial Medical and Surgical Association.*

GENTLEMEN,—It gives me very great satisfaction to be at length in a position to direct your attention to the following outline of publication which has been adopted by the *Journal* Committee; but I need scarcely remind you that, however abstractedly good it may appear, it can only be accomplished by extensive combination, and the exertion of your individual interests and energies in its behalf.

The most immediate and effective assistance in your power to render, is the obtaining fresh members and forwarding their names to our colleague and Editor, Dr. Cormack. Be encouraged by the reflection that all delicacy and difficulty in canvassing are now over, as you can appeal with confidence to the self-interest of every man, having more than a compensation to offer for the sacrifice you wish him to make.

Circulars will be forwarded to those gentlemen who will kindly undertake their distribution; and since heavy responsibility has been encountered, and no small labour expended by the Committee in the execution of the trust you have confided to them, you will, I doubt not, all feel honourably bound to adopt their cause as your own, and to do your utmost to raise our publication to that degree of usefulness, popularity, and influence, to which, if heartily and honestly supported, it cannot fail to attain.

The combining tendency and convenience of a cheap and really good and independent journal, *the property of the profession*, cannot be over estimated; and its becoming, as we trust and believe it will become, the chosen vehicle of expression to a very large proportion of British practitioners, attaches to it a prospective interest and importance which, at first sight, it might not seem to deserve. It may with perfect truth be asserted, that on the success of our journal depends the retrogression, the stagnancy, or the prosperity of our Association; and if we are ever permitted, in any adequate extent, to carry out those high and noble purposes which heralded our Institution, and still animate our founders, a consummation so desirable can only be efficiently realised by the instrumentality of a vigorously conducted periodical press.

The opportunity for successfully establishing such an agency is now before you, and with yourselves, and not with the Committee, rests the responsibility of failure.

I remain, Gentlemen,

Yours very faithfully,

CHARLES COWAN.

Reading, 20th September, 1852.

*Address of the Journal Committee.*

The Committee appointed at the Anniversary of the Provincial Medical and Surgical Association, held at Oxford, July 21st, 1852, with full powers to make the necessary arrangements for editing and publishing the *Journal* in London, avail themselves of the earliest opportunity of submitting to the members the following scheme of publication, and of earnestly requesting their active co-operation and support.

Of the great superiority of such a periodical, both as regards economy and independence, over every similar undertaking of a merely commercial character, there cannot be any reasonable doubt; and the opportunity now presented to the profession of raising the standard and improving the tone of our medical periodical literature, is one we should eagerly embrace.

The Committee are glad to be able to state that the new series will have the support of a greatly augmented staff of London and Provincial contributors, the proprietors of the *London Journal of Medicine* having consented to withdraw their periodical and to transfer their influence to the *Journal*; while in Dr. Cormack they have found an Editor whose long experience, acknowledged talents, and high literary qualifications, eminently fit him for the post.

It is intended that the new *Journal*, while it retains its original character as the organ of the Association, should secure, at the lowest possible expense, all those advantages which a weekly periodical is capable of affording; and that it should, by presenting a faithful digest of medical literature and science, as well as an attractive summary of professional news, render the purchase of any other periodical a matter of choice rather than of necessity.

The contents of each number will be usually classed under the following principal divisions:—

- 1.—Leading articles.
- 2.—Original communications.

- 3.—Bibliographical notices. (All new books to be noticed.)
- 4.—Periscope review. (Careful retrospects and summaries, embracing everything that is new and important in all the British and Foreign Journals of Medicine.)
- 5.—Reports of societies. (Faithful, succinct, and early.)
- 6.—Association news.
- 7.—Topics of the day.
- 8.—Obituary.
- 9.—Appointments.
- 10.—The Editor's letter box.
- 11.—Advertisements.

The annual subscription to the Association is one guinea, which, in addition to the supply of the *Journal* postage free, includes the other privileges of membership. All legally qualified members of the medical profession (being regular practitioners) are eligible.

The necessary information may be obtained by applying to the General Secretary, James P. Sheppard, Esq., Worcester; to any of the Local Honorary Secretaries; or to Dr. Cormack, 37, Great Queen Street, Lincoln's Inn Fields.

In conclusion, the Committee would simply observe, that if the profession prove true to its best interests, the scheme which they have now the honour of proposing must result in effects of great and lasting importance.

CHARLES COWAN, M.D., CHAIRMAN.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—As it would appear that the question of the *Journal* is likely to be again discussed by the Association, I am desirous of submitting to the members, in a few words, the views I have long entertained respecting the plan and character which such a publication should possess.

1. In the first place, I think the acknowledged official journal of any literary or scientific society, should possess a special character, having direct, if not exclusive, relation to the nature and objects of the Society issuing it.

2. Secondly, I think it not only undignified but unjust, that a journal supported by the funds of a society, and presented to the members as part equivalent for their subscription, should enter into competition with journals originating in private enterprise and based on the commercial principle of claiming public support on independent grounds.

3. Thirdly, I think the principle most unsound that would seek to found the prosperity of such a Society as the Provincial Association, on the extraneous attractions of a journal of general interest, and not on the essential merits of the Society itself. This might be a very proper principle for a mere "*Provincial-Journal-Association*" to go upon, but must be ruinous if accepted as the basis of a society having dignified and noble aims of quite another kind.

4. I would, therefore, and for other reasons, venture to give it as my opinion, that wheresoever, or at whatsoever intervals, published, the "*Provincial Medical and Surgical Journal*," so long as it is acknowledged

as the official organ of the Association, should be strictly "*THE JOURNAL OF THE SOCIETY*," and make no attempt to imitate or rival any of the ordinary independent medical journals, whether of weekly, fortnightly, monthly, or quarterly publication.

5. I also venture to think, that when so restricted in its plan and principle, and while fulfilling its legitimate object as the organ of the Association, the *Journal* would prove far from useless or unattractive: it ought, assuredly, to be more acceptable than ever to all the members who are thoroughly conversant with the principles on which the Association was founded, and duly impressed with a sense of its real utility, dignity, and honour. I believe it to be quite impossible to combine the requisites of an independent journal, with the caution, reserve, and avoidance of offence to individuals, which ought to characterise the formal organ of a society. The history of the present journal sufficiently proves that these have not been combined in its pages.

6. The *Journal* arranged according to the plan suggested would consist of—

- a. Original communications from the members or others, on medical and other scientific subjects.
- b. Reports of hospitals and of the private practice of individuals.
- c. Special reports, prize essays, &c., authorized by the Association.
- d. Reports of the proceedings of the Association and its branches.
- e. Official documents issued by the Council or other acknowledged organs of the Association.
- f. Miscellaneous notices relating to the Association and its members.

The foregoing are, I think, all—or almost all—the kinds of communication that properly belong to the journal of such a Society as ours: but as I believe many members would desiderate something more, the following additional items might be allowed:—

g. Selections of important medical facts or new doctrines from the British and foreign journals.

h. Analyses (not criticisms) of valuable new works.

i. Medical news generally interesting—as notices of new publications, appointments, deaths, official documents of the medical corporations, societies, &c.

The most important change in the plan of the *Journal*, would be the abolition of LEADING ARTICLES, which seem to be altogether incompatible with the character of a Society's journal. I think every one must allow that the attempts hitherto made by the Editors of our journal to overcome this difficulty have proved entire failures. If it should be thought advisable to introduce such subjects as are commonly put into leading articles, let the articles bear the name or names of the writer or writers, whether Editor, Officer, Council, or Member.

In conclusion it may be incidentally noticed, that the abolition of leading articles and the exclusion or limitation of the amount of foreign selections, would greatly reduce the expense of Editorship, and set free a considerable sum for promoting other and more legitimate objects of the Association.

I am, Sir, your obedient Servant,

JOHN FORBES.

Old Burlington Street, London,  
September 14, 1852.



*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—The present moment is one of peculiar interest to every member of our Association, and of considerable importance to a very large proportion of the medical profession in Great Britain. Two of our leading medical journals are about to change their Editorial management; the Editor of the *Medical Times and Gazette* has resigned a post which he has maintained with zeal and ability for many years, while the *Provincial Medical and Surgical Journal* is on the eve of a revolution which (whatever may be the opinion of individual members on the expediency of such reform) must inevitably alter the character of our public organ.

I shall abstain from any comment on the questionable language which has been employed in the recent attacks on the *Journal*. Enough has been said to convince us that the independent and gentlemanly tone of our present Editors is unsuited to the morbid appetites of some among us. There is, however, one circumstance connected with the subject, which appears to have escaped notice hitherto. We have been repeatedly told that our journal is not on a par with the other medical papers; but I take leave to observe that medical literature, in its periodical form, is generally of inferior quality to that which forms the staple of our principal journals, whether devoted to theology, law, or politics; and it may be well worth our while to inquire into the causes which have operated to produce this disparity.

The character and intrinsic worth of any journal are, of course, developed in its Editorial articles; and it is well ascertained that no single Editor, nor even two, can by themselves sustain, for any length of time, that vigour, elevation, and variety of interest, which an educated and scientific community has a right to expect in publications assuming to influence as well as to inform it. How, then, stands the fact with us at present? Simply thus:—The students of law, politics, and divinity, are ready to pay for their literary food; those of medicine either cannot or will not afford the means.

I trust, Sir, I may be permitted here to make a few remarks on the nature of "leaders" generally—remarks which I should not have ventured to obtrude had they not been grounded on careful observation and comparison of the very different degrees of interest with which the medical public receives the articles offered from time to time for its perusal.

We open our paper with expectations of finding there something to arrest attention, perhaps to arouse reflection; we encounter some detailed narrative of circumstances possessing only a local importance, or some vituperative assault on the character of a rival publication; and, indifferent or disgusted, we speedily throw it aside. But let us only contrast this unsatisfactory state of feeling with the relish we have in reading—the contentment in laying to heart, some well-digested essay, the subject of which is matter neither local, personal, or transitory; and we shall surely acknowledge as an axiom that *leading articles should be confined to the development, illustration, or application of principles*. These principles, I conceive to be divisible into *intellectual and moral*; in

either of which divisions a well-edited journal will render substantial service to our profession.

And, first, as to the improvement of our mental processes. It is notorious that in every branch of science (but in none more than our own,) observations and facts are accumulated with much more rapidity than we have them distributed into the classes to which they would properly belong. To what is this owing, but to a want of logical training, of accurate terminology, in the multitude of observers? Now, an ably-conducted journal would have for its object to remedy this grave defect. It would be continually holding up to view landmarks of thought and expression, such as might restrain the vagaries of fancy in theorists, and remove the perplexities of duller minds when bewildered by confusing detail.

With regard to the other, or moral division. Although it might seem, abstractedly, sufficient to appeal to the conscience of individuals, yet as the confessed tendencies of human practice are ever

"In pejus mere, ac retro sublapsa referri,"

it becomes the duty of the journalist occasionally to contrast old and well-tested principles of action with the novel and perhaps insidious infringements of them; and thus to maintain among us a pure and healthy state of feeling; exposing quackery under its variously-shifting forms, as what it really is when tried, either a positive untruth, or else the pernicious exaggeration of a truth; in both cases alike an offence against the Creator, whose providence it belies, no less than against his creature, with whose body it tampers.

Thus advocating whatever is sound and orderly in theory and practice, to the disparagement of all that is capricious, inconsiderate, and irregular, our journals will really be engaged in a task worthy of the noblest energies, the constant vindication,—namely, of those unchangeable, because Divine, appointments, which the great champion of order in the sixteenth century thus beautifully describes:—"Of law there can be no less acknowledged than that her seat is the bosom of God, her voice the harmony of the world: all things in heaven and earth do her homage, the very least as feeling her care, and the greatest as not exempted from her power; both angels and men, and creatures of what condition soever, though each in different sort and manner, yet all with uniform consent, admiring her as the mother of their peace and joy.\*"

I am, Sir,

Your obedient Servant,

HENRY DAYMAN.

Milbrook, Southampton,  
Sept. 22, 1852.

## Medical Intelligence.

(From our own Correspondent.)

LONDON, SEPT. 27, 1852.

THE opinion of the medical public is greatly divided as to the propriety of the treatment to which the great DUKE OF WELLINGTON was subjected by his medical attendants in his last moments. A similar discussion

\* Hooker, Ecol. Pol. B. 1, in fine.

arose respecting the measures adopted for the relief of two of the former colleagues in the Cabinet of the lately-departed son of England. In the case of one of these, (Mr. Huskisson, one of the earliest victims to railway accidents,) a lengthy war was maintained for some time in the medical journals, as to the propriety or impropriety of amputation immediate to the accident, without waiting for the passing of the shock, which in his case passed only with life; and in the other—a much more recent affair—that of a very great man also, the late Sir Robert Peel, there arose a considerable disquisition respecting the exhibition of chloroform, which it is said should have been used, so that a proper examination of the injuries received might be made—a step that could not be taken whilst the wounded Statesman retained consciousness. Many other suggestions were also made, all tending to show certain sins of omission or of commission, in the opinion of the critics, at least in the treatment of both these useful servants of their country.

England has had lately to deplore the loss of one infinitely greater than both these, and the event, though by no means unexpected, especially not so by the profession, has caused an universal gloom; nevertheless, already the tongues of those who could have treated the Duke's case so much better, have begun to wag, and strong and decided opinions have been expressed, to the effect that all was not done that should have been done, and something was done that should have been omitted.

The protracted fainting fits, which had occurred more than once, with other evidence, tend to show that the heart was the seat of morbid disorganization to a considerable extent—to fatty degeneration, in fact, arising probably from ossification of the coronary arteries. This is an opinion we gave some years since, to a friend inquiring for an explanation of a very serious attack of syncope, to which the Duke had very nearly fallen a victim; and it appears to have been entertained pretty generally by the profession, and to be the basis of the adverse criticisms we have alluded to. When that organ is the seat of a disease, especially of debility of its textures, indigestion is frequently one of its signs, is readily induced, and is also causative of much suffering, and not infrequently of the fatal termination. The symptoms on the Tuesday morning, therefore, after the full meal of venison the preceding evening, which Mr. Hulke regarded as so slight as only to require a more careful regimen of tea and dry toast, the critics consider should have been met more actively; and further, that when the Duke evidently became worse, instead of a depressing potion, such as an emetic, to void a stomach which, at the utmost, could have had little more than gas within it, stimulants, antacids and sedatives, such as brandy, ammonia, castor, valerian, and opium, with mustard poultices and other rubefacients, or even vesicants externally, were indicated. They consider that the exhibition of the emetic was peculiarly ill-timed when the epileptoid attack showed that the brain was suffering from a want of its due stimulant, and even the blood that did circulate in it was not of a normal or healthy character. It is most probable, however, that the attack was far too severe, and the system too prostrated, for any remedies, however strong and well indicated, to recal the fleeting powers of life. Writing without any knowledge of the results of a post-

mortem examination, if such has or is to be made, we anticipate from the previous history of the case, and from the symptoms attending the final departure, fatty degeneration of the heart, ossification of the coronary arteries, venous congestion of the brain, with ossification of some of the cerebral vessels, and probably some further cerebral disease.

The Duke was one of those who did not hold our profession in the highest esteem. He was even unwilling to have recourse to medical aid, and indeed, if it had been otherwise, it is probable he would now be still in the land of the living, for it is clear that he must have been suffering more or less throughout the night, yet it is not until the second visit from his valet, that he directed Mr. Hulke should be sent for. This is one of the infirmities that those who have enjoyed long-continued sound health are subject to, and yet one would have supposed that a strong-minded man, like the Duke, who, in the military hospitals during the Peninsular and other wars in which he was engaged, must have seen the vast utility of our sciences, would have disdained to foster. He carried the feeling, however, to a certain extent, into private life, notwithstanding his attachment to Dr. Hume. Few, if any, of the army surgeons present at the great battles of the 16th and 17th of June, were honoured with invitations to the Waterloo banquets, and their healths were always postponed to among the last. It has been a saying among the army surgeons, that the Duke was never wounded in any of his numerous encounters with the foe: had such been the case, he would have felt more for the army surgeon, and would have exerted himself to secure his comfort and that of the unhappy wounded. It is a singular fact that his great opponent, Bonaparte, was only once wounded, and then by a spent ball in the heel. It is said, nevertheless, that the Duke was in the habit of visiting his hospitals privately, and from personal inspection assuring himself that the wounded were taken proper care of.

One of our popular romance writers, describing a scene in the Peninsular wars, gives effect to the Duke's dislike for the army surgeons, by representing him as in active and familiar converse with one, whom he mistook for a field-officer—to whom the surgeon bore a considerable resemblance—until he discovered his mistake, when he somewhat harshly ordered him to the rear. We are not quite sure, but we fancy this anecdote is stated to be 'historical.'

A singular discovery has been made in France, by Dr. Frémy, physician to the central bureau of the hospitals, respecting the injurious influence of certain bracelets recently introduced to public notice under the name of *bracelets oderiferants composés de grains d'Amérique*. These American grains prove to be merely a composition covered with arsenite of copper, and perfumed with orris powder. In several instances they have caused a pustular eruption on the arm, together with sundry general symptoms indicative of danger. The reckless manufacturers and sellers of so dangerous a poison will doubtless meet with their desert in France, and then we may expect the bracelets to be introduced into this country, as was the case with the arsenicated candles some years since. Their manufacture not having been permitted in Paris, several dealers in the article sold them largely in London. What might have been the ultimate consequences to health,

it is hard to say, but we may fairly anticipate that breathing an atmosphere more or less charged with arsenic, cannot fail to break down and finally destroy the strongest constitution. Be that as it may, the mischief was not allowed to proceed, the late Mr. Everett, one of the most practical chemists we ever met with; discovered the secret. Attracted by the peculiar odour emitted by the burning snuff, after the candle had been extinguished, he made sundry investigations, ascertained the presence of arsenic in the stearine, and made known his discovery at several meetings of the medical societies, at the same time publishing a succedaneum for arsenic, equally efficient and in no way injurious. As it often happens, the publication of the wrong-doing was its death-blow, and we now hear nothing of arsenicated candles. The arsenic bracelets seem to take their place in poisoning the population. They may perhaps subvert the purpose of a Borgias: a husband anxious to get rid of a wife, may present her with the American-grained bracelets, and in like manner any female relative or enemy may be disposed of.

The connexion between the animal and vegetable kingdoms, at least as regards their products, has received an additional illustration of late. The leaves of the fir and pine have been so operated on as to produce a kind of wool, which for some time past has been used in a manufactory near Brisalace, for the purpose of making coverlets, blankets, etc., the materials thus made, being warm, durable, and agreeable; they have a certain balsamic odour, inimical to insects. The leaves are found to consist of a fibrous material, held together by a resinous substance, which is dissolved by alkalis, the residue being used as the wool. The resinous matter, it is said, forms the basis of medicinal baths, useful in the treatment of many chronic diseases, and thus every part of the leaf comes into advantageous use. This discovery equals in value if it does not transcend that of the Chevalier Clausen.

The *verata questio* respecting the right of the profession to a fee for answering the questions proposed by a life-assurance company, was again put to the test of law by the Messrs. Duplex, of Great Craven Street, who summoned the Economic Life Office in the Sheriff's Court, before Mr. Russell Gurney, for the sum of one guinea, for answering certain questions regarding a lady who was about to assure her life in that office. The plaintiff stated that he had answered the questions and sent back his reply, with a demand for £1. 1s., which not receiving, he commenced these proceedings. Mr. Gurney considered that the plaintiff need not have answered the questions without the fee, and decided against him. Medical men should remember this, and not answer any such queries until they have a written promise that the fee shall be paid. By acting in this manner lately, we have procured a fee from a repudiating office.

At the Colney Hatch Lunatic Asylum, Mr. Tyerman, of the Cornwall Asylum, has been elected to fill the place, left vacant by Dr. Hood's being chosen Medical Superintendent of Bethlehem Hospital. The office is that of resident medical officer for the male department; the emoluments are, £200 a year salary, with a residence, and £150 a year in lieu of board, with coals, candles, milk, and vegetables. There were no less than thirty-six candidates, some of whom were men of high repute in that particular branch of medicine. Mr. Tyerman, who was the successful candidate, had not even his name in the printed list; so that we may infer that very great interest was made in his behalf, even at the last moment. Mr. Marshall, lately house-surgeon to the Northampton Lunatic Asylum, has been appointed Medical Superintendent of the female department, in lieu of Mr. Davey, who is about to be the proprietor of a private lunatic asylum, near Bristol.

A sanatorium for convalescent phthisical patients, discharged from the hospital at Broughton, is about to be established at Bournemouth, in Hampshire. The subscriptions and donations have already flowed in pretty freely. The object is an excellent one.

The two great metropolitan parishes of St. Marylebone and St. Pancras are, as yet, free from the control of the Poor Law Board, and they seem determined to shew their freedom by most unhandsome and most ungenerous treatment of their medical officers, who have no appeal but the celebrated one from Philip drunk to Philip sober. The medical officers of St. Marylebone have long been the victims of this kind of conduct, and those who have dared to remonstrate are stigmatised as insolent in the extreme. It was formerly the practice that the assistant surgeon boarded in the house, but some time back this system was altered, it being found perhaps that they devoured too much provision. An order of the Board directed that these officers should have regular stipulated rations: so many leaves, so many pounds of meat, so many pints of porter, so much tea, and so much sugar weekly, and they were rationed, in fact, like soldiers or sailors,—we might even say like paupers; and so absurd, so insulting was the system—we hope it is not so now—that *Punch* caricatured it gloriously. The sister parish of St. Pancras seems anxious to emulate the Marylebone authorities. The affairs of this parish are conducted by a numerous vestry, and by a Board of Guardians, the latter elected by the former from among their own body. The medical staff consists of a surgeon to the workhouse, Mr. Robinson; a resident surgeon, Mr. Waldegrave, and district surgeons. Between the former workhouse surgeon and the master a war raged, each accusing the other of intruding upon his duties, and many an appeal passed to the vestry. When the master was dismissed lately, it might have been anticipated that all this would end, but not so; a medical committee, consisting of Mr. Hiles, Dr. (?) Hickman, and some others, have since contrived to keep the water hot, and there is scarcely a meeting of the vestry without a complaint from one or the other of the medical men. Some two or three months since a new election of district surgeons took place, and the new ones are not yet *warm in harness, their traces gall them still*. Some two or three meetings of the Board of Guardians were occupied in investigating a complaint made against the medical committee for interfering with the functions of the medical officers, in first discharging an alleged lunatic from the asylum wards of the house, to the general wards, and afterwards setting him free altogether, as it appeared, although he was declared to be dangerous. A wordy war ensued, the surgeons steadily defending their position, and shewing a just indignation at the interference, and the members of the committee, themselves medical men, plainly implying that the officers had mistaken the case, and asserting that the man was not mad, thus seeking to justify their own conduct, although one of them told the district surgeons that, as he had not visited the man the very day he was summoned, if any thing had happened he would have been in an awkward position. The affair ended by the Board warning the surgeons to be more cautious in future, neither of the surgeons so far compromising his dignity as to assent to or receive the caution. It is said the Alleged Lunatic's Friend Society are going to take up the case, and to prosecute the Doctors.

At a subsequent meeting the question was mooted as to the propriety of admitting as their medical officers gentlemen not provided with the licence of the Society of Apothecaries. It was contended that this was a document of but little value, and that it could be obtained by anyone by grinding—a process of which one of the Board seemed to have a rude idea, as may be supposed, when Mr. Harding gave, as one of the

duties of a grinder, the taking young men to places of amusement. Mr. Hillis asserted that a common shoe-black could make up drugs, and that there was no penalty attached to his so doing; but he did not venture to carry the parallel further, by asserting that he could prescribe and dispense for the sick, without incurring a penalty. The principles of free trade were invoked against such a monopoly as the Apothecaries' Society; but all the arguments failed, and the Board finally affirmed the principle that parish surgeons should obey the law, and be possessed of the double qualification.

The most recent quarrel or squabble was brought before the Vestry last week: it arose from a difference in opinion as regarded the diagnosis of a tumour between Mr. Hillis, on the part of the Medical Committee, and Mr. Rawlins, one of the district surgeons. The latter gentlemen felt so much annoyed at the matter as to send in his resignation; and certainly, if such things continue no one with the feelings of a gentleman can continue to hold office. Mr. Rawlins, it appears, certified that one of the paupers had a ventral hernia, and sent him to the Medical Committee for a truss. His opinion was supported by Mr. Hawker, Mr. Hancock, and Mr. Wakley, jun.; but the case was entertained by the Committee, and Mr. Hillis declared the tumour was a fatty one, referring the man to University College Hospital or the Veterinary College, it does not clearly appear which, for a further opinion. The matter having been thus brought before the Vestry, a Committee was appointed to investigate it, Dr. Gregory being the chairman; and they reported quite in Mr. Rawlins's favour, urged the withdrawal of his letter of resignation, and regretted that the Directors had not treated his letter with the attention it merited. A stormy debate followed; sharp and fierce language was used, and apologies demanded. Mr. Hillis defended his position, and was supported by Mr. Hickman; but the Vestry finally, with two dissentients, adopted the report of their Committee, thus tacitly censuring the Medical Committee for their uncalled for and gratuitous interference with the district surgeons. A similar bone of contention remains for the Vestry, with respect to a letter written by Mr. Robinson, with reference to the lunacy case already alluded to. His appeal was ultimately rejected by a small majority; and it was stated that Mr. Wildbore had paid the alleged lunatic £3, to avoid an action at law.

The medical officers of unions notoriously have enough to contend with, in the shape of hard work, paltry remuneration, and too many masters, but "in the lowest deep" there is "a lower deep," and it remained for the Medical Committee of St. Pancras, or rather for its medical members, to originate a continued system of annoyance against the unhappy officers, by the plan of supervising their diagnosis and treatment of disease, and counter-ordering the measures they direct. No man can or would put up with such treatment, and the members of the Committee will find it a difficult task to persuade their brethren that they have adopted and carried out a proper plan of proceeding.

The vestry of St. Pancras—*iterum iterumque Crispinus*—at a late meeting, resolved to adopt the new Interment Act passed last Session, and to appoint a Burial Board, thus commencing on their part the measures intended to purify the parish, and to enable the inhabitants to resist the attacks of the now rapidly-approaching epidemic. But alas! "a change has come o'er the spirit of their dream." To do this would cost monies; and what is human life as compared to the outlay of hard cash? The non-appointment of a Burial Board has been rejected by the Vestry in a spirit of sordid economy by twenty-one to seventeen. God help the poor; at the eve of a fearful mortality the medical officers are dispirited and annoyed by a shameful tyranny, and the only measure as yet proposed at all, of a sanitary character, is rejected by a majority of four.

A proposal is now on foot to establish a new society for the study and advancement of State medicine. The prospectus is now lying on our table. The promoters and Provisional Committee are Dr. Balfour, of the Royal Military Asylum; Dr. Bryson, R.N., of Somerset House; Dr. Marshall Hall, Dr. McWilliam, R.N., Mr. Martin, Dr. Ogle, Mr. Rumsey, Dr. Sharpey, Dr. G. Webster, and Dr. Wegg, with Mr. Pollock, one of the secretaries of the Pathological Society, as the Honorary Secretary. The principal object is to constitute a centre of such scientific and practical information as may be available for all purposes tending to promote public health, and consequently the prevention of disease, more especially those of an epidemic nature. It is, in fact, to be a society of practical hygiene. The Committee propose to investigate all circumstances, which tend to deteriorate the human race, and to lower its vigour and vitality; all that relates to the external causes of diseases, their propagation and their prevention, and all places for improving the physical, and through it the moral, condition of the people. The co-operation and assistance of all classes of society are solicited, for it is intended to restrict membership to the professors of the medical sciences, as all are and must be interested in the carrying out its objects. The annual subscription is to be one guinea. We wish it success.

It is said that a new kind of alcohol has been discovered by M. Wurtz, a professor at the Ecole de Médecine, at Paris, by repeated distillations of the oil obtained from potatoes. Its composition is represented to be  $C_8H_{10}O_2$ . He terms it *alcool amylique*. Another discovery has, we are told, furnished the profession with a powerful styptic. Eight ounces of gum benzoin, with one pound of alum, boiled in ten pints of water in an earthenware vessel for eight hours, being frequently stirred the while, and water being added gradually, to make up the loss by boiling, will furnish, it is said, a supernatant liquid like champagne, possessing a slightly styptic taste and an agreeable odour. If but one drop then be added to a basin-full of blood, it will instantly coagulate the whole. This liquid is the discovery of Signor Pagliare, a Roman pharmacist.

#### COMPLIMENT TO THE PROFESSION.

The *London Gazette* of the 18th instant, announces the appointment by the Right Hon. the Earl of Warwick, the Lord-Lieutenant, of William Sands Cox, Esq., Professor of Surgery at the Queen's College, Birmingham, as a Deputy-Lieutenant in and for the county of Warwick. Mr. Sands Cox's Commission bears date September 3rd, 1852.

#### OBITUARY.

June 19th, at the advanced age of 78, Dr. Thomas Jefferies, formerly of Liverpool, and late of Castle House, Shrewsbury, one of the Vice-Presidents of the Provincial Medical and Surgical Association. His name is associated with the introduction of matico to the notice of the profession, and with the zealous cultivation of medical science.

September 20th, at Woolwich, John Dehane, M.D., of Wolverhampton.

#### TO CORRESPONDENTS.

We have received a communication from Mr. Cox, of Bath, but was too late for insertion in our present number.

Communications have been received from Mr. Newbent, Dr. Robertson, Dr. Jackson, Dr. Meret, Dr. Sims Palmer, Chirurgus, and Mr. Cooke.

LECTURES  
ON THE  
DISEASES OF CHILDREN,

DELIVERED IN THE  
Chatham Street School of Medicine, Manchester.

By DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Vienna, etc.*

LECTURE XIV.—(Continued.)

*Rheumatism: fever, and local affections. Different relations between local affections and fever of the kind. Febrile forms of rheumatism; the acutest, with general articular rheumatism—rare in infancy; a more moderate form more frequent, occurring even under the third year; the mildest form, which is the most frequently met with in young children. Local rheumatism considered in connexion with fever: the commencement always pain; its seat and further chances or passages. Rheumatic headache, along with fever. Rheumatism of the ear; pleurodynia difficult but important to distinguish from the beginning of pleurisy; frequent in young children, in connexion with fever. Lumbago. Rheumatism of the heart; pericarditis and endocarditis rare in the tender age. Dr. West's interesting table. Diagnostic inquiries and directions. Articular rheumatism, with fever, in various forms. Rheumatism of the stomach, intestines, and peritoneum.*

GENTLEMEN.—In the last lecture I concluded my observations on two general features of fever, which I have called the hypersthenic and the asthenic, with some remarks on the general acute bilious character of fever. You will have noticed, what I have expressed in my eleventh lecture, that my purpose at present is not to establish *species* of fever, but to endeavour to give you some leading views in this difficult part of children's practice.

"Hypersthenic and asthenic," as you will have observed, denote for us two opposite general features of fever, considered *objectively*.

I concluded with observing that these features, or stages, pure and uncomplicated, are very rare in children. I said, if infants do not recover from high fever in very few days, they either die before the fever could go on into various special ways, or the fever takes one of the more or less protracted special forms. As you will see, what I have described as the "hypersthenic stage," can be connected with a variety of special forms of fever from their commencement. Now I will speak of these.

The distinguished Dr. Dietl, of Vienna, says in his work:—"There is a *febrile rheumatism*, but no *rheumatic fever*." I have not to enter into discussion upon this matter. My present task is a purely practical one. Fever appears in a great many forms and connections with various local affections; and I think

it to be useful to the young practitioner, in particular with regard to children, to draw his attention to, and make him familiar with, as many real features of fever as possible.

With regard to the rest. Is rheumatism merely a local affection? My answer is in the negative. The specific brick-coloured deposit of the urine itself is sufficient to prove a certain chemical alteration of the blood.

If we consider the disease in question clinically and without prejudice, we find there are cases where local rheumatism constitutes the primary and principal disease, from beginning to end; and the fever is of secondary importance. There are, however, other sets of cases, in which local rheumatism and fever nearly balance each other. And, finally, we meet with a kind, in which the general functional disorders constituting fever, are the first, the most salient, and important; whilst the local rheumatism—of muscles or nerves—is but an erratic complaint, *locally* unseizable and unmanageable; and the more so in the speechless child.

There is no disease in which it is more desirable than in this to recollect, as I recommended in other instances, all the different subjective symptoms (verbal complaints) we have got from adult patients. We see them sometimes, in the course of rheumatic fever, moan and suffer by uneasiness, sensations in the belly, head, or elsewhere, distressing to them and the attendants, which, in spite of their intelligence, they scarcely can explain. The same happens with the child; but the obscurity and anxiety are greater. I believe, therefore, it is desirable to investigate the matter practically, and elucidate, as far as we can, with children. My conviction is, that, just like as in scarlet fever or some other, there is, besides the peculiarity of the connected local affections, also a proper general character of the rheumatic fever; and I might even say the latter represents the very chameleon of fevers, just as local rheumatism represents that of local affections—both changeable every instant: a severe test for the skill of the practitioner.

Let us, then, consider rheumatism, first, in its—

*Febrile forms.*—The acutest is the most characteristic of all, generally known by the name of *acute articular rheumatism*. It is this:—We observe a primary paroxysm setting in suddenly, in most cases by rigor, with subsequent heat; and at the same time with the rigor, or during the heat, or shortly before the rigor, pain appears in both ankles or knees, less often in other joints; but more or less rapidly it extends thence over the rest; when, besides the high and almost burning heat, and the most acute pain, the affected joints commence to swell with the increase of the fever. But then, in the course of a day or two, profuse sweat will appear; and this forms a decisive moment—good or bad. If the local affections under that sweat do not lessen, you have commonly a severe and pertinacious disease to contend with, which, by-and-by becoming remittent, and presenting a continuous alternation between exacerbations, dry heat, and alleviating perspirations, or unalleviating profuse sweat, may last for weeks or

months; and after the fever has abated, the local consequences, swelling and contraction, will continue for a weary length of time. It is in the acute articular rheumatism that a peculiar disposition to affections of the heart has been noticed, which sometimes come on insidiously. The urine, at first deep-coloured and crude, forms, after a day or more after the commencement of fever, its well-known brick-coloured deposit.

The most commonly-affected joints in the *acutest* form are,—the ankles, knees, wrists, and elbows.

I want not to insist further in the description of this form; it is characteristic and well known enough; and if it happens to attack a child, it will be as easily recognisable as in adults. I am happy to say, however, it is one of the rarest occurrences in the tender age. I have already alluded to the frequency of rheumatism in Hungary; still I recollect that we had only two cases of the form in question in children two or three years old, in the hospital, and not one nursing; nor have I seen it in my private practice, *i. e.*, in the wealthier classes of society, in children less than six or seven years old. The two cases alluded to, in which fearful contractions and swelling of several joints were the permanent consequences, belonged to the lowest class of people, whose children are exposed to every kind of weather and all sorts of neglect. It would appear as if this form required for its ground a higher degree of animalisation of the blood than that which is proper to young children.

There are, however, lower degrees of the same form, in which the same relation between fever and local affection, as mentioned, does exist, and the same kind of issue; but instead of all the principal joints, only one or two are affected, and the fever is proportionally milder. Instead of the just-mentioned frequency of the localisation in the ankles, here most commonly, one or both knees of the child are suffering from inflammatory exudation and swelling. Of this description I have met with numerous cases from the third year upwards, and not so very seldom even below that age.

A characteristic feature common to both forms, or degrees of the same form, just described, consists in the localisation of rheumatism in the ligaments, synovial membranes, and perichondrium of the large joints of both sets of extremities, with the participation of the surrounding cellular texture. If the fever runs high, from the moment of fixed pain, (increasing when we bend or move the respective articulations of the child,) the swelling will commonly appear between twelve and twenty-four hours, and increase more or less rapidly. The exuded liquid is commonly serous, but, according to the degree of inflammation joining the local rheumatism, more or less of plastic lymph may be mixed with it. Thus chronic swelling, (in not rare instances incurable,) ensues, and not less annoying permanent contraction; sometimes structural degenerations of a more destructive and dangerous kind take place. Suppurative inflammation rarely springs out of rheumatism; I have seen a few cases, always in one knee only.

Now, I feel convinced—at least my experience tells me

so—that acute articular rheumatism, in both described degrees, destroys more severely and irreparably, the textures of joints in children than in grown-up people. This I abstract from an extensive experience I had with contracted joints since 1841, by having applied tenotomy to their treatment upon a large scale, in grown-up people as well as in children. Numerous parties applied to me for that purpose from all parts of the country. There was at that time almost a general rush of the public towards that operation. I exactly remember I have seen very few of them younger than six years; more than two-thirds of them were between six and thirteen, and about one-third only were adults; and, amongst the latter again, many laboured under their articular affection since childhood. And still, I have no doubt, the mature age has a greater disposition to it than children; but, if it attacks the latter, I believe, the greater delicacy of organic structure, and the loss of vital energy, makes it more injurious, and difficult to cure. The scrofulous dyscrasy, so frequent till the age of puberty, and much rarer in the mature age, seems also to account for the above fact. I confess I have been frequently at a loss, if I ought to regard a certain articular affection of the above feature as consequent to rheumatism, or to the scrofulous diathesis of the child.

I remember, amongst eighty recorded cases, of those on whom tenotomy has been performed, two-thirds of them concerned the knee-joint; then comes the elbow, ankles, and finally, the wrist. In adults these proportions were different; and the greatest difference I find is, that affections of the smaller joints, so frequent in adults, did so seldom occur in my practice even between six and thirteen years.

A fact of some interest is also this,—that I remember very few cases of acute articular rheumatism of the above description, with which rheumatic affections of muscles or serous envelopes of any organ of the three cavities, except the heart, were associated. This it is good to know; so, if your little patient, affected with a severe fit of rheumatism of one or more joints, should heavily moan, and appear not only depressed, but also oppressed in his chest, without explanatory words, on his side, you have *little* reason to attribute this to rheumatic pleurodynia, and *some* reason to suspect a beginning affection of the heart.

Another feature of rheumatic fever, the most frequent with young children, is that in which the general symptoms of fever are the more salient, and connected only with some local pain, fixed or erratic, in some joint or joints, or muscular or serous structures, without inflammatory swelling. In some cases of this kind the fever may have set in vehemently, and with rigor; and soon afterwards, or during the hot stage, plaintive moaning, or painful crying, or some other expression or movement, have shown you the presence of pain, but of which you cannot find out the locality. Within a day or two gentle perspiration will appear, more or less alleviating—or profuse perspiration, commonly not alleviating—the patient. In the case of beneficial perspiration, probably one or more exacerbations will still

come, with a remittent type, but from day to day less, and thus in a few days the fever will have entirely ceased. In the case of non-alleviating perspiration, on the contrary, you are less sure of what will happen. There may be, even under that kind of cutaneous action, some relief, but perhaps, ere long, burning dry heat will follow, and the second exacerbation possibly be stronger than the first; in one word, you may have to contend with a changeable, weary disease, of undetermined length, which, though you cannot find out any part swollen and inflamed, will be a subject of anxiety for the parents and a hard trial for yourself.

It needs scarcely to be mentioned, that the rheumatic pain connected with this form of fever, not only changes as to its intensity, but, what is more obscure and disagreeable in the speechless child, from the shoulder to the knee, or thence to the chest, head, or belly, thus puzzling your continued inquiries, and exhausting the confidence of the parents.

This is a form frequent amongst adults, in particular females, or otherwise delicate constitutions; and this, I can state, is frequent also with children less than three years old. There is by far less danger, but also less regularity in it, than in the acute articular rheumatism. Its duration may be two or three days, or as many weeks; but under favourable circumstances, there will be seldom longer any trace of it. Relapses, however, are as easy as in any other; the thermo-electric changes affect it like any other and the rheumatic diathesis, of which I will speak in another lecture, can be the consequence of this form as well as of severer ones. The urine shows likewise the rheumatic mark, but more irregularly, the acid deposit appearing more one day and less on another.

It will be useful to you to know, that whenever articular rheumatism becomes not alleviated by sweat, and that two exacerbations are past without swelling, you have little reason to anticipate the inflammatory swelling in the course of this case, however severe may be the pain. The same applies to rheumatic pain in other parts, *f. e.*, pleurodynia will not pass into pleurisy under the mentioned circumstance; nor is, according to what I have seen, even rheumatism of the heart, under the above circumstances, likely to pass into inflammatory changes.

Of chronic rheumatism of different parts I will speak more particularly in my next lecture; but I am obliged to make some remarks here on local rheumatism, in various forms, as far as they are connected and go along with fever.

All known rheumatic local affections commence with pain, *which, if it has to pass into inflammation, will be fixed from its beginning*, and in a child there will be some structural change discoverable already within the first twenty-four hours, or even ere twelve hours elapse, in vigorous young children. I must except from this statement, however, the head and the ear, which sometimes prove to be more difficult in giving, in a speechless child, sufficient evidence of their inflammatory character. In rheumatism of the joints, of course, every thing becomes sooner clear than in any other parts, by touching and moving them. Rheumatism, in form of

pain, can persist for an undetermined length of time, either as continued and remittent, or as intermittent; as fixed or erratic pain, without ever passing into inflammation. This we call, properly, rheumatism. The most usual seat of rheumatism are muscles; next, I believe, come the nerves. The latter kind of rheumatism takes the most subtle immaterial form. In other parts, in the serous and fibrous membranes, in particular in the joints, it may persist as pure pain, from beginning to end, but it may also pass into inflammation and swelling with their ulterior issues.

Now, if you have a young child in fever with the rheumatic character, and you have succeeded in finding out the seat of pain: if the fever runs high, and the pain is fixed for a few hours in any part, *except* a nerve or muscle, I know no sign—no circumstance, which at once could ascertain its inflammatory or non-inflammatory nature.

If twenty-four hours are past, the pain persisting fixed, but without swelling, there is already some probability of its being not inflammatory; and, finally, if that pain had already considerably remitted once or twice, or leaped from one part to another, then it is almost sure to be rheumatism. I will consider now the principal local complaints.

*Rheumatic headache*, if connected with fever, is very generally severe. We know from adult patients, that commonly it fixes in some lateral part of the head, about the temples. To enter here into a diagnostic disquisition, if the pericranium, the dura, or one of the serous meninges, be the seat of rheumatism, or other subtleties, would be perfectly useless for our purpose, it would, moreover, be almost impossible in a little child. For our purpose, I beg to remark:—Headache is pretty nearly constant in every kind of fever, I must therefore refer, to what I said before, on *febrile headache*. Rheumatic headache has, in the majority, a more local circumscribed seat, and the pain is more acute in it. The child will manifest many of those symptoms, which I have mentioned as belonging to commencing meningitis, (on which I will speak more particularly in its place,) sometimes vomiting or eclampsy will appear; in many cases, when you carefully touch, pressing with one finger all over the scalp, you will find out a decidedly painful spot: the child will move and cry more or less vehemently when you touch that spot, and not the least when on the other side. Sometimes not the slightest touch of the finger can be made without eliciting painful crying; in this case the scalp is the seat of pain; but even if the inside of the skull be affected by rheumatism in a limited spot, the correspondent outside is always more or less sensible.

It must be confessed, however, that as long as the paroxysm is vehement, consequently the head affected by the fever itself, and the whole system of the tender patient depressed, there will be great difficulty in making out the above diagnosis. Even children who can speak, and are otherwise intelligent, are so irritable and depressed that we cannot get good answers from them; and thus it happened with me, more than once, that I hurried with energetic leeching, when sometime

afterwards it became clear that there was no inflammation, but erratic rheumatalgia.

Within twenty-four hours this will, in the great majority, and particularly in young children, become clear, because in that time either remission, or even a second exacerbation after remission, will have taken place. Only in rare and vehement cases this sometimes happens the second day, and in this case, in fact, we cannot make so clear the matter, as to be allowed to delay longer than twelve or twenty-four hours, subtracting blood as a measure of prudence.

In the great majority of cases rheumatic fever shows remission and sweat within twenty-four hours; and then, if in spite of this the signs of acute pain in some part of the head persist, I consider this as rheumatic headache; and if the signs of headache remit along with the fever, and reappear more intensely with a new exacerbation, there is almost every certainty of its neither being nor becoming meningitis, be that headache rheumatic or otherwise. Profuse and not alleviating sweat, makes the rheumatic nature of the headache still clearer. You must not forget also in this instance, what I said already in another lecture, that in febrile headache the child lies rather quietly moaning; under an acute local pain of the head, like that of rheumatism, there is more moving about with the head, or with one of the hands towards the head, more like in the beginning of meningitis.

*Rheumatism of the eye*, along with fever of the kind, is not unfrequent in children. In its fixed and inflammatory form, in the serous or fibrous tissues of the eye, it is too well known and easily perceptible on the child, to require a particular mention here. It attacks commonly only one eye, or at least one prominently severe.

*Rheumatism of the eye*, generally remittent and connected with a mild remittent fever, or no fever at all, will be discoverable in little children by the different sensibility and appearance of the affected eye. The eyelids are less open, and move less freely than those of the other eye.

Next I must mention the *rheumatism of the ear*. This is also very difficult to diagnosticate, when it comes along with the fever, in the first twenty-four hours; but the second day, either the fever will have remitted, and the signs of earache become more prominent; or if otitis has to develop, already some swelling and tenderness of the respective parts will be discoverable by the skilful practitioner. Other objective signs of pain in the ear in little children, consist in some movement of one of the hands towards one of the ears, and that the child if set upright in the arms, drops the head towards the affected side. In the great majority of the cases of acute otitis I saw connected with it moderate or slight, and remittent fever; and otalgia, which very generally appears to be of rheumatic origin, and in which the pain is by far the most violent, generally not connected with fever at all. On these subjects therefore, I will speak more properly under the head of chronic rheumatism.

*Pleurodynia* is frequently connected with rheumatic fevers of children, mild as well as severe. It can have

its seat, there is no doubt, in the pulmonary pleura; but commonly it is the costal pleura and adjacent muscles, together, or separately each of these parts.

I cannot say in which side I have more frequently observed rheumatic pleurodynia; but I believe constantly on one only. It is a severe pain, vehemently increasing by the respiratory movement of the chest in deep inspiration. In fact, the child's breathing in this case will appear to be superficial and cut short; and both fever and acute pain will concert in giving the child an alarming aspect.

In general it will lie quietly on one side, half dozing, interruptedly moaning, with closed eyes. As soon as the mother tries to take it up or change its position, it commences to cry, but at once we see it is checked in doing so by pain. Under this circumstance, commonly some dry short cough comes forth; and in some cases this happens repeatedly for some time, even if the child has not been moved at all.

Now this I have noticed frequently; and it has not seldom been mistaken for pleurisy. And there is no doubt *pleurodynia, connected with fever, looks to the eye decidedly and in everything like pleurisy* in its first stage, before exudation has taken place. Nay, what is more, we auscultate, and find negative results equal in both cases. In instances, where the pain is in the pulmonic serous membrane, or in the costal pleura, but very intense, this side of the chest moves less than the other, and the respiratory sound is lessened, just as in the commencement of pleurisy. But let me remark that this uncertainty can last for you only between twelve and twenty-four hours; because rheumatic pain of those parts, if connected with fever, may continue in the same way for some time; but pleurisy, if it has to come, will show itself in children, according to my experience, within the first twenty-four hours of fever, and most frequently within the first twelve, by some friction-sound at one side of the chest; and afterwards by the more significative dullness on percussion.

Thus stands the diagnosis in cases where the pleura alone, without the intercostal muscles, is the seat of pain; in most instances, however, the latter will be affected too; and then, by careful touching and pressing with our fingers upon the intercostal spaces, we shall see clear at once; because it will appear that the pain is very superficial, which is not the case with pleurisy; for in this case the child will bear our touch better.

As to posture, according to my experience the little patients lie, in pleurisy as well as in pleurodynia, if the pain is very severe, generally on the healthy side, or on the back.

But let us suppose, now, the child lies from the preceding day in high fever, heavily moaning, in depressed immobility; his respiration is short and frequent (which, of course, it is in high fever of any kind); there is not the least cough; and the mother did not notice, nor tell you, that in moving the child lively expressions of pain come forth; and the like. Let this all be so; still there are means of ascertaining the presence and seat of pain, if even it were limited to only a small spot of the chest, and even allow some passive move-



ment, without considerable increase of the pain. This means I have already mentioned; it is to push gently, but with gradually increasing pressure, the abdominal viscera towards the diaphragm, whereby forcible inspirations being produced, it will soon become clear that this act is prevented by pain. And as auscultation and percussion will give you negative results, it will be nearly certain by that double circumstance, that there is pain outside the lung, or even outside the chest, in the muscles. This being ascertained, exploration by touch may still bring you nearer to exactness.

But, as I mentioned before, though pleurodynia, with high fever, in the first twelve hours, or longer, may completely imitate beginning pleurisy, consequently, in a strong child, even require leeching, as means of prudence; yet towards the end of the first, or on the second day, the fever having become more or less remittent, and the above chest-symptoms persisting still, without further physical change in the respiratory sounds, then you may be sure that you have rheumatic pleurodynia before you, and no danger of exudation.

I have dwelt so long upon that apparently little subject, because I have seen a good deal of anxiety, confusion, or mistake about it—because it is a frequent form of rheumatism with children, and nowhere you find directions concerning it in the speechless patient. If we wish to keep up the credit and honour of our remedies in the present age, we must pay increasing attention to every subject of practical concern. It is not indifferent, if in cases just alluded to, a child is leeches, or not leeches. A few days ago I had to attend a child, three years old, of my distinguished colleague, Mr. N., a child (with the rare peculiarity, that till the present day there was no possibility of getting into her mouth anything besides milk and water) of a very delicate constitution. She had a strong fever, with pleurodynia. Leeches in this case were not an indifferent question.

*Lumbago*, or let us say rheumatism of some muscular part near the loins, is also a frequent comparison of rheumatic fever in children. I happened, many and many times, to discover it in children one or two years old. I found it seldom connected with high fever, but almost always with a moderate or slight degree. Lumbago itself is variable in intensity. If both lumbago and fever are strong, then the child lies on his back, with superficial breathing, steadily in the same posture, with the eyes shut, and heavily moaning, entirely resembling acute instances of muscular pleurodynia, with the only difference that the immobility is still greater in lumbago; and the slightest change in position causes vehement crying, which, of course, soon becomes checked by pain.

In severe degrees of this affection its presence can scarcely escape the attention of a careful mother or physician, and this being clear, a minute examination by touch and pressure by our finger, auscultation, and some purposely but gently-performed movements, will make the diagnosis of the locality clear.

Slight degrees of lumbago, however, are easily overlooked in a young child, or, as I have seen it, con-

founded with pleurodynia, and mustard poultices placed under the armpit, instead of the lumbar region. Be very exact in your examining and diagnostical proceedings with children, and you will not be frequently mistaken in that way.

*Rheumatism of the heart.* Pericarditis, and endocarditis, I am sure, are exceedingly rare in infants, but as they are far more dangerous to life than in adults, it is our duty to watch the child carefully, and auscultate twice or more every day, as soon and as long as signs of rheumatic fever is perceptible; I should say, perhaps, as long as signs of the rheumatic diathesis are present in the child.

After all that I have seen, I must believe, that amongst acute affections of the heart in children, the great majority are owing to rheumatism. Of the chronic form I shall not speak in this place.

Let me request you to peruse carefully the table of my distinguished colleague Dr. West, of London, which is annexed to his "Lecture on Diseases of the Heart,"—a short but excellent treatise on that subject, containing a comparative survey of thirty-three cases of diseases of the heart in children, which in many respects it will be useful to you to have carefully looked through. Nine acute cases are of the rheumatic origin, and a great many others of the chronic kind, of which the earliest commencement is not known. Many of them have arisen from the same source.

I am exceedingly sorry that I am, as yet, at a loss for figures concerning that disease taken from my practice at Pesth; but you will be surprised, knowing the excessive frequency of rheumatism there, when I say I am sure that all diseases of the heart which we have witnessed and recorded in the Children's Hospital, (upon about 16,500 various diseases treated there till the summer of 1849,) there will scarcely be more than half a dozen children under the fifth year of age; at the same time I must express my conviction, according to which, amongst all cardiac and pericardiac affections which I have seen in the hospital, as well as in an extensive consulting practice, from infancy up to puberty, of which the total number scarcely may exceed sixty or seventy—that, amongst these cases, almost all, which were not *secondary* hypertrophies or dilatations of the right ventricle, (in consequence of chronic bronchopneumonia in older children,) and of which we could get some good data, or examination near their commencement, almost all were considered by us as of rheumatic origin.

Some authors state the affection in question to be far more frequent in infancy; I did not find it so. And it appeared to me, that most of the cases of valvular, or in general endocardial affections, which I have seen in adult patients, originated rather from what some have called *gouty* rheumatism, or simply from gout, than from simple rheumatism. Both the former are not proper to infancy.

In this place I have not to speak in detail on affections of the heart, I have only to point out to you the rheumatic origin of most of them in children, and give you some hints how to perceive their first beginning in

a speechless child. First, you may look at it as possibly a case of acute articular rheumatism; but then, any fever with the rheumatic character, (of which I will speak by-and-by,) in particular as long as the urine maintains the specific deposit, can produce rheumatism of the heart. The most frequent seat of it in children, I believe, is the pericardium, and less frequent the endocardium. As long as rheumatism of these parts exists only in the form of pain, it will be scarcely possible for you to distinguish it in a little child from pleurodynia, when the pleura aches just near the heart. I have met with cases where strong palpitation has been present during fever of the rheumatic character, along with heavy painful moaning, short and frequent inspirations,—where, in spite of the absence of either pericardial friction or endocardial murmurs, I referred the pain to the heart; it is, however, impossible at that stage of rheumatism of this organ, to exactly distinguish if it be in the peri- or the endocardium. I have had cases of that kind, in which pain and palpitation have ceased quickly or slowly, without a sign of material change.

If rheumatism commences to go on the course of inflammation in the heart, then the slightest friction-sound, or the slightest bellows-murmur, (let us say any kind and degree of endocardial murmur,) must act upon your mind as an imperious reason to check it, if possible, at that early stage, by energetic treatment.

The question, however, is,—*Is every pain of the heart or pericardium during rheumatic fever liable to produce structural changes or exudations?* According to my belief, I must say not. At Pesth, in adult patients, (nay, in myself, and I was for some years very frequently affected with rheumatic fever and articular rheumatism,) very frequently I had cases in which a decided muscular rheumatism, either of the shoulder, loins—or, even rheumatism of the knee, suddenly leaped on the heart, causing so severe a pain in this organ, with or without palpitation, that some patients described it as atrocious; then it passed, after hours or days, entirely, or returned again, and no mischief has been produced. Where these attacks of pain in the muscular tissue, in the serous lining, or in some nerve? I do not know, but I strongly believe that rheumatism of this noble organ is not rare in adults; and in some cases, as far as I could ascertain, I thought I had before me the same form many times in children.

As to *articular rheumatism*—be it simply pain or inflammatory disease—I mentioned already that it is the most easily recognizable rheumatic local affection, even during the symptoms of fever, so troublesome and alarming in a child. I will speak more particularly of it in a future lecture, under the head of chronic rheumatism. Here I only wish to mention, that in general the joints, but amongst these the knees are the most frequently injured or destroyed by rheumatism in children, I at least saw them affected and disorganized much more frequently than the ankles or elbows at that age. I saw the acute inflammatory, as well as the destructive chronic form, with their bad results. For my present purpose, which concerns these articular

affections only as far and as long as they are *febrile*, it will be sufficient to point out their early origin, soon after, along with, or a little before a vehement paroxysm; and in order to be successful in checking them, I will recommend you, once more, not to neglect, in any primary paroxysm, to move and touch carefully all the joints of the child; thus it is scarcely possible to overlook that form.

I mentioned at the head of this lecture, in children under three years I seldom saw the general acute articular rheumatism, as we meet with it in adults; commonly in young children only one or two joints are affected. Simple rheumatism, with all its changeable attributes, is more frequent in the arm-joint, next in the knee.

The *rheumatism of the neck*, so well known as productive of the torticollis, was in my practice not so rare an occurrence in rheumatic fever of young children; it is easily distinguishable by the repeatedly-mentioned means of investigating a child. It is not dangerous; no swelling nor suppuration will ensue, but not seldom permanent contractions, i.e., torticollis.

Let it be observed, the disagreeable issue of rheumatism of muscles or tendons, is contraction; that of serous and fibrous membranes, exudations of various kinds. Of the rheumatic neuralgia, we know not, as yet, material changes.

*Rheumatism of the Stomach.*—Before all, I beg to remind you of what I said in a former lecture on *febrile gastric disorder*, i.e., functional derangement of the abdominal organs arising from troubled innervation by any kind of paroxysm. This, therefore, is a familiar companion of rheumatic fever too, and requires simply patience until the crisis carries it off, or the use of an emetic and purgative, according to signs and indications, pointed out in the place mentioned. But there may be, instead of common febrile derangement of the abdomen, rheumatism localised in it, in which case the above remedies would cause great mischief to the little sufferer.

Rheumatism of the stomach, as far as I observed it, on grown-up people, causes from time to time fearful constrictive pains of that part, with the utmost intolerance of food, cold water, and remedies. The pain is commonly remittent, and if continuous, then it will, at least at intervals, increase for a short time. The epigastrium is tense, and resists but little pressure. There is much thirst, but only small quantities of liquid tolerated, rather warm. All these symptoms can be more or less severe. The tongue is proportionally less red and dry than in the erythematous, or (the very rare) general inflammation of the stomach. I have observed in some well ascertained cases of rheumatic fever, with rheumatism of the stomach, a dry red stripe, from half an inch to an inch broad, of a very striking aspect, like a ribbon, from the top of the tongue to the bottom, just along its middle third, and the other two thirds outside more or less approaching the normal aspect. This I have observed also on some children, but not of the tender age. I cannot say that it is quite peculiar to rheumatic fever, and therefore of much diagnostical value.

I think I am right in drawing the following proportional relation between local symptoms and fever, in gastritis and in rheumatism of the stomach. In gastritis, the acuteness of the attack, the pain of the stomach, and dryness of the tongue, are in proportion to the degree of fever.

In rheumatism of the stomach, the pain may be very intense, with moderate or little fever, and a moist tongue. Now this is of some value, though not without exceptions. No doubt, it is of the first importance to know real inflammation, be it primary or arising from acute rheumatism of that organ. In about twenty-four hours this becomes clear; under that time, if in high fever you find the child vomiting, with tense epigastrium, a lively expression of pain in the countenance, and continuous painful moaning, instantaneous increase of those symptoms, by a painful outcry of the child, as soon as you press with your finger upon the epigastrium; if all these are present some hours, and cease not under suitable warm poultices, it would be a fault to wait longer with energetic antiphlogistic means, and expose the child to the possibility of danger by delaying until the fever, and along with it the gastric affection, might show its real nature.

*Rheumatism of the liver*, having its seat in the serous envelope of this organ, causes painful moaning under the respiratory movements of the chest and diaphragm, bilious vomiting and similar diarrhoea, and is easily discoverable by carefully touching over the liver. I believe most of those cases, which in the first years of my hospital practice I have called "hepatitis," were but rheumatic affections of this organ, only a few of which had the inflammatory character.

Both *rheumatism* and *rheumatic inflammation* of the intestines are rather common in children, even of the tender age. Rheumatism in these parts, connected with fever, can scarcely be overlooked; besides a continuous uneasiness, and painful expression of countenance with moaning, from time to time the pain increases so far as to cause vehement painful crying, with the usual drawing up and moving of the legs, then usually comes a sudden diarrhoea of thin serosity, a little yellowish in nurselings, above that age not unfrequently greenish. After these tumultuous evacuations the child becomes more quiet, but appears still uneasy, the belly is puffed up and tender on pressure. If the affection be inflammatory all these signs are more strongly expressed, and the expression of pain itself almost unremittingly strong.

In *peritoneal rheumatism* the more puffed state of the belly, with exquisite tenderness all over its surface, will soon discover the seat of pain. Serous diarrhoea and most of the before-mentioned symptoms will be present. I believe in fact, that the abdominal peritoneum may merely be affected in this way, without involving the intestines. As to the question,—Whether the seat of rheumatism be in the serous or muscular, or both envelopes of the alimentary canal? I believe that it can take place in all or any of them; but to make a distinctive diagnosis between the affection of either coat is, I think, as impossible as useless.

I remember an old and respectable colleague of mine expressed strong doubts as to the possibility of diagnosing the abdominal seats of rheumatism in a child affected with fever, because the child, he said, is so irritable, and feels so much tenderness all over its body from the fever itself, that at a moderate pressure by your hand it will show great irritability, with some expression of pain, and not bear the touch, even if there is not the least degree of pain or irritation present. Similar remarks I may be allowed to state, arise from superficiality, which may be carried with us to the grave.

There is no doubt that there will be instances in which we cannot make out the seat in the first twenty-four hours, or whether it be simple rheumatism or beginning gastro-enteritis or peritonitis; but these, (in which, however, a good practitioner will know what to do,) are not frequent for him, provided that he be skilled in children's ailments. It is also of importance not to overlook, under the recent primary paroxysms, those inflammations. Now in this respect. I can assure you that a young child affected by any high paroxysm, lies down-cast, depressed, heavily moaning, with half-shut eyes; and if in this state you press upon the belly, there will be expression of acute pain, by vehement outcries, only in the case of real significant pain; under other circumstances, the child in fever will scarcely notice your touch.

*Rheumatism of the hip-joint*, I very seldom saw connected with strong fever; it appears more frequently in the chronic form, and never, as I am aware, before about the sixth year, when it will be easily diagnosed.

Now, I have finished that short review of *rheumatic local affections*, each of which can exist merely as pain—fixed, or erratic, leaping from one part to the other—or pass within the first day or two into inflammation. In my next lecture, I will try to give you more exact practical directions on the rheumatic fever in its different connections with the described local affections.

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## INTRODUCTORY LECTURE,

DELIVERED AT THE

LEEDS SCHOOL OF MEDICINE,

OCTOBER 4TH, 1852.

By THOMAS NUNNELEY, Esq., F.R.C.S.E.,

President of the School for the ensuing year.

Printed by desire of the Council of the Leeds School of Medicine.

GENTLEMEN,—My friends and colleagues, who form the Council of the Leeds School of Medicine, having done me the honour to elect me to the office of President for the present year, it becomes my duty, in accordance with a custom which has for some period prevailed amongst us, to deliver the introductory lecture of the session, which is now commencing. Before, however, formally entering upon the immediate business of the day, I would in their names, as well as in my own, beg to

congratulate those of you who do not now meet for the first time in this room, and to greet with a welcome those whose first appearance amongst us is this day made. To the former I would express the hope, that the period which has elapsed since we last met has not been wasted; that though the more regular and direct studies may have been interrupted, the important object of them has not been forgotten; that, while leisure and time have been afforded for recruiting health and energy, which are apt to become somewhat languid and impaired by a long course of study; that, while the vacation has offered to many of you opportunity, in country retirement, for renewing, or making acquaintance with many objects of natural beauty and interest; or by travel, of introducing to your notice the wonderful creations of man's genius, industry, and mechanical skill, in the various productions of art and science, with which our own and other countries abound; yet that the information gained, and the labour expended during the last or former sessions, has not been lost or forgotten, but that you now assemble with renewed energy and zeal to start from the vantage ground you then won; and endowed with a firm resolution, which shall continue throughout the whole session, to make such further progress as shall be creditable to yourselves, satisfactory to your teachers, and commensurate with the advantages you have and will enjoy. To the latter class of my hearers—those who now appear within these walls for the first time, I would say with encouragement, let not difficulties which you will inevitably encounter, affright or dismay you; turn not away in disgust from questions, that to you will necessarily appear abstruse, because you see those who sit on the same benches with yourselves, make no difficulty of them, but remembering that not so long since they were in the same position as you now are; rather let the fact of those who have had the advantage in the start of you, having advanced before you, prove to you that the ascent is not insurmountable, and that ordinary diligence and due perseverance will be rewarded with satisfactory and pleasurable success. Thus let me express the earnest hope that the good resolution which I doubt not you have all formed, may, by your intercourse with each other, be mutually strengthened and encouraged—that a just and honourable emulation may be felt and fostered amongst you, so that if any tendency to idle or improper habits should be evinced, as amongst a number of students may perchance be the case, the general tone and feeling of the great number shall be so decidedly felt and expressed, as to overcome and destroy the feeling, and that the high reputation of the students of the Leeds School of Medicine, for good conduct, for persevering industry, and for great professional information, which has been so generally, and I believe with very few exceptions so deservedly, awarded to them, shall not only be maintained, but increased; that at the close of the present session we may fairly claim a place in the foremost rank of medical schools, whether they be provincial or metropolitan. For, remember, and it is a fact which can never be too prominently brought before the minds of students, that be the talents of the teachers

ever so great, or the means and appliances of the place of education unsurpassed, the permanent reputation of the school, college, or university, can only be maintained by the character and acquirements of those whose education has been received, and whose characters have been formed, within its precincts. Let, therefore, each student who is now assembled within this room, so feel and act as though the reputation of the school depended upon himself alone.

During the last few years, a considerable change has taken place, not only in respect to the style, but also as regards the matter of the introductory lectures. Formerly an introductory lecture would have served equally well, not merely for any of our prescribed courses, but indeed, for almost any academical course. Latterly however, this practice has been by many persons abandoned; preliminary remarks, as though unnecessary or useless, have been by them almost entirely avoided, and instead, the direct subject of the course has been abruptly introduced. This change of fashion is not confined to medical concerns, but has extended to almost every affair of life, and is, indeed, one of the many proofs of the altered taste of the age, which is, as it is pleased to style itself, practical. During the last century the elegancies rather than the utility of things, were considered; at the present time it is exactly the reverse. *Cui bono?* What is it good for?—where does it lead to? are the queries which are made in every quarter.

While, however, we may readily admit the comparative inutility of a lecture, the only purpose of which is to introduce the teacher and the pupil to each other, instead of to the subject as well, be permitted to doubt, if the abrupt entering upon the mere details of a course of study in any department of science, be the most advantageous method which can be pursued. In my opinion it is not. In all cases it is better that the student should have placed before him something like a general view of the objects to which his attention is about to be directed, and the end which his labours should always have, as their beacon, ought to be clearly indicated; because, unless we distinctly comprehend the great principles which the details of a long and laborious course of study should enable us to understand, our progress will be wearisome and tedious, our reward meagre and unsatisfactory. Instead of being thinkers, reasoners, and philosophers, which, in the highest sense of the term, every medical man ought to be, we shall be mere mechanical artisans, or empirics, totally incapable of comprehending "the height of our great argument," sink down into mere rule of thumb practitioners, with all the ignorant prejudices of mere routine and habit, doing things merely because they have been done so, incapable of perceiving the advantage of advancing scientific skill, and unwilling to adopt new remedies, or modes of treating disease, simply because they are new; or, what is worse still, because far more mischievous and dangerous, we shall be liable to become the sport of every specious scheme, the followers of every new doctrine, the dupes of any plausible knave or fanciful dreamer, until, being unable

to discriminate between true liberality of mind, and genuine freedom of action and thought, and that bastard liberalism which would destroy what exists of thought and action, merely because it has existed, we shall end in a general distrust of every doctrine, and in being disbelievers in the plainest evidences of our senses.

Though some of the remarks which I may make have a bearing upon the whole of your professional education, I must not forget the individual course which we have now entered upon, to which this must especially be considered the introductory lecture, and to which, in concert with my colleagues, I shall have to direct your attention, and shall, therefore, now proceed to place before you some slight, and (from our time) necessarily very imperfect, sketch of the objects of the anatomical course. The importance and extent of the subjects included within this course is at once most decidedly marked by the simple fact, of those governing bodies who have the control of medical education, so long as a particular length of course was enjoined, having required more than double the number of lectures than was required in any of the other sections—an extent which, though the precise number of lectures is now left to the discretion of the teacher in each course, the nature of the subject still compels. I must, therefore, beg to impress upon you the importance of the task; and while I would by no means wish to exalt one department of our common labour at the expense of another, or think that any one can be called a well-informed medical man, who has not attended zealously and thoughtfully to all, yet, I am sure my friends who are about so ably to conduct your studies in other departments, will fully agree with me when I say, that if there be one section upon which you should devote more time and attention than another, it is upon anatomy, since with its relatives and dependents, indeed I might justly say necessary sequents—physiology and pathology, it forms the only solid basis upon which you can hereafter rest in practice. It is to medicine what the foundation stone is to the superstructure; or, to use a simile, which, if not very eloquent, is at least, on this occasion, as you will hereafter, on a more intimate acquaintance with the matter admit, apposite. It is the vertebra or back bone of scientific medicine.

All objects are arranged into two grand divisions,—those which possess separate organs, and are endowed with a property which has been universally denominated vitality, and those, the individual particles of which are agglomerated into masses, without any distinction of parts, and not being endowed with vitality, are called inert. Upon what this difference essentially depends I do not propose to enter, interesting and important as it undoubtedly is, because it would lead us too far from our immediate business; and, moreover, it is of somewhat too abstruse and speculative a character, to be fully understood in the present stage of your studies. Now, to the whole of the first of these very large divisions, the term anatomy is properly applied, when we proceed to examine the structure of the separate organs of which each object is made up; you thus see that it is one of very great comprehen-

siveness, and necessarily requires many divisions and subdivisions. The first of these will naturally and obviously be, into *animal anatomy* or *zootomy*, and *vegetable anatomy* or *phytotomy*. It is only within the last few years the latter division has been much cultivated, and not until within our own time that its importance has been fully recognised. Formerly botanists, for the most part, contented themselves with an examination of the external parts of a plant; now, however, the minute internal organization is that which deservedly receives the chief attention, and the most profound and careful investigations have been, and now are, carried on by men who are in every way qualified to conduct them to a successful issue. Every true physiologist will hail their labours with gladness, inasmuch as they have a most important bearing upon animal physiology; every discovery in the one cannot fail, directly or indirectly, to advance our knowledge of the other. Indeed it appears highly probable, that it is to the prosecution of vegetable anatomy and physiology that we must look for the solution of more than one problem in animal physiology, which yet remains unsolved. Since not only are we here presented with organization in a simpler form than it is in many animals, but with vitality of a more enduring character, so that we are enabled to regard its different phases, and, in some degree, to control its manifestations, in a manner that would be quite destructive to that of most animals. The investigations of Schwann and Schleiden, with the assistance of those who have followed in their steps, have led to speculations and generalisations which, could they by possibility have been a few years ago conceived of by the wildest imagination, would have been regarded as unreal as the "baseless fabric of a vision;" yet, how important are the results to the physiologist and pathologist of the present day; and who shall say how much more important they may not hereafter (and that, possibly, at no distant day,) become in our treatment of disease?

Animal anatomy is subdivided into human anatomy and comparative anatomy. The first, as the name indicates, treating of the structure of man; the second, that of other animals: the term "comparative" having been applied in consequence of its having been instituted for the purpose of comparing the structure of brutes with that of man. Indeed, in former times, when the prejudice against human dissection was greater than it now, happily, is, animals were not unfrequently substituted for man, as was the case with Galen, who is said to have derived his knowledge of anatomy principally from the dissection of apes. Now, although as medical men, whose business it is to alleviate the suffering of our fellow-creatures, of course it behoves us especially to become acquainted with the details of our own formation; and consequently that our attention, particularly in the younger student, should be principally directed to descriptive human anatomy; yet, let me impress upon you the necessity there is of making constant reference to the structure of animals inferior to ourselves in the graduated scale of creation.

Anatomy, in its strict etymological sense, merely

signifies a knowledge of the structure and configuration of organised bodies; but were our inquiries to rest here, though the extent of our information might be great, it would be almost valueless. It is true, that after death the dissecting knife will reveal to us numerous parts endowed with a delicacy of structure and beauty of arrangement perfectly surprising, as well as show us most dissimilar textures and shapes arranged in a constant and uniform order and relation to each other. Yet it is more than probable were our observations to be limited to the body deprived of life, the mind would be bewildered and confused with their seeming complexity and intricacy. But let us set this body in motion, and regard the same parts while performing their various functions, all feeling of confusion and complexity instantly disappear, instead of which a sense of delight seizes the mind at perceiving the uses, and mutual dependencies, and adaptation of these parts, of which previously no conception could have been formed. It is this knowledge which constitutes *PHYSIOLOGY*, or the study of the cases and functions of those parts the structure of which *ANATOMY* reveals to us. Hence we see the inseparable dependence the one has upon the other; a connection so intimate that it can never be discovered, since the mind absolutely refuses to contemplate organs variously arranged and united together, without immediately dwelling upon the purposes of such arrangement. This propensity of the mind to pass immediately from the structure to the use of a part is evinced even when regarding a piece of inanimate machinery, when the question,—“For what purpose has this instrument been constituted?” is directly suggested.

Nor is this innate desire of the mind merely a matter of speculative curiosity; it is of the highest importance to us as medical men. Interesting as a contemplation of all means towards an end, and a knowledge of the methods by which the various purposes of organic life are accomplished, must undoubtedly be to all, yet upon us this has still higher and peculiar claims. It is our office, as I have just said, to remove or mitigate disease and suffering. In what do these consist? Simply in the cessation or irregular performance of the functions of the different organs of the body. As perfect health results from the perfect performance of all the natural functions of the various organs of which the animal machine is made up, so do disease and pain result from an alteration in the structure and functions of these parts.

To obtain an absolute and correct knowledge of the precise function of every organ of the human body is, however, by no means an easy task. Placed, as man is, at the head of terrestrial things, and endowed with faculties and powers of a higher and more perfect order, which result from the greater development of some, and the more intimate and mutual dependence of all the organs of his body upon each other, he, for this very reason, is, perhaps, the least adapted for presenting to us these functions in an isolated and separated form; inasmuch as he is, on this very account, susceptible of such varied emotions from so many causes; and, from their subserviency and relation to each other, derangement in the function of one organ so frequently leading

to disorder in those of another viscus, that he is affected by circumstances which produce little or no change in animals whose structure is of a more simple character. So that it is more than probable, had a knowledge of physiology been solely derived from a contemplation of man's organization, it would have been much less in amount than it is at the present day.

Although it is only within a very recent period that the immense importance of *COMPARATIVE ANATOMY* has been fully recognised, fortunately the cultivation of it has never been entirely neglected, and long before its intimate bearing upon the science of physiology was perceived; it was the means of making known many of the brightest and most important discoveries which adorn the annals of our own or of any other profession. Of these I will only enumerate a few.

It was by dissections and experiments performed upon the lower animals, that the immortal *HARVEY* was enabled, early in the seventeenth century, to make the glorious and memorable discovery of the circulation of the blood—a brighter than which no science can boast, whether we regard the strictly philosophical induction of which it was the effect, or the important consequences which have resulted from it. It was while examining the mesentery of a live frog, in 1622, that *ASSELLIUS* discovered the lacteals; nor was it until twelve years afterwards that *VESLINGIUS* showed their presence in the human body. Whilst in the act of examining the viscera of a horse, *EUSTACHIUS* first discovered the thoracic duct; and shortly afterwards, in 1651, from observations made upon other brutes, *Pecquet* ascertained its use. It was *SWAMMERDAN*, who, as is well known, pursued comparative anatomy with such untiring zeal, and first pointed out the presence of valves in the absorbents; and it must be familiar to all, that it was whilst dissecting a frog in 1790, *GALVANUS* first discovered the existence of that surprising agent, which has been named after himself, an agent which from that time to the present has never ceased to occupy the attention of some of the greatest minds of every civilized nation; and which has done more to annihilate time and space;—to give man true power;—to subject the elements to his control;—to make mind supreme over matter;—to endow man with such power and importance, that the wisest of the nations of old, with all their presumption, never conceived of attributing to the greatest of their most dreaded or their most honoured deities; but of which we now avail ourselves to send our hopes and fears, our commands and our aspirations, over the land, through the air, and under the ocean. And while it is the winged messenger of our wants and wishes to the farthest corner of the world, it is not improbable that the self-same agent which connects in wondrous sympathy the various parts of our own microcosm, and enables man's intellect and volition to reign supreme over, not only his own members, but over all created things; and which, both in health or disease, whether identical with, a modification of, or an analogous power with that generated by the nervous system, decurves, and will receive, from every enlightened mind, the most careful and continuous study.

These examples of brilliant discovery, were they isolated and alone, would be sufficient to stimulate us to cultivate an acquaintance with this study, but they by no means institute the most important feature in the connection it has with human anatomy. Since comparative anatomy has been pursued in a more systematic manner, it has led to what is called DEVELOPMENTAL ANATOMY, that is to say, to an examination of the order in which the different organs are produced, and the relative proportions to which they bear to each other, by which most interesting and important facts and conclusions have been demonstrated.

*First.* That the whole organized world is intimately connected by laws which are of universal application, and that, at least, as far as regards the animal kingdom, there is a connected series, in which the change from the lowest to the highest, are marked by such very gradual and progressive alterations, that we are enabled to trace every organ from its simplest and most elementary form up to the highest and most complicated arrangement, of which it is susceptible, clearly showing, that if we wish to understand the structure and use of it in the latter condition, it must be by careful examination of it, in its first and intermediate forms.

*Secondly.* We have demonstrated that the condition of man himself is not a permanent and unchangeable one through all the phases of his existence, and that he does not at every period occupy the same elevated condition which he assumes in the adult state; on the contrary, we have shown that he passes through almost every grade, as well in structure as in habit, which we see to be the permanent condition of other animals. Thus I am not drawing upon the imagination, or stating more than a literal fact, when I declare, that in the earlier periods of foetal life he bears a much closer resemblance to a fish or the tadpole, than he does to the intellectual being of manhood. If we proceed in the examination, and trace him onward in his improving career, we find that this similarity is not confined to one set of organs, but that it is common to the whole system; and that, as these in their growth, and progress in development, assume a different configuration, they present to us an almost exact resemblance, or even identity, with the permanent condition of the same organs in the adult animal of the lower grade, from which is clearly to be deduced the grand fact, that in the formation of the animal kingdom, one common, simple, and magnificent plan has been laid down for the whole,—that, diversified and various as are the functions and habits of all these numerous and dissimilar creatures, yet the arrangement and organization in each is referable to the same general standard of formation, in which, by slight modifications, and increased development in one or other, or in all of the organs, the myriads of different races are produced.

In order to illustrate this I might take every part of organised beings, and might show you how the complicated skeleton of man is gradually to be traced from a simple vertebral column; and how the individual bones of the column consist of nine primary portions or elements,—the cyclo-vertebral; the two peri-vertebral,

which encompass the spinal cord; the two epi-vertebral, forming the superior spinous processes; the two para-vertebral, which protect the large artery and vein; and the cata-vertebral, which constitute the inferior spinous processes; showing that as the relative position of these elements with regard to each, is altered—that as one or other of them is developed, so do we find the entire form of the animal change, the cyclo-vertebral alone remaining constant. In the head the peri- and epi-vertebral elements are largely developed to form the cranium for lodging and protecting the brain and medulla. In the body the para- and cata-vertebral are developed to form the ribs, for supporting the thoracic and abdominal viscera; while, according to the part of the column where this development takes place, do we find a great modification in the whole animal. In fish it is towards the anterior part of the column, leaving the tail free for giving the necessary impetus in swimming; in birds it is towards the posterior part, leaving the neck free for the necessary motions in these creatures; while in quadrupeds it is in the middle part, as most convenient, where the body is equally supported by the four legs. So might I go through, did our time allow, the whole alimentary and digestive apparatus, by which new material is received into the body; the circulatory, which so immediately sends the nutrient fluid to all parts of the body; the respiratory, in which that fluid is so extensively brought into contact with the air, forming a far more perfect warming apparatus than man probably will ever invent; or I might take you over the most interesting of all our organs—the nerves, and show how the great brain of man is almost imperceptibly developed from a small white circular cord, no thicker than a fine thread. But I must rest contented with showing you the contrast between the highest and lowest forms in these organs. The filling up is the work of the session, each series will be brought before you in due succession, and as the consecutive links of the harmonious chain are unravelled, you will appreciate the truth of what is now asserted.\*

By thus tracing upwards the gradual increase of, and addition to parts, and simultaneously observing the kind and extent of function exhibited by their possessors, ascertaining whether, and to what extent, the organs of man in their process of development resemble those of brutes, we are enabled to arrive at a satisfactory knowledge of the uses of their various parts by a synthetical method, which must not only be far more complete, but far more certain, than any information which can be derived from rudely lopping off portions of the more complicated viscera of fully-developed and adult animals can possibly be.

[To be continued.]

\* These remarks were illustrated by a great number of preparations and diagrams, in which the various parts of the osseous system,—the organs of digestion, of circulation, respiration, and the nervous system, were shown in their progressive development, from the most simple and elementary forms, up to their most complicated arrangement; Mr. Nunneley giving a rapid and general description of them, and inviting those assembled after the lecture, more minutely to examine the illustrations for themselves.

# CASE OF URETHRO-VAGINAL, RECTO-VAGINAL FISTULÆ, AND CALCULUS VESICÆ.

By SILAS PALMER, M.D., NEWBURY.

On the 24th of May, 1851, I was requested to visit Sarah G., aged 26, unmarried, servant.

*History.*—That she was confined (being primipara) in London without assistance; the child still-born. That, after the labour, sloughing took place, and she was compelled to seek advice at one of the metropolitan hospitals, in which she remained three months, and at the expiration of that period was dismissed as incurable. Since then she has continued to suffer from the constant involuntary escape of urine and feces, which passed through the vagina, and so distressing was her state on this, my first visit, that she was unable to move beyond her bed, or bed-chair, from the intense pain and uneasiness produced by the irritating and offensive discharges. On examination I found the external genitals immensely swollen, excoriated, and smelling most disgustingly. On introducing a speculum, I discovered that fistulous communications existed between the rectum and vagina, and urethra and vagina.

*Treatment.*—I carefully cauterised the margins of the fistulous apertures with nitrate of silver, and adapted a vulcanised India-rubber apparatus to collect the urine, and prevent excoriation, and at the same time filled the vagina with lint, smeared with an ointment composed of iodide of lead, glycerine, and cod-liver oil. Pills of the iodide of iron and hyoscyamus were nightly administered. The fistulæ gradually closed, and in three or four months she returned the apparatus, as she deemed herself nearly well. After the lapse of ten months she again applied to me, having walked a distance of three miles. She complained of excessive irritability of the bladder, severe pain during micturition, agonising suffering after the discharge of urine from the bearing-down of the rectum, uterus, and bladder. Suspecting that stone in the bladder existed, I immediately examined, and found the orifice of the urethra very patulous, and the mucous membrane everted and excoriated. On sounding I discovered a large calculus.

Dr. J. Bunny, at my request, then visited her, and most kindly assisted me in the further treatment of the case. Hoping that I might be enabled to remove the calculus by dilatation of the urethra, I introduced compressed sponged tents, and continued the process by Weiss's dilator. The patient complained so bitterly of the pain, and there being comparatively but little progress made, owing to the contracted state of the passages from cicatrices, and the size of the stone, determined me to have recourse at once to crushing, and for that purpose I employed Professor Ferguson's lithotrite. By giving a smart blow on the side of the pelvis with the open hand, in the manner recommended by Sir B. Brodie and Mr. Skey, the calculus was soon seized, and broken, and on washing out the bladder a quantity of mucus and detritus escaped. The

operation was repeated several times, a greater period being occupied in the treatment owing to the reappearance of the catamenia, which had been suppressed since her confinement. By the previous dilatation she was enabled to void some large pieces, one of which weighed two drachms; this was attended by a considerable amount of hæmorrhage. The fragments altogether removed and collected weigh seven drachms and a half, and the fine detritus, (much of which escaped,) was unfortunately permitted to pass uncollected. The calculus was composed of the phosphate of ammonia and magnesia. The bladder, both before and after each operation, was carefully injected with warm water, and an hour after she was placed in a warm bath, and sedatives given.

On the 22nd of July I last visited her. The examination then instituted convinced me that the bladder was entirely free from calculus or detritus, and the cessation of all the unfavourable symptoms confirms me in this opinion, and gives me the satisfaction of pronouncing my patient as completely freed from her distressing ailments. Since the above date I have heard that she is still going on well, that she has been at work in the harvest field, and that she retains her urine perfectly.

Speenhamland, Newbury,  
September 10, 1852.

## Hospital Reports.

### WEST NORFOLK AND LYNN HOSPITAL.

CASES ADMITTED UNDER THE CARE OF CHARLES COTTON  
M.D., F.R.C.S., SENIOR SURGEON TO THE HOSPITAL.

#### *Stone in the Bladder—Lithotomy—Death in thirty-six hours.*

GEORGE GOSLING, aged six years and a half, son of a corn-porter, admitted May 15, 1852. Described by the mother as "a pensive ailing child from infancy, though always hearty at his meals." Was treated for worms about three years ago, when he first began to complain of pain and aching at the lower part of the stomach, and across the back and loins, together with itching and smarting at the extremity of the penis before and after passing water. The bowels have been relaxed from birth, and the urine has been seen occasionally to deposit a reddish-coloured sediment.

Suspicion of urinary calculus were first entertained during the last winter, on observing the patient to make three or four painful and ineffectual attempts before he was able to pass his water, and this latter symptom had gone on increasing so much in severity, that up to the time of entering the hospital, he would often cry for upwards of half an hour at each period of micturition.



The influence of chloroform having been completely induced in spite of considerable resistance on the part of the patient, a calculus of moderate dimensions was readily detected with the sound, and rendered audible on being struck. The urethra being tolerably capacious and calculus small, the want of an applicable lithotrixy instrument was much regretted.

Boy sick and ill all day and night following the sounding, from the effects of the chloroform. To have middle diet and to remain undisturbed ten days or a fortnight, to familiarize him to the hospital and his attendants.

May 31st.—Improved in condition and appearance; complains less in passing water, which he has been instructed to do whilst on his back in bed. Again sounded in consultation, but without a resort to chloroform, as he much objected to it. Some little impediment experienced on entering the sound, owing to the elongated and thickened state of the prepuce. The presence of calculus not being unanimously established, lithotomy only conditionally sanctioned.

June 2nd.—Bowels very freely moved three times from an injection administered early this morning.

1 P.M.—Patient quickly and effectually placed under the influence of chloroform by Dr. Black, house-surgeon, after the Edinburgh method, and a grooved staff introduced; during the passage of the instrument a further copious liquid evacuation escaped from the bowels. The stone being now satisfactorily evident, the operation was proceeded with by making with the knife a free external lateral section, and afterwards cutting into the groove of the staff, taking care not to open the urethra too far forwards; then substituting a small cutting gorget, and cautiously feeling its beak sliding upon the surface of the staff, the division of the prostate and neck of the bladder was gently effected in the usual way, a gush of urine following the entrance of the instrument; the internal incision having been still further dilated by the fore-finger, a pair of curved forceps was introduced, when an encrusted calculus, of mulberry formation, weighing two scruples and a half, was at once seized and withdrawn without difficulty. The boy was then conveyed to bed, still under the influence of chloroform and quite unconscious of the operation, which had occupied but a very short time. A slight oozing of blood from the wound was restrained by the application of matico.

*Evening.*—Quite comfortable and easy for upwards of two hours after the operation, when purging commenced; the patient makes no complaint, but lies in a drowsy state, breathing quickly; face of a dusky hue, and skin profusely perspiring; pulse 120; tongue clean; there is no tenderness of abdomen, but frequent spinage-coloured, slimy, frothy stools, escape from the bowels. *Symptoms attributed by Mr. Cotton to chloroform.*

3rd.—Has had lead and opium, aromatic confection, logwood, starch injections, &c., but there continues a succession of watery evacuations from the bowels, which nothing can check; urine dribbles away by the wound; the boy lies in a motionless, comatose state, as if under

the influence of some narcotic poison; the breathing is hurried and heavy; pulse rapid; face congested; eyes suffused, and pupils dilated. He appears sensible on being roused, but immediately relapses into a state of stupor. Ordered hot stupes to the abdomen.

Various opinions hazarded in explanation of the boy's symptoms,—chloroform, shock, inflammation of intestinal canal, internal hæmorrhage, &c. The operation was allowed to have been performed in the most perfect way. The improbability of hæmorrhage, from the symptoms present, was immediately confirmed by passing the finger through the wound, giving issue on its withdrawal to two or three ounces of clear urine, and two small coagula. No blame, it was warmly contended, could justly be attributed to the chloroform, as the symptoms, diarrhoea and stupor, were unusual, and did not come on until some time after the patient had been placed comfortably in bed, and had recovered (apparently) altogether from its influence.

*Evening.*—Weaker and weaker; sinking gradually. Death just after midnight.

*Examination twelve hours after death.*—Some diffused congested patches upon the chest, abdomen, and extremities, and great lividity of the depending parts of the trunk. Lungs, posteriorly and inferiorly, much congested. Right kidney double its ordinary size, its cortical and tubular structure darkly congested; the left useless, and almost completely wasted. Bowels contained but a small quantity of liquid matter; the mucous surface pale and bloodless; bladder hypertrophied and contracted, but otherwise healthy and without a blush of vascularity. The internal incision marked by an unimportant congested condition, found of limited extent, and not exceeding the boundaries of the prostate and neck of the bladder. The walls of the rectum in proximity with the wound darkly congested.\*

*General conclusion.*—Diarrhoea, stupor, and nervous shock, consequent upon the operation, the wasted kidney, though evidently the result of disease at some former period, being immediately connected with the cause of death.

#### REMARKS.

Number of males cut by lateral method, at all ages and under varied circumstances including father and son, 13. The youngest four years old, from whom a calculus weighing two drachms ten grains, was extracted. The eldest 67 years, weight ten drachms and a half.

*Number of Calculi.*—Single in eleven cases, two in one, and three in another. Minimum weight two scruples and a half; maximum one ounce and a half. Reproduction of stone in one case after lithotomy, and in another after lithotrixy.

*Complications.*—In the case of lithotomy a second time, the first division of prostate by the gorget insufficient, right lobe therefore divided by a probe-pointed

\* In conducting the examination a trifling slit was made accidentally, with the scissors, in the rectum; the occurrence, though unimportant, is noticed to complete the report, as it was afterwards singularly alleged by a witness to have been a fault in the operation, and the probable cause of diarrhoea and death.

**history.** It is a second case, that of Hisgate, a fusible calculus crumbled to atoms within the grasp of the forceps, and was partially removed with the scoop and warm water injections. In the third case, that of Leonard Garner, a brittle oxalate calculus, weighing one ounce and a half, broke up into thirteen fragments, one of which was only detected and removed with the forceps from the bladder after placing the patient in bed.

**Result.**—The ten first operated upon recovered, the remaining three died. First, Jary, aged 35, on the fourth day, from secondary hæmorrhage; second, Kemp, aged 67, a very unfavourable subject, case of triple calculus, on the twenty-ninth day, from exhaustion; and the third, Gosling, aged six years and a half, in thirty-six hours, diarrhoea and stupor supervening.

The instruction derived from witnessing and assisting at numerous lithotomy operations, including two in which no stone was found, conducted with the gorget, beaked knife, or common scalpel, led in each case to the employment of the cutting gorget, as the safest and best instrument in not over experienced or dextrous hands, to insure limited incision of the prostate and neck of the bladder, a point of the first and very highest importance. The blunt gorget or finger served as a dilator of the wound, and in each instance, where an elastic tube was not left in the bladder, the finger was gently passed a few hours after the operation to lessen the danger of urine becoming effused into the pelvic cellular tissue. Since the practice of lithotripsy and the more frequent use of the catheter-forceps,\* operations for lithotomy appear to have become comparatively more rare in this district. The five cases just reported, commencing with that of Stanfield, include the whole number lately performed at the Lynn Hospital.

## Proceedings of Societies.

### BIRMINGHAM PATHOLOGICAL SOCIETY.

MAY 6TH, 1852.

J. HADLEY, ESQ., IN THE CHAIR.

#### *Fracture of the Neck of the Femur.*—By MR. MOORE.

THE subject was an old man, who died from debility and the irritation caused by the accident. The fracture, contrary to the generality of such cases, is both within and without the capsular ligament, involving the large trochanter, neck, and small trochanter. The case was diagnosed by the shortening present, the eversion of the foot, and crepitus. The accident was caused by indirect violence.

#### *Fibrous Tumour involving the Cerebellum.*

By MR. MOORE.

This preparation shows a fibrous growth, having its origin from the cerebellum. It passes more to the left side, and the cerebellum itself was found pushed upwards

against the tentorium, very soft in structure, and containing bodies resembling, under the microscope, ill-formed pus globules. The tissue of the tumour itself appears, under the glass, to be composed of fibres radiating in various directions, with a scattering of nucleated cells. The subject from which the preparation was taken was a man, aged about 40, who had long suffered from anomalous symptoms, referrible to the head. When admitted into the hospital there was very marked spinal gait; and he complained of shooting pains, particularly at night, in the regions of the ears and forehead. He never complained of occipital pain. He remained under treatment some weeks, until his death, there being no change in the symptoms, dissolution being preceded by great debility, and consequent inability to walk. He had always lived a moderate life, and never received a blow or other injury of the head.

#### *Separation of the Frontal from the Parietal Bones, with Depression of the Left Parietal.*—By MR. MOORE.

A man fell from a horse as he was proceeding at a somewhat rapid pace, and struck his head on some hard stones. On being seen an hour afterwards, the whole scalp was found much swollen, but by careful manipulation depression was found to exist near the left frontal suture. As the man was comatose, with dilatation of the opposite pupil, an incision was made through the scalp, and the depressed bone brought to its proper level. The immediate effect of this was relief of the stertorous breathing, and much less amount of dilatation of the right pupil; death, however, took place some fourteen hours after, and a large amount of blood was found extravasated both above and beneath the dura mater, with laceration of its structure, and also of the cranial substance in one place. The preparation shows the line of fracture and the depressed bone.

#### *Ascaris Lumbricoides Ejected by the Mouth.*

By MR. MOORE.

This is one of a common variety of worms, but it is worthy of notice that it was passed by the mouth. The subject was a lad, aged 14, under treatment for a fractured humerus. He was suddenly seized with cough and sensation of choking, which continued at intervals for some time. Ultimately the worm passed into the mouth, and was pulled from that cavity by the lad himself. It was thought the paroxysms of cough were due to nuts he had been eating.

#### *Remarkable Case of Double Strangulation of Small Intestine.*—By MR. SIMONS.

On October 2nd, 1851, at nine P.M., Mr. Simons visited a boy aged 4 years. Learnt that on the day previous the child complained of pain in the abdomen, and had vomited his food. The mother had given him some castor-oil, which was returned soon after; nor did any fluids taken remain on the stomach.

When seen at nine P.M., the countenance wore an anxious appearance; the eyes were much sunken; tongue furred; skin hot and dry; much thirst; bowels

\* See the case of Fisher, Provincial Journal, p. 421.

not relieved since the 30th (two days since); there was no swelling, nor any perceptible tenderness of the abdomen; pulse quick, jerking. Gave Cal. c. Jalap. atq., gr. iv., and febrifuge mixture every three hours.

3rd, ten A.M.—The child worse. Bowels not acted; frequent vomiting of the fluids swallowed. Gave Cal. c. Jalap., gr. iij, every two hours, and administered an enema, which returned in the same state immediately.

Five P.M.—In the same state. Slight tenderness of the abdomen. Ordered hot fomentations and repeated enema, without effect.

Eleven P.M.—The same.

4th, nine A.M.—Worse in all respects. Vomiting constant; bowels not moved. Gave a warm aperient every two hours; repeated enema, without effect.

Five, P.M.—Much worse. Ordered wine and water frequently.

Eleven P.M.—The same.

5th, nine A.M.—The child was evidently sinking. Extremities cold; muttering delirium; fecal vomiting; bowels not yet opened; takes nothing but wine and water, which returns.

Five P.M.—Still worse. He continued in this state until eight P.M., when death terminated his sufferings.

*Sectio-Cadaveris.*—A very remarkable double strangulation of the small intestines existed; it was formed in the following manner:—A knuckle of small intestine adhered closely to another portion of small intestine, apparently close to the root of the mesentery; this second portion of intestine passed under the adherent part of the first portion, at about four inches from the point of adhesion, and suffered constriction between the portion tied down and the root of the mesentery. Three feet four inches of intestine were thus involved; and the whole length was contracted to the size of a fetal intestine. At the termination of this length, the strangulated portion itself became the strangulating agent, by being tied down by lymph to the same portion of intestine which had first adhered; and it enclosed a knuckle of four inches belonging to the portion which caused the first obstruction, and not half an inch from the adherent point. So that all this length of nearly four feet of intestine formed a small mass, tied by two bands of adhesion, consisting of two loops—a large and a small one. The intestine around the constriction was covered with tolerable firm lymph. It was of a deep red colour up to the point where it was constricted; beyond this point it was pale.

*Obstruction of the Cardiac Orifice of the Stomach by a Cancerous Tumour.*—By DR. FLETCHER.

William Tarplies, married, aged 56 years, in the last degree of emaciation, was admitted, under my care, into the General Hospital, March 3, 1852. He states, that about eighteen months since (up to which time he had enjoyed uninterrupted good health) he had a violent attack of influenza, accompanied by a constant burning and aching pain in the epigastrium, not diffused, but limited to a circle of about three inches in diameter, which continued for about eight months, and during that time he had frequent attacks of vomiting whilst

taking his meals. For these symptoms several blisters and mustard plasters were applied, which afforded him temporary relief. For the last ten months his stomach has been in an exceedingly irritable state, and rejected almost all the food immediately on being taken; and he has also had frequent attacks of vomiting of a clear, shiny, or frothy matter, occasionally tinged with blood, which was brought on by attempts to swallow, and sometimes even by any movement of the body. Occasionally the food was retained for one or two days, but produced much inconvenience of the epigastrium, and was succeeded by excessive vomiting, apparently of all the accumulated food.

His description accords very closely with the symptoms of disease he now labours under. As a general rule he vomits any quantity of food immediately it is taken, which appears to him to be stopped just at the bottom of the chest, and, when it is retained longer, vomiting of larger quantities of food invariably follows. Emaciation is extreme. There is no evidence of disease of the head, chest, or any tumour in the abdominal cavity, which was remarkably flattened, as if the stomach and intestines were completely empty. After having carefully examined for any evidence of an aneurismal tumour which might press upon and obstruct the oesophagus, and none being found, a bougie was passed down the oesophagus to the stomach with great care, but there it encountered some obstacle, and on withdrawing it the end was found covered with blood and pus, with which also the vomited matters were tinged for some days afterwards; but the patient experienced relief in swallowing food. From this it appeared most probable that there was a stricture at the cardiac orifice of the stomach, which was put down as the diagnosis. Food of a nutritious and farinaceous quality was ordered to be taken by teaspoonfuls at a time, (and in this way he was more successful in retaining it,) and injections of strong beef-tea. From this plan he seemed for a time to derive benefit, but at length gradually sank lower, and a slight bronchitis was sufficient to terminate the scene. He died on the 25th of March.

*Post-mortem examination twenty hours after death.*

—Body excessively emaciated.—*Head:* Brain not examined.—*Chest:* Heart small, not above two-thirds of its normal size, totally void of all fat, and presented a very varicose state of the veins all over its surface. The left lung was much engorged, and slightly consolidated at its lower part. The right lung was very emphysematous. The oesophagus was examined and found healthy in its whole extent; it was neither contracted nor dilated until its termination in the cardiac orifice of the stomach.—*Abdomen:* Around the cardiac orifice of the stomach (which was very much contracted equally in every way, so as to be like a stomach in miniature,) was found a firm indurated mass about the size of a small orange, by which this aperture was contracted so as just to allow a swan quill to pass through it; the end of the finger required force to be passed into it. On examination of the texture of this tumour under the microscope cancer-cells were observed. The

mucous membrane of the stomach and the pylorus were perfectly healthy. The muscular structure was very distinct; the intestines were healthy; the liver was much engorged, and presented the nutmeg appearance; the gall-bladder was not enlarged, but full of bile; the spleen and pancreas were healthy; the kidneys and urinary organs were perfectly healthy. The whole of the body appeared entirely free from fatty matter.

### Correspondence.

#### ON BENEVOLENT AND PROVIDENT SOCIETIES.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—There is no truer proverb than that—"What is out of sight is out of mind;" and for this reason the "Medical Benevolent Fund" will require to be frequently brought under the renewed contemplation of the profession. But there are other motives which induce me to claim a corner in your valuable journal. Since I last addressed you, the "British Medical Fund" has become extinct; and the Medical Benevolent College has made rapid advances towards its zenith; and the local provident societies have had renewed and increased activity engrafted upon them; the Medical Benevolent Fund has proceeded *pari passu*, though not at the same rate of ostentatious speed, and its annuity fund has been gradually developing; and, moreover, so great a confusion has been created in men's minds, and so great a confounding of the new and more ambitious Benevolent College with the older, more humble, and more immediately useful Benevolent Fund, that for any of these motives, and more especially from a combination of the whole, it becomes necessary to review them *in extenso*, to trace them back to the principles upon which they are established, and to develop their pretensions to public regard and support. My predilections are well known, and my honorary office in connexion with the Benevolent Fund leads me of course more particularly to support that fund. But I wish on the present occasion to drop the character of the advocate, and dispassionately to review the whole system of medical charities and would-be benevolent funds, in order that each person may choose for himself to support that institution which is fraught with the greatest advantages to his brethren, unless, indeed (which is far better), he can support them all. And then, to such as possess ample purses and a truly Catholic heart, I would most cheerfully appeal to every good principle of their nature, and I would say, *support them all*; embrace all their respective objects within the reach of your expansive bosom; and by personal sacrifices of cash, time, talent, and influence, do all that you can to ameliorate the sufferings and the sorrows of the large professional family. Turn not a deaf ear to the application of him

who is ready to perish, but earnestly seek that blessing which sacred misery alone can confer—even the blessing of him who has nothing else to give than the pure offering of a thankful heart.

It might be almost superfluous to waste a paragraph upon the extinct "British Medical Fund;" at all events I would adhere to the adage, "*De mortuis nil nisi bonum*." As a provident fund it promised well, and was entitled to support; and while, in common with many others, I can but lament the sums which were expended upon its presumed establishment, yet I lament still more deeply the apathy which allowed it to sink hopelessly to its grave, without leaving a trace behind it, except the regrets of a few of its friends, and especially of those who watched the loss of its sickness fund with deepest sorrow—a sorrow unmitigated by the hope of seeing a similar fund engrafted upon some other institution.

It has been often asked,—“Why not engraft it upon the already existing Benevolent Fund? There are several reasons against such an amalgamation. And first, with reference to its principles: a sickness fund must of necessity be a self-supporting, or provident fund, while the Benevolent Fund is purely charitable. A sickness fund can only be supported by the combination of a large number in the one object, of the *many healthy* relieving the necessities of the few sick—the general principle upon which all our benefit clubs are founded. But the history of these clubs leads to the conclusion, that in this matter their calculations are unsound, for unless largely supported by honorary members, they generally fail, and come to nothing after a few years, when the influence of age gives to the once young and flourishing society a character of feebleness and dependence, which assuredly conducts it to extinction.

In professional life the sickness fund has been found most difficult to manage among the clergy; and it has become necessary, while faith has been kept with original subscribers, to adopt new and more stringent regulations for their present guidance. In fact, unless these can be disenthralled from the prevailing spirit of selfishness, it is obviously impossible to protect such an institution from the encroachments of the valetudinarian, the hypochondriac, the nervous, and the slight—though the habitual sufferer. Far be it from me to underrate the sufferings of this class of individuals, and to themselves, I doubt not, they are great sufferers; but the nature of their sufferings renders them excrescences of morbid growth upon the social body, and only to be removed by extirpation. But this involves the elements of the *stability* of such institutions, and leads their friends and well-wishers to a state of doubt and hesitation most painful to themselves, and most fatal to the success of their good wishes. If such an institution should ever be established, its success in perpetuity can only be insured by much larger sacrifices in health, or by much smaller support to the sick members, during sickness. But then, as has been shown in the example of the British Medical Fund, in the *present* state of the minds of men, with regard to these provident sacrifices, such

sacrifices will not be made, and I confess it does appear to me, that till men have become wiser and better, the establishment of a successful and enduring sickness-fund is utopian.

It will, perhaps, be asked,—How comes it that certain provident societies have flourished, as for instance,—the Widows' and Orphans' Fund in London, the Kent Medical Benevolent Society, the Surrey, the Eastern Counties, the West Riding, the Midland Counties, the West of England, and several others? The reason is obvious. First, they have been treated as benevolent funds, and many a charitably-disposed individual has become an honorary member, and thus large funds have been accumulated, because the honorary members had no chance of becoming claimants upon the fund; while in the class of probably future claimants, a very large proportion would not deprive themselves of the pittance required for *membership*, and without this membership they could have no claim for relief. The provident *few*, therefore, would obtain relief from ampler funds accumulated by the benevolence of the charitable, and thus these institutions would do much good in their limited sphere. But why should we turn our back upon those who have not been thus provident?

Let us discuss this question for a moment. We can have no doubt of the prudence and forethought of provident and prudential societies. But are the improvident to be wholly blamed? At least suspend your judgment before you condemn them. Look at the history of a young man entering into life, with all the hopefulness of youth,—with energies unbroken,—with hopes unblighted,—with zeal and ardour unchilled, and with the glowing future surrounded by a halo of joyousness and success,—with a fixed determination to devote his life to his profession, and with a full anticipation that that profession will give him, as it justly ought to do, the means of gentlemanlike existence. At this time, probably, his little capital has been expended upon his education, and he has no capital to fall back upon, either to purchase a partnership, or to support himself for a few years, while he is making a practice by his own talents and industry, amidst all the keen competition of an over-crowded profession. He does not at this time insure his life, because every farthing he can scratch together is absorbed by the daily demands of life, and the necessity for keeping a horse, and making a respectable appearance, without which he has *no chance of success*. He is now told by some of his friends, that a medical man, if he hopes to succeed in practice, must have a *wife*; and he begins to look about him for such a companion—such a sharer of his cares and anxieties—such a solace in all his toils—such a participator in his joys and sorrows. It is not very likely that a man, without capital, and without large practice, should be able to engage the affections of a lady who has property of her own; consequently, it too frequently happens, that his choice is made from the well-educated, ladylike, but penniless class of governesses; and though he envisages the fact, that his future wife has no money, yet in his sanguine

hopes for a successful futurity, he persuades himself that he shall be able, by a little increased industry, and energy, and prudent expenditure, to support a wife, which, in the meantime, he has succeeded in convincing himself is indispensable to his success. He marries, but finds that he is less visited than he expected, and that the accession of patients is very slow work; and that, although he gets on, it is chiefly amongst the poor,—amongst those who either *cannot*, or *will not* pay; and still he finds at the end of the year that his Christmas bills are large, and his receipts are small, and that he has great difficulty in making both ends meet—perhaps is a *little in debt*; still he hopes for improvement, though he is so hard up for ready cash that at this time he hesitates the outlay which is necessary to constitute membership in a provident benevolent fund. It would have been entirely right for him to have thus enrolled himself before he married; but can we visit him with severe censure, when the glowing heart, as yet unchilled by the selfishness of the world, has led him astray from the sober judgment of a cooler and more calculating policy, and when we look to the difficulties with which he has to struggle. True! he need not have married; but, in addition to his inclination leading him that way, he has the conviction of his own mind, and the recorded belief of his friends, that he will not succeed, unless he do marry: and it is the fact, that if he remained a single man he would have far greater difficulties in his way.

At the end of his first year of marriage, he probably has an addition to his family, and with it an increased and unavoidable *expenditure*; and this is a sufficient excuse to his own mind for not belonging to the Local Benevolent Fund as it is called. This, then, is adjourned as a thing to be done, when circumstances enable him to do so, and when he is rich enough to spare the necessary annual premium; and a sufficient excuse is presented to his own mind in the belief, that the tiny stranger will add very little to his expenses, and that, as soon as he is able to do so, he will insure his own life, the delay adding a *very little* to the premium, and therefore adding to the annual burden a scarcely appreciable weight. But, alas! who can reckon upon futurity? Year after year rolls on, and probably each year adds another to the first little one, and expenses increase faster than the income is augmented, the amount of unliquidated Christmas bills becomes heavier, and each year at its termination finds the life uninsured, and the power of insurance lessened, and the future yet gloomier. But still the buoyancy of youthful hope is encouraged by occasional success; and the flattering tale is repeated, that in another year or two the income will be better, and the insurance premium will be spared. In some instances it is so, and a provision is made in the shape of annuity for a widow, or an endowment for children, or a provision for old age; but not so in the *majority of cases*. And now comes the opposite side of the picture. Families increase;—income is not enlarged—perhaps it is diminished by competition;—the partner of his cares and sorrows falls into bad health, overburdened with the

anxieties of life;—children must be educated, and the approach of want is beginning to be felt, or at least the pressure of an income so straitened, that he is never free from care and apprehension; his creditors grow weary,—he is summoned to the County Court,—he is harassed at every turn; the selfishness of patients,—the obduracy of Poor-law Guardians,—the misery of perpetual duns,—the consciousness of the injustice he is perpetrating to his own family, and his creditors,—and the impossibility of making provision for the future by life-insurance, all press upon his physical resources; his temper is soured; he becomes morose, captious, irritable; he is driven almost to distraction,—the weak organ of the body gives way, and now his own sickness is superadded to his family troubles; he can no longer insure his own life, even if he had the means, and presently his energies are quenched in the darkness of insanity: there is no longer any income, and his family has to support him in an asylum, they themselves being penniless, or objects of commiseration to some purely charitable, and simply benevolent institution. Now, Mr. Editor, this picture is not imaginary, *it is drawn from life*, and is one of those cases which is only to be met by our *own Benevolent Fund*.

Again, supposing the integrity of the mental organ is not impaired *as such*, still the same result of incapacity for practice is often produced by *paralysis*, or by the whole train of dyspeptic symptoms, ending in ulceration of the stomach, or disease of the liver, or of some other of the chylipoietic viscera. Or, in all the vicissitudes to which he may be exposed, the latent seeds of consumption may have been developed, or the cruel ravages of typhus or cholera, or any of the *mille mala* to which our frail nature is amenable, may be as surely the means of conveying him to his long home before provision has been made for his family; the widow and children are left young, and in their emergency again dependent upon the Benevolent Fund as their only harbour of refuge in the day of their calamity. Or a thousand maladies may assail the wife, and the young widower is left without any one to share his sorrows, with a young family, and now in difficulties, and with a yearly increasing debt, and, moreover, with a yearly prospect of increase, for his affectionate and trustworthy housekeeper is gone, and his expenses are increased, while the means of meeting them are diminished—a series of evils which is only to be mitigated by a fund from which temporary relief may be obtained. It is easy to say that all these evils might have been provided against, but in all these difficulties it is not easy to accomplish it; and the hope of its being more easy another year, and yet another, leads him on with the bright vision of future hope, till it is finally quenched in the night of despair. If, in any of these cases, application for relief is made to either of the *quasi-benevolent* local funds, the reply is, we can only relieve our *members*.

Pardon me, Mr. Editor, if I venture to express my apprehension that the simple fact of the Benevolent Fund being an integral portion of our Association is

forgotten by many of your readers; and I take this opportunity of reminding every member of our noble Society, that when he joins our Association he voluntarily incurs the obligation to contribute towards the support of *its* Benevolent Fund. It has often been proposed to make this obligation compulsory—a proposition which I have always resisted, because there is neither charity nor benevolence in paying a tax; and our Benevolent Fund is essentially *charitable*, and therefore opposed in its principle to every compulsory obligation. But this does not diminish the obligation alluded to, it rather adds to its weight, because it appeals to the generosity and justice of a so-called charitable profession, and calls into its aid, all the higher sanctions of *religious principle*. I should not have adverted in this place to this indefeasible duty, had I not been struck with the fact, that the *usual prominence* was not given to the Benevolent Fund at Oxford; and that in your report of the late meeting of the South Wales Branch, at Swansea, it does not appear to have been alluded to at all, and I am afraid to say how few of the seventy-five new members recently enrolled in that district are subscribers to the Benevolent Fund. This is the more extraordinary, when the President, in his address, claims for our profession, that in no other, “is the ear of pity and compassion more open to the tale of woe, oppression, and distress;” and that the motto of our Society may consist in the two scriptural quotations:—“Let brotherly love continue;” and “this commandment I give to you, that ye love one another.” I repeat, Mr. Editor, that in such an address, and at such a meeting, it does appear to me extraordinary, that no mention is made of our Benevolent Fund, nor of the absolute duty of contributing to its support. Believing the omission to be wholly unintentional, I fulfil my own duty, as Treasurer, in making known to each member the obligation he has incurred, in the full expectation that the South Wales Branch of our Association, will at least emulate her northern elder sister, in her deeds of charity, and her acts of duty.

Forgive me this digression. And now, Mr. Editor, though I have palliated the conduct of those who have not provided for their families, I am not *defending* it; and with regard to this provision, there are comparatively few among those even, who are struggling for their existence, who do really think about it. This is sufficiently proved by the fact of the few who insure their own lives;—of the comparatively very few who belong to the local funds, and of the still fewer, who came forward to support the British Medical Fund, with all its claims upon their sympathies. Now, it really is an unquestioned moral duty to support some of these objects; and as the British Medical Fund has died from inanition, it becomes a more sacred duty to attach oneself to one of the *local funds*. But it will be said, and said with truth, that the great majority of the members of these funds consist of persons who are well off in the world, and who have no prospect of ever being chargeable to its resources. So much the better for it; for if the same proportion were in an opposite

direction, the fund would soon fail, from the demand upon its resources, and the members would then be left with a very scanty pittance. Now, they may accumulate; but then, they would be ruined, and the only inexhaustible charitable fund will be found to be the *Medical Benevolent Fund, not the Medical Benevolent College*. The introduction of this term in this place, leads me to add a few brief words on this latter scheme; and I would wish to speak of it with all imaginable kindness, and with unbounded respect and admiration for its chief supporter, Mr. Propert. Mr. Propert has accomplished what I believe no other man could have done: his own views are truly benevolent; and by the agency which he has employed, he has accumulated a large sum of money. But I would venture to say, though large, it is very inadequate for the great purpose he proposes to effect. Of the constitution of the College, I wish to say nothing, but simply to express my fears, grounded upon the facts of past history, that it is *impossible* to keep it free from the disturbing agencies, which in other places and professions, have thrown the blight of discord upon the best conceived views, and introduced elements of distraction within the College precincts. To carry out the design fully, an enormous outlay will be at first required, and a princely reserve must be saved for a permanent source of income. Without this the best conceived plans must fail; and in order to give the College a hope of carrying out its designs, it must not be left with a debt upon its shoulders, nor dependent upon the precarious support of annual subscriptions. True, it will have the advantage of possessing a locality—*visible and tangible*, the visible will be there when its walls are reared, in the beautiful scenery of Epsom; the tangible is only to be obtained in its educational boons, or in its asylum for widows or decayed medical men, by the possession of a certain amount of income, and certain means of defraying the expenses of a canvas. And, after all, I cannot but think, that this same expenditure, about to be invested in bricks and mortar, would produce an infinitely greater amount of good, if invested in consols, and the income therefrom derived were applied to granting annuities, and the aged males or females (after the example of the Benevolent Fund,) were permitted to enjoy these annuities at their own homes, surrounded by their own little comforts, tended by the kindness of families, and placed at home—the only situation for the *real development of so much of the charities of home—the sympathies of relative kindness, and the affections of a family*.

[To be continued.]

#### LETTER FROM W. A. COX, ESQ., ON THE CASE—"BOURNE v. COX."

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—I herewith send you a fuller and more correct report of the County Court case commented on by you in your last number, and most readily answer your call for an explanation.

The circumstances I will relate as briefly as possible. On the 16th of last June I was consulted by a patient, who gave the following account of himself:—About two months before he had contracted gonorrhoea, for which he had from that time been under a druggist; and about a week ago he had had suspicious intercourse, from which he feared had arisen fresh symptoms of disease.

On examination, I found he had gonorrhoea with stricture of the urethra, an ulcer which I believed to be syphilitic, with an eruption on the margin of the prepuce, which was indurated, and in a state of phimosis. He had also an inflamed gland on Poupert's ligament on the right side. He appealed to me to cure him as quickly as possible, as he was about to go abroad. I put him under a mild mercurial course, advised him to foment and poultice the bubo, and recommended the passing a bougie medicated with copaiba night and morning; a practice which I have found very efficacious in old-standing gonorrhoea. On his representing to me the impossibility of making the necessary applications at his own home without detection by his mother, I, in consideration of the urgency of the case, permitted him to attend at mine, where I made the necessary applications myself. These attendances occupied generally half an hour, sometimes longer. And in addition to these attendances, so anxious was he about his case, that he was at my house sometimes three, sometimes four times a day. This treatment was continued till the 24th of July, when he applied during my absence, had his last bottle of medicine, and left, stating that he was much better, and would call on the following Saturday for his bill, which he requested I would make out.

It may be as well that I here state, that about the 4th of July my patient showed me a bottle of medicine he had got from Mr. Field, the usual medical attendant of the family, whom his mother had called in, seeing her son was out of health; and asked me if it would interfere with my medicines. I at once, feeling the awkwardness of two medical men being in attendance, and yet not acting together, urged him to confide in Mr. Field, and let him go on with his venereal disease. To this he strongly objected, fearing Mr. Field would make his state known to his mother; and finding I could not overcome his scruples, I consented to continue attending him.

He was then attended by me, with no ordinary sacrifice of time and trouble. He was virtually cured, as Mr. Harries's evidence showed, who saw him immediately after he ceased attending on me. And mark the return he makes me. I neither see nor hear of him till I am informed casually on the 6th of August, that he was about to sail the following day for Australia. I then, giving him to the last moment to call on me, went to his house between seven and eight o'clock in the evening, and there had the information confirmed that he had left Bath, and was to sail from Bristol the following day, at twelve o'clock. I came home and made out my bill in my ledger, and in so doing I felt that I was justified in making the full charges that I conceived the law would allow me. I considered the time, the trouble, and the unusual nature of the services rendered, and rendered at his request; and I did not think that

half-a-guinea, under the circumstances of the case, was more than I was justified in charging him. This brought his bill to £21. 5s.; and by the advice of Mr. Slack, a most respectable attorney, I arrested him for this amount. I had reason to know that he was a young man of property; but he pleaded poverty, and I consented to take £15, and give him his discharge. He then returns to Bath, trumps up a story, which, on the trial was proved to be false, that I had sent him in a bill for £2. 6s.; and his friends commence an action in the County Court for malicious arrest, laying the damages at £50. Not content to await the trial, the public-houses all over the city are made use of to circulate the grossest calumnies, and thus a strong feeling is excited against me. Confident in the justice of my own case, although I heard six medical men were to be brought forward by the plaintiff, yet, as I flattered myself that I stood pretty well with the profession, being conscious that I had never done a dishonourable action towards any one of them, I relied on their honour and integrity, and did not provide myself with a single medical testimony on my behalf. I was generously offered support (not by those who gave evidence in my favour on the trial, but by a gentleman of as high respectability and as long standing as any in the profession in this city), but I refused to allow another to share in the prejudice that had been raised. The trial came on, and then to my utter astonishment I found the medical witnesses deposing to the impossibility of the existence of such a complication of diseases as that for which I had made out a bill, and which I subsequently swore had existed in this case. Fortunately for me there were two gentlemen in court, Messrs. Bush and John Barrett, who had the manliness and generosity to stand forward when they saw an attempt made to crush a professional brother, and voluntarily gave evidence on their own experience that they had seen similar cases. I here beg publicly to thank them; and I tell them that I appreciate their conduct the more highly because it arose from the spontaneous and unsolicited impulse of generous, manly, and independent feeling.

But can I wonder at the verdict that was returned after the medical evidence for the plaintiff, that evidence being, as the Judge charged the Jury, "*that they all agreed that they did not believe that the diseases which were specified on the face of the bill, ever could coexist in the same patient.*" (See *Bath and Cheltenham Gazette*, September 8th, 1852.) Observe, the adverse medical evidence denied the possibility of the coexistence of *gonorrhoea* and *syphilis*. With such evidence as this before them, the Jury could come to no other conclusion than that the bill was a concoction, and the whole transaction a fraud. My only wonder is, that with such extraordinary medical evidence against me, the Jury were bold enough to cut down the damages from £50 to £15.

With regard to the bill, portions of which you have quoted, I must throw the responsibility of the form of it on my attorney, by whose direction it was drawn up and delivered to the plaintiff's attorney, on their application, after the action was commenced.

In explanation of no bill having been delivered previous to the arrest, the simple answer is, that the

patient never afforded me an opportunity of so doing, and I could not send it to his home without risking discovery by his mother of that secret he was so anxious to keep from her.

There is another circumstance I must allude to. It is, as to the interlineation of the operations. This arose, as I explained on the trial, from the fact of the operations having been performed after the medicines had been ordered in the day-book, and I pointed out to the Judge and Jury many similar entries in the same book to other patients. Mr. John Barrett has since closely examined my day-book, and has publicly declared, in a letter to the *Bath Journal*, that "the internal evidence of the whole book supports Mr. Cox's statement as to the manner in which those entries were made." I have through him invited, and I here repeat the invitation, of an examination of my day-book to any member of the profession whose mind may not be satisfied on this point.

This, Sir, is my case, as it stood after the trial, and here I should have been contented to leave it for the public to judge of it, with confidence that they would, on cool reflection, put a proper estimate of my conduct in this transaction, that they would remember it was no feature in my conduct to overcharge, overdose, or defraud; and that they would see I had been led into what might be considered extreme measures in order to prevent a dishonest and unprincipled man defrauding me of my due.

But as it appears you make the chief point in the case to be the large quantity of medicine sent in, which, you say, gives a handle to the homœopath, let us see what this large quantity amounts to. Just one six-ounce bottle and one powder per day. If this be an offence against legitimate practice, I much fear I sin in this respect in company with the greater portion of my medical brethren, and I must cry *peccavi*, and endure any reproach I may have incurred thereby.

But, Sir, I have done. I have laid my case before the profession, and I neither fear what their verdict will be on my conduct, nor do I fear what will be the ultimate verdict of the public.

I am, Sir, your obedient Servant,  
W. A. COX.

## Foreign Department.

### GERMANY.

#### MATERIA MEDICA AND THERAPEUTICS.

##### ON THE ACTION AND ON THE METHOD OF PREPARING CATHARTIN.

Trenkler prepares cathartin from the unripe green berries of *rhamnus cathartica*. It resembles pure aloethin, both in a chemical and in a therapeutical point of view. One or two grains of cathartin in the form of pills usually produce one or two, or in a susceptible patient, three or four pulpy stools, without griping. Three grains form a large dose. If the first dose should fail to produce the desired



effect, a second may be given in three or four hours. Dr. Graff (of Darmstadt), who has carefully studied its therapeutic action, employs it in torpor of the bowels, in hepatic and splenic congestions, hæmorrhoids, dropsy, and gout.

By simply treating the inspissated juice of the unripe berries with alcohol and æther we may obtain an impure cathartin in considerable quantity (oz. viij. from 12lbs.), which acts very powerfully, and much like aloes.—*Jahrb. f. pr. Pharm.*, Jan., 1852.

#### ON THE ACTION OF TRISNITRATE OF BISMUTH.

Dr. Lussana has been recently experimenting with this substance. In opposition to the views of Monneret, who published a memoir on it a few years ago, in which he maintains that it merely exerts a local and no general influence, and that it acts as a sedative on the intestinal mucous membrane, Lussana asserts that it certainly has a general action, and that it is absorbed into the system.

The following are the results of his experience of large doses in diarrhoea tuberculosa, in the diarrhoea accompanying chronic enteritis, in inveterate gastralgia, and in mesenteritis. It excites no irritation of the intestinal mucous membrane; it cannot check tuberculous and mesenteric diarrhoea. The fæces were of a brownish-black colour from the formation of sulphuret of bismuth in the intestine. A portion of the dose, varying with the amount of acid in the stomach and intestines, was dissolved and absorbed, but any of the dissolved portion on meeting with an excess of alkaline chlorides in the intestine, was again precipitated. For this reason it never appears in the urine, being precipitated by the alkaline-chlorides in the blood-serum. Its passage into the blood gives rise to colliquative and scorbutic phenomena.

To avoid this noxious general action, and at the same time to avail ourselves of the mechanical and local healing power of this medicine, we should previously give some antacid, as, for instance, magnesia usta, which would chemically prevent its solution and assimilation.—*Lussana in Gazz. Med. Ital. Lombardia*, 4, 1852.

#### ATROPINE IN HYDROPHOBIA.

Atropine has been recently tried by Dr. Richiedei in a case of hydrophobia; but, as in the case of all other remedies, without success.

A boy, aged ten years, was, on the 22nd of April, bitten in the left corner of the upper lip by a mad dog. The wound, trifling in appearance, was cauterised about three hours after the accident, and a perfect cicatrix rapidly formed. On the 18th of May, however, the child presented certain suspicious symptoms, for which he was admitted into the hospital. His voice was suppressed and melancholy; the face flushed; eyes constantly in motion, and unnaturally bright; there was difficulty in swallowing, and convulsive motions when drink, and afterwards even when food, was offered to him. These symptoms could leave no doubt regarding the nature of the disease, although there was no furious delirium.

One grain of atropine was dissolved in a little spirit, and made into twenty pills with sufficient bread. One pill was to be administered every three hours. After three pills had been taken, no more could be swallowed. An ointment of two grains of atropine in half an ounce of lard was then rubbed into the neck, and applied endermically to a vesicated spot on the epigastrium. The boy died on the 20th of May, with slight spasms and delirium.

The only symptom which could be distinctly referred to the atropine was extreme dilatation of the pupils.—*Ibid.*

#### CHEMISTRY.

##### BILIARY CONCRETIONS.

Biliary concretions must be ranked amongst the morbid products of the secretion of the liver. Few points in pathological chemistry, in the early periods of that science, have received so much attention as gall-stones; but all the very numerous observations which have been made regarding them are reducible to the following facts:—These concretions occur principally in the gall-bladder, more rarely in the biliary ducts; in women more frequently than in men, and especially in aged persons; they often consist with cancer of the liver or of other organs, but it cannot be positively affirmed that carcinoma is a predisposing cause of gall-stones, since both these adventitious products specially pertain to advanced age and to the female sex; each is, however, often found independently of the other. Gall-stones appear to be of more common occurrence in England, Hanover, and Hungary, than in other countries. Most gall-stones are so rich in cholesterin, that the other constituents are of very secondary importance; all, however, contain one or more nuclei, consisting of traces of mucus and earthy phosphates, but principally of an insoluble combination of lime with bile pigment: a large number of gall-stones are formed of a mixture of cholesterin and pigment-lime; the latter is sometimes uniformly distributed through the concretion, in other cases we observe alternating layers of cholesterin and the brown pigment, and in others again we find only a little cholesterin in the dark brown mass of pigment-lime.

There is a third kind of concretion which is comparatively rare, namely, the black or dark green variety; this contains another modification of the pigment, which however, in this case, also is combined with lime: this variety is usually free from, or at all events very poor in, cholesterin.

Biliary concretions, in which carbonate and phosphate of lime are the principal ingredients, are very rare. (Bailly and Henry, Steinberg.)

It is singular that uric acid has occasionally been found in gall-stones. (Stöckhard, Marchand.)

All gall-stones imbibe a little bile, which may be readily abstracted from the pulverised concretion with water or cold alcohol.

The forms of gall-stones are extremely varied; while some are very regular and symmetrical, others assume the most unaccountable shapes.

Bramson has undoubtedly indicated an important point in relation to the formation of the majority of

gall-stones—namely, that it depends on the separation of a compound of pigment with lime.

Although Bramson's view had been much contested, we can undoubtedly recognise the presence of a compound of pigment with lime in the residue of the nuclei, both of cholesterin-concretions and of the brown gall-stones after extraction with alcohol and water, although we are, as yet, unable to establish a definite proportion between the pigment and the base. Every residue which is rich in pigment always contains a greater or lesser quantity of earthy phosphates and a little mucus; these earthy phosphates, most probably originate from the mucus, which, however, like the Protein bodies in the formation of phlebotites, gradually dissolves and disappears; for the phosphates never stand in a constant ratio to the mucus remaining in the concretion; the mucus may also contain a little lime, which on incineration is converted into carbonate and sulphate; moreover, we sometimes meet with oxalate of lime, although only in very small quantity; I have never found carbonate of lime preformed in the brown residue of gall-stones (if present, it may be very readily detected by observing, under the microscope, the effect produced by a little acid on the substance previously moistened with water and freed from all air-bubbles). Sulphate of lime does not exist preformed, or at all events it is only present in very small quantity.

The ratio of the ash to the organic substance in the insoluble portion of gall-stones is altogether variable; in the insoluble part of six different concretions, there were 8.5, 12.1, 16.6, 30.4, 46.3, 50.6, and even 54.70 of ash; in the analyses of these six ashes there was comparatively much carbonate and little phosphate of lime according to the smallness of the ash; that is to say, in proportion as organic substance preponderated in the insoluble residue of a concretion, so much the more was the phosphate of lime encroached upon by the carbonate. In the ash which amounted to 8.5, there were 7.994 parts of carbonate of lime, and only 0.492 of earthy phosphates; while in the ash which amounted to 54.7, there were only 12.135 parts of carbonate of lime, a portion of which originated from oxalate of lime, which was recognized on the fresh object. Bramson has pointed out that dilute acetic acid extracts lime from the insoluble residue of biliary concretions; as this lime cannot be combined with sulphuric or oxalic acid, and as only an extremely minute quantity can be associated with phosphoric acid, it must be obtained from a combination with an organic substance: and as there is too little mucus present for us to ascribe it to that course, it must necessarily have existed in combination with the pigment.

Further, if the bile-pigment were not in combination with some substance, it would be soluble in alcohol, for it is by no means a modified pigment which has become insoluble through some molecular change, but actual cholepyrrhin, in combination however with lime; and if we remove the lime by the application of a dilute acid, we obtain the cholepyrrhin, which is then soluble in alcohol, and possesses all the properties which we formerly enumerated.

An enormous deal has been written on the formation of the different varieties of biliary calculi, as well as regarding the proximate cause of the deposition of solid particles, and especially of the cholesterin; but any

analyses of the various hypotheses that have been brought forward in relation to these points, would be here altogether out of place. The following is all that is actually known regarding the mode of formation of the concretions. Mucus and epithelium generally yield the points or foci around which a deposition of solid particles occurs; we always find pigment-lime with a little mucus in the centre of the concretion, and hence we may fairly conclude that it plays a part in their formation; but the separation of cholesterin from the bile is still not explained, even though mucus and pigment-lime can and must act as solid points. The question suggests itself, whether the bile lying amongst the gall-stones is normal in its character: it has been believed that it presents nothing abnormal, but no conclusions can be drawn from any analyses of human bile that have yet been instituted, for the quantity of bile obtained from a dead body is too small to admit of an accurate analysis; moreover, the constitution of the bile when obtained after death, is generally more dependent on the morbid process which gave rise to the fatal termination, than on that which led to the formation of biliary concretions. It is, however, more than probable that, in order that concretions of cholesterin should be formed, the bile should contain a smaller amount of the solvent for this substance than the normal fluid contains; but, as has been already mentioned, we very rarely meet with bile in which there is a separation of minute tablets of cholesterin, although they often occur in other fluids, as, for instance, dropsical effusions, &c., hence the presence of solid insoluble particles must be regarded as exercising a considerable influence on the formation of gall-stones. If we inquire what it is which holds the cholesterin and the pigment-lime in solution in normal bile, direct experiments afford an answer to the question, and show that both these substances are principally held in solution by taurocholic acid or taurocholate of soda. If we digest the insoluble residue of a brown gall-stone with taurocholic acid or acid taurocholate of soda, it is entirely dissolved, with the exception of a few greyish-white flocculi, and the previously colourless solution assumes the tint of fresh bile. Strecker showed long ago that cholesterin was soluble in solution of taurocholic acid and its salts. Glycocholic and cholic (Strecker's cholalic) acids possess this property in a far less degree. The question regarding the formation of gall-stones would be very readily answered, if it could be proved that bile, which has a tendency to form concretions; was either poor in taurocholic acid in relation to cholesterin and pigment-lime, or that its taurocholic acid was decomposed in the gall-bladder, and had thus lost its power of dissolving these two substances.

Since concretions, which are rich in cholesterine, are never entirely devoid of pigment-lime, while, on the other hand, calculi, which are poor in cholesterin, are always very rich in pigment-lime, the idea suggests itself that this latter compound takes an active part in the primary formation of these concretions; indeed, the frequency of their occurrence in certain districts, in which the water abounds in calcareous salts, and in old age, when, as is well known, there is an increased tendency to calcareous deposits, and the separation of cholesterin is promoted by the attenuation of the animal fluids.—*Lehmann's Physiological Chemistry.*

## Reviews.

### *Lectures on the Principles and Practice of Midwifery.*

By E. W. MURPHY, A.M., M.D., Professor of Midwifery at University College, London. Taylor, Walton, and Maberly, 1852. 8vo, pp. 616.

In the preface to the above work, Dr. Murphy remarks that it is his wish to convey to the reader a comprehensive view of the principles and practice of midwifery, and that he has found it necessary to publish it, because it is no easy matter to advise the student in the selection of a work to guide him in its studies, in consequence of the different opinions held relative to the use of instruments, the management of placenta prævia, the employment of ætherisation in midwifery, and the treatment of puerperal fever. From this statement we naturally expected a general treatise on all the subjects usually comprised under the head of midwifery, and that the student might rest satisfied with the information to be found therein. In this, however, we were disappointed; and we think it right to caution our readers, that they will find little besides the four divisions enumerated above, with the exception of a very good description of the anatomy of the bones of the pelvis, and the different modes of its measurement. But in this description Dr. Murphy has omitted altogether the anatomy of the external and internal parts of generation. The physiology of the organs of generation is also passed over, and throughout the book we do not find any reference to any of the following subjects, viz:—menstruation, normal and abnormal; generation; utero-gestation; signs of pregnancy; duration of pregnancy; sterility; superfætation; extra-uterine pregnancy; foetal accidents; and abortion; while the whole subject of the propriety of the induction of premature labour, with the mode of performing it, is dismissed in about a page and a quarter.

But considering these lectures as treating almost solely of these four interesting subjects, we can scarcely sufficiently recommend them to our readers. With reference to the first of them—viz., the use of instruments, Dr. Murphy is strongly opposed to delay in their employment whenever it can be decided that they will eventually be required. In his remarks upon the use of the forceps, he suggests the pro-

priety of waiting only *four hours* after the arrest of the head, instead of *six*, as recommended by Denman and others. He says:—

"If there be the least indication of pain, swelling, or heat in the passages, you should not delay one moment from the time that these symptoms first present themselves, when you are satisfied that the forceps may be applied. Promptitude is the secret of success, and in nothing is it more evident than in the case we are supposing. It is possible the pains may be strong and frequent; and it is generally a safe recommendation not to interfere so long as the uterus seems to have sufficient power, but rather to wait until the pains become feeble, or the action of the uterus is suspended. Nevertheless, in the case before you you cannot act upon such a rule. If the head be arrested, if the pains be strong but insufficient, if inflammation set in, to hesitate to deliver must be considered the most mischievous vacillation. Every hour spent in these useless efforts of the uterus only increases your difficulty—only renders the operation more hazardous, and diminishes your chance of success; because the application of the forceps to parts already inflamed must contuse them, to a certain extent, and if so, the contusion will terminate in a slough."—p. 181.

It has become so much the fashion of late years, to abuse Chamberlin and Burns for their over-recommendation of the forceps, that most of our writers on midwifery have been led into the opposite extreme, and we therefore rejoice to find Dr. Murphy advocating the happy mean between the two extremes of rash and meddling interference on the one hand, and on the other, of timid reliance upon the powers of nature. There can be no doubt, that in a *healthy female*, the forceps, applied with care, can never injure the mother, that is to say, if the pelvis is of a size to admit the passage of the head without craniotomy; nor do we believe the child runs so much risk as it would do, by being left for a longer time subject to the propelling force of the uterus. But then you require for the due performance of the operation, *mens sana in corpore sano*, that is, you want the careful weighing and comparing in the mind, of the condition of the various elements required to bring the child safely into the world unassisted by art—viz., the comparative strength of the uterus, the size of the head, and that of the pelvis; and after deciding on the use of the forceps, you ought to have an experienced and ductile pair of hands to carry out the mental decision. It is right, therefore, that all those who have the instruction of the student, should be careful in their cautions on the abuse of instruments, but nothing can justify the publication of false dogmas, for fear of the

truth leading to rashness. Let the student be cautioned against this fault as often as you please, but we protest against his being treated in the way in which old nurses mismanage children, by the relation of ghost stories to keep them out of mischief.

The eighteenth and nineteenth lectures treat of hæmorrhage, and are very interesting, and in some respects original, though not very clear, especially in the discussion of the *natural* mode of stopping the flow in placenta prævia. In this respect Dr. Murphy shows that Nature attempts to prevent inordinate hæmorrhage by detaching the placenta, and if the powers of the uterus are sufficiently great, this is effected, and the bleeding ceases. But too often the uterus is not capable of completing its work, and then you have gush after gush, accompanying every pain, till the patient becomes more and more exhausted, and unable to effect the full expulsion of the contents of the uterus. Dr. Murphy advocates the employment of turning only when the presentation has been discovered early enough to act before there has been so great a loss of blood as to endanger the mother; indeed, his leaning evidently is to the separation of the placenta in all cases, believing that the life of the child is not to be considered for a moment, when weighed against the mother's. This view is held all through the lectures, to an extent which we think scarcely justifiable. We have no right to hold the scales; but our office is to heal all, whether young or old. It would, we think, be as justifiable to destroy a patient who is attacked with an infectious disease of a dangerous character, in order to prevent his communicating it to a more valuable life, as to destroy an infant (while a chance of its living remains) in order to avoid risk to the mother.

The twentieth and twenty-first lectures are devoted to an essay on puerperal convulsions, in which the question of immediate delivery is answered in the following manner, supported by voluminous tabular reports:—

1st. That in those cases in which delivery was unaided (about half the whole number) the mortality was least. 2nd. That when the crotchet or forceps were used, the deaths were only slightly increased. 3rd. That the highest mortality was in those cases when the child had been turned.

Dr. Murphy's views on the use of chloroform are so well known that we need not allude to them here.

The remainder of the work is almost entirely occupied with a very valuable investigation of the history, symptoms, and treatment of puerperal fever, occupying nearly seventy pages. Our limits, however, will not allow us to do more than remark, that Dr. Murphy supports the generally-received view of the identity of puerperal fever with erysipelas, at least as far as the essential characters are concerned. These chapters will be read with interest by all engaged in obstetric practice. There are a few other subjects upon which Dr. Murphy has written short but extremely interesting lectures, such as rupture of the uterus, inversion of the uterus, and phlegmasia dolens; but as there is nothing in them admitting of controversy, he has not bestowed so much time and labour as upon the subjects to which we have alluded to more at length.

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## Provincial Medical & Surgical Journal.

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WEDNESDAY, OCTOBER 13, 1852.

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We have received a communication from Mr. Cox, relative to the trial commented upon by us in our number for September 15th, which we publish at page 537, but we regret to find, that instead of an explanation of the verdict, supported by fresh facts, Mr. Cox only endeavours to refute it by the supposition that the jury were mystified by "the medical witnesses deposing to the impossibility of the existence of such a complication of diseases as that for which he had made out a bill, and which he subsequently swore had existed in this case." It may be remarked, that this opinion, was not held to the full extent by all the witnesses for the plaintiff, and was fully rebutted by Mr. BUSH and Mr. BARRETT. It was therefore not put to the jury in the charge of the Judge, at least it is not included in the report sent us by Mr. Cox, himself. This is, therefore, a discussion wholly beside the question, which turns upon the genuineness of the bill as sworn to by Mr. Cox. The treatment is a point upon which we may all have our separate opinions, but the stigma cast upon Mr. Cox is, not that he holds a wrong theory of venereal diseases, but that he, after supplying a patient with forty-two bottles of mixture, and the same number of powders in five weeks, and duly

entering them in his day-book, to the amount of £5. 10s., afterwards interlined that book with items for attendance and passing bougies, in order to make up the amount £21. 5s. And moreover, that he made an affidavit that this was a just debt, due from Bowen to him. This was very clearly put by the Judge to the jury, (which was a highly respectable one) and was characterized by him as a gross fraud, and we are sorry to be obliged to confess that we can see no way of escaping the imputation. To prevent mistake we think it advisable to print the Judge's charge *in extenso*, as given in Mr. Cox's pamphlet.

"His Honour then summed up the case very carefully. In order to be satisfied that the provisions of the Act of Parliament were complied with, the Jury must see that there was a *bond fide* debt of £20, and next that there was reasonable ground to believe that the plaintiff was about to quit England for the purpose of defeating or delaying his creditor. The importance of the case to the friends of the plaintiff was nothing compared with the importance of it to Mr. Cox; and he mentioned that, because the Jury would not be disposed to give a verdict against him, unless they were satisfied that there was no reasonable doubt in the case as to his having committed that which had been described as a gross fraud, one of the most disgraceful frauds, which any man in any station of society could be guilty of. They would not, therefore, convict Mr. Cox, unless they felt there was no reasonable doubt about the case. If they thought it was attended with any reasonable doubt on either side, in his favour as well as against him, then the only fair verdict which could be given would be for the defendant. [Having referred to various points in the evidence, his Honour referred to the production of the books.] The day-book was very important. If all the attendances had been regularly made, and if all of them had been as free from doubt as they were in the consecutive entries of them from day to day, showing clearly that they were made from day to day, if that had been all, the greatest degree of credit ought to be given to that book. Now, it was admitted that the entries of the operations were made after the bodies of the entries. If they were made after the entry of the medicine, on the same day, there was an end of the difficulty. But, if there were any reason for coming to the conclusion that those entries were made at a subsequent period, for the purpose of assisting the case, it was clear what the result of that must be. On the other hand he must say this, every medical gentleman was considered to have a very considerable latitude as to the amount of his charges against the patient. His own prudence and discretion with due regard to his own interest would keep him straight in this matter. Mr. Cox, in making out his bill, had a right to consider the willingness or unwillingness of the patient to pay; and, therefore, if they should consider that the bill had not been very considerably aggravated, he did not think it was enough to satisfy the right of the plaintiff to recover a verdict against Mr. Cox. But the question was whether or not it was done in point of fact for the purpose of enforcing

the arrest. If the defendant had exceeded the latitude prescribed to professional men, then their verdict must be against him. If, on the contrary, they thought that all the work done and all the medicines were truly stated in the bill, then they would have to consider whether the defendant had not made out such a defence as would entirely vindicate him from the serious charge brought against him. He (the learned Judge) confessed that the entries appeared to him to be made when the entries to which they were attached were closed, and as far as he had looked at them, they carried the impression of being made at one time. It was, however, part of the evidence, and was therefore liable to be sifted and examined by the Jury in the same way as the other evidence. The question for them was, whether Mr. Cox had fraudulently augmented the bill for the purpose of enforcing the arrest. He (the Judge) would repeat what he had said, that if there were a reasonable doubt, they would give their verdict for the defendant. It was a case which he did not feel justified in leaving with them as free from doubt. It was their business to solve the doubt, and to say whether the plaintiff or the defendant was entitled to their verdict.

"The Jury, after a consultation of ten minutes, returned a verdict for the plaintiff—Damages, £15."

From the above, it is clear that the profession, and more particularly the Provincial Medical and Surgical Association, must either support Mr. Cox as an aggrieved member of their body, or they must affirm the truth of the verdict given by the jury. The facts of the case were to have been brought before the Bath and Bristol Branch meeting of the Association, on Thursday last, and we are quite sure, though we have not heard the result, that Mr. Cox will have received that treatment from them which his case demands.

At the urgent request of Dr. Roe, we publish the following letter which was sent for insertion in the *Lancet*, but refused admission. At the same time it is due to ourselves to premise, that we concur with the Editor of the *Lancet* in his strictures upon the appeal to the public made by Dr. Roe, by means of an article "On the Treatment of Ulcerations of the Cervix Uteri," appended to the report of the trial published by him. We know how difficult it is to rest contented under what we may consider unmerited censure, but it has long been decided as an article of medical ethics universally admitted, that no appeal to the public should ever be made by one medical practitioner who considers that his treatment has been impugned by another, and so long as all advertisements shall be repudiated, which we trust will be, as long as the profession itself exists, so long will this salutary

rule continue; for the contrary custom would at once open the door to all sorts of evasions. No sooner would a practitioner fancy himself reflected upon than he would forthwith issue a pamphlet, discussing the disease which formed the subject of the quarrel, and puffing his own treatment to an extent which we hope never to see realized.

We are therefore obliged to maintain, that it "is heterodox for a medical man to publish a report of a case, when his treatment was impugned by other medical men," if that report is intended for the public, and is followed by a treatise on the disease in question, which, in this case, we cannot but think was written in a popular style. We fully sympathise with Dr. Rox in the position in which he has been placed, and we readily undertook his defence in a former number of this journal, but we strongly recommend him to leave his case in the hands of the profession for the future. We can only say for ourselves, that had we received "the Report of the Trial" before writing our remarks, we should certainly have commented upon the "Heterodoxy" in a similar strain to that of the Editor of the *Lancet*. Indeed we are induced to hope from our correspondence with Dr. Rox, that on mature reflexion, he will consider it right to confine himself henceforth to an appeal to those only who can form an unbiassed estimate of the case before them.

*To the Editor of the Lancet.*

SIR,—While I offer you my best thanks for your very favourable notice of the report of my cause in last week's *Lancet*, I must be allowed, at the same time, to express my surprise at your strictures on my adding to that report a few remarks on the "Treatment of Diseases of the Womb." It was not until I saw your review that I was made aware I had laid myself open to the possibility of misconception or censure by their publication, and even now I must incline to the opinion, that your abhorrence of even the shadow of heresy in matters medical, has made you for once somewhat hypercritical—somewhat more severe than the occasion called for. Is it heterodox for a medical man to publish a report of a case where his treatment was impugned by other medical men, and the disease itself almost denied, and then for him to give authorities for his practice? This is all that I intended doing—all I believe that I have done; for in writing the book I had no motive in view other than my own full, complete, decided justification—justification not only of my truth as to the disease I was treating, but as to the propriety of that treatment.

You say the work is intended for the public, but I see no reason for that inference: it is not written in the

popular style usual when such is the case; nor is there anything in the mode of publication, at all events as far as I am concerned, I submit, that supports your opinion; for although the book is issued not from a medical publisher, but from a publisher of general literature, it was not until after I had applied to Mr. Churchill, and he had declined publishing it, (because it was a pamphlet,) that the local publisher was given a *carte blanche* as to his proceeding, and he then appointed whom he pleased. But we will allow, for the sake of argument, that it is written solely and expressly for the public. On whom, then, should the censure rest? on the medical man who writes merely to clear himself from undeserved imputations, or on those practitioners who make certain false assertions reflecting on his treatment, which are circulated through the public press, which, therefore, require refutation, if not through the same channel, at least through one equally public and local?

It must be borne in mind, that the cause was fomented and assisted by two medical men; "in this instance," as the talented Editor of a contemporary journal remarks, "the patient's ingratitude was fanned by professional jealousy."\* A woman, my patient, and owing me twenty-seven guineas, went to a Dr. France, who told her she had nothing the matter with her, and ultimately advised her to go to "Mr. Hunt, the lawyer." In the witness-box he (Dr. France) condemned the speculum, said symptoms were not deceptive in uterine diseases, asserted his strong belief that the uterus was healthy when he examined her, *that there never had been any ulcer on it*, and that his finger could detect uterine lesion if any had existed!

But Dr. Budd went further, and even still more unjustifiably asserted, that the speculum did more harm than good, and was used only by the lower grades and the indiscrete members of the profession! He not only gave his evidence, but also tried to impress his opinion on those around him, *that there never had been anything the matter with the woman*, and yet it now transpires that she had been under his care as a gratis patient not many months before she came to me, and her syphilitic symptoms then induced him to order iodide of potassium and blue pill for her! Is it not almost too monstrous for belief, that a man, by profession a gentleman, or indeed any man, should allow his petty spite and malice thus to overcome his principle?

Well, Sir, these reports were fully published in the local papers, and read by a local population among whom I practise. How, then, was the injurious impression produced by those false statements to be removed? Several methods suggested themselves. The publication of a report of the cause, with an analysis of the evidence, was the most direct mode, but one that resolved itself into an attack upon the two medical witnesses, which I desired to avoid. An article in the local papers was not, of course, to be thought of; but an essay on the complaints of the womb, where authorities were cited for the treatment I pursued was considered an unobjectionable course. That plan and the MS. were submitted to a first class London physician—himself the author of several works—and, meeting with his entire and decided approval, the "Remarks"

\* *Provincial Medical and Surgical Journal*, September 15th, 1852.

were dedicated as a mark of esteem to my truly excellent and talented friend, Dr. Butter, with his consent, and published.

I shall endeavour in the next edition to make them more worthy of being associated with the name of a gentleman I so much regard, and as you say they are now quite contemptible with reference to their strictly professional character," I hope they will be then found deserving of your kindly criticisms; but how the aphorisms of such men as Sir Charles Clarke, Drs. Locock, Lever, Murphy, Bennett, Tilt, &c., which constitute nine-tenths of the said "Remarks," can be contemptible, is a problem I will not pretend to solve. Be that as it may, the edition, large as it was, is nearly out, and in the next the cause shall be omitted, and the rest rewritten. In conclusion, I tender you my warmest thanks for your observations on the trial, which I must confess I expected from you, as the *Lancet* has ever been the consistent and vigorous—the earnest and unflinching advocate of the medical man when he has been assailed by ingratitude, rapacity, or malevolence. And apologizing for intruding so largely on your space,

I am, Sir, yours &c.,

EDWARD T. ROE, M.D.,

Princes Square, Plymouth, Sept. 26, 1852.

## Medical Intelligence.

(From our own Correspondent.)

LONDON, OCT. 11, 1852.

Notwithstanding that the official reports from those districts on the Continent where the epidemic cholera has been for now many months destroying the population by hundreds and by thousands, show that that disease is everywhere, save in Berlin, markedly on the decline, so that from some of them no further reports will be issued; and that, in the sole exception, Berlin, the number of cases daily does not exceed, even if it amount to, ten, our wise Government have, at the eleventh hour, determined to wreck commerce by the most futile of all expedients, yclept *quarantine*, which, as a measure of prevention, even when employed on the largest scale, has been shown over and over again, to be utterly useless. If by a *cordon sanitaire* the entire kingdom could be thoroughly and effectively encircled, it would be utterly ineffective; because there can never be a thorough quarantine against the atmosphere; and that some of the least of the causes of epidemic diseases are atmospheric, cannot admit of a doubt. We do not purpose opening a discussion on the thread-bare questions of contagion and infection, but imply to express our firm belief that the atmosphere exerts a well-marked influence in the production of epidemic diseases; and that, consequently, all quarantine regulations are utterly useless. For some weeks, or ten months, before a country is invaded by an epidemic disease, about to become universal, there is an evident increase in the extent and malignancy of other zymotic maladies and epizootic diseases, while maladies affecting the products of vegetation are also generally prevalent throughout the length and breadth of the territories so threatened. This has been for a long while past, the

condition of the Continent of Europe; and in this state the British Islands are now to be found. And yet our Government propose to arrest the onward march of the epidemic by quarantine measures!

When such proceedings are attempted to be carried out by the governing powers of one of the most civilised and most highly educated states in the world, "one is really tempted," to use the words of the *Times*, "to suppose that investigation is a waste of time, the acquisition of knowledge a needless strain of thought, and the detection of error a worthless waste of labour. No point we believe to have been better settled than the futility of quarantine as a precaution against cholera; and, what is more mortifying still, this country led the march of public opinion on the subject, and forced by its arguments and authority, a conviction on the mind of Europe, similar to its own;" and while the remainder of the European powers, influenced by the result of the Sanitary Congress, lately held at Paris, have utterly abandoned all quarantine regulations, England, hitherto in the van of all social and political improvements, is to stultify itself by again having recourse to them. This, then, is the result of the visits lately paid at the Home Office, by the octogenarian man of one idea, Sir William Pym! He can see nothing but disease and infection in his fellow-creatures, and their clothing and merchandise, and to gratify and enforce his exploded views, the extensive commerce of this great country is to receive a heavy blow and a great discouragement. We had hoped that all such measures were buried deep in the tomb of all the capulets.

The Privy Council have issued a letter to the Commissioners of Customs, requiring them strictly to examine all vessels arriving from the eastern parts, and if any person shall be ill of the cholera, or have had it within a few days of his arrival, to detain the vessel under a precautionary quarantine, for such a period as a medical officer shall judge necessary for the security and preservation of the health of the community. To stamp the inutility of the measure the more completely, it is added, that this being only a quarantine of observation (What is that?) to prevent the person suffering from disease from communicating with the shores, no restraint is to be placed on persons on board enjoying good health, whether passengers or crew; they may be permitted to have the same free communication with the shore, as if the yellow flag had not been hoisted, and thus practically do away with whatever benefit might be expected from the measure; because persons may be apparently well, and yet have the seeds of the disease fermenting in, and decomposing the blood, throughout its whole course, during the period of incubation, and thus be fully capable, according to the doctrine of the contagionists, of imparting the malady to the sound and healthy on shore, with whom they are to be permitted to come in contact. How is it that governments have such a plentiful lack of wisdom? Oh that it were possible to inoculate them with common sense. What a vast benefit might thus be conferred. To gratify the mistaken whims and fancies of a one-ideaed octogenarian, the vast commerce of this country is to be jeopardised, and its character for consistency and sense forfeited, by the adoption of a measure which cannot by any means effect its proposed object. *Proh pudor*. [The remainder of this letter arrived too late for insertion.—Ed. J.]

## GRATIFYING TRIBUTE TO A SURGEON.

The Miners of Tywardreath and its neighbourhood, appreciating the valuable services of Mr. Taylor, resolved on presenting to him some tribute of their esteem and regard. A subscription was set on foot, and the result has been the purchase of a handsome and costly tea service, which was presented to Mr. Taylor, at a meeting in the Market Hall, on Saturday evening last; the testimonial having during the day been exhibited in that place to many hundreds of those who had contributed to its purchase. Mr. W. E. Geach presided at the presentation; and, after Mr. G. Job, the Secretary, had read the address to be presented with the testimonial, and to which were affixed the names of the subscribers, the President, in an able and appropriate speech, presented the testimonial—a handsome silver-gilt tea service. On the tea-pot is engraved on one side the family crest of Mr. Taylor, and on the opposite side the following inscription:—

Presented to  
William Wale Taylor, Esq., M.R.C.S.,  
Surgeon of the Fowey Consols, Far Consols, and  
Tywardreath Mines, &c., &c.,  
by five hundred Cornish Miners, and other  
Friends, as a Tribute of their respect and esteem;  
And also in grateful recollection  
of his skillful professional services  
and many kindnesses  
received by them during a period  
of fifteen years,  
Midsummer, 1882.

Mr. Taylor, with much emotion, returned his thanks for the gratifying tribute. Votes of thanks were carried by acclamation to the Chairman, the Treasurer, and the Committee, which were severally and suitably acknowledged; and this terminated one of the most pleasant meetings ever known in Tywardreath.

## ROYAL COLLEGE OF SURGEONS.

It may not perhaps be generally known, that by recent regulations of the Council, a Board of Examiners in Midwifery has been established, consisting of the senior Vice-President of the College, together with Dr. Arthur Farre, Dr. Henry Oldham, and Dr. James Reid. The conditions under which candidates are admitted have just been published, from which it appears that persons who are, or shall become fellows or members of the College prior to January, 1883, will be admitted to examination on production of their diploma; other gentlemen becoming members subsequently to the above date, will be admitted on producing, with their diploma, a certificate of having attended twenty labours. From the same regulations it appears that members or licentiates of any legally constituted College of Surgeons, or graduates in surgery of any University requiring residence to obtain degrees, will also be admitted to examination on producing, with their diploma, certificates of being 21 years of age, of having been occupied four years in the acquirement of professional knowledge, of having attended one course of lectures on midwifery, and of having attended not less than twenty labours. There are other regulations on the above important subject, which may be ascertained on reference to the Secretary at the College.

## APPOINTMENT.

Dr. Wood, who recently resigned his appointment of resident medical officer of Bethlehem Hospital, has been licensed by the Commissioners in Lunacy, and has entered upon the management of Kensington House Asylum, lately conducted by Dr. Philp.

## ROYAL COLLEGE OF PHYSICIANS.

At a quarterly meeting of the Comitia Majora, held on Thursday, Sept. 30th, the following gentlemen were admitted Members of the College:—Dr. Druitt, 39, Curzon Street, Mayfair; Dr. Gibbon, St. Bartholomew's Hospital. Dr. Hill, Bath; Dr. Outley, Pau, Lower Pyrenees; Dr. Panton, Turriff, N.B., were also admitted Extra-Licentiates.

## SOCIETY OF APOTHECARIES.

Gentlemen admitted Members, Thursday, September 30th, 1882:—William Edney; Richard Hoeking, Marazion, Cornwall; Samuel Buckland Mitchell, Kingston-on-Thames; John Slack Steel, Ardwick, near Manchester; Robert Francis Symmons, Bures, near Colchester, Essex.

Names of Candidates who passed the Classical and Mathematical Examination on Saturday, October 2nd, 1882:—Joseph Dixon Adams, Martock, Somerset; Alexander E. Bartlett, Ipswich; Robert L. Bett, Spalding, Lincolnshire; Thomas Cayzer, Southampton Hospital; Thomas E. Clark, Redland, near Bristol; John Andrew Ferris, Aldersgate Street; Charles H. Fisher, Bungay; Edward Footner, County Hospital, Winchester; Thomas Foster Gray, Leicester; Thomas C. W. Henschley, Ashbourne; James Hine Llew, Guernsey; James Richard Lownds, Newcastle-upon-Tyne; Frederick John Mason, Wisbeach; Henry Maudsley, Settle, Yorkshire; Charles Roberts, Gloucester Terrace; Francis Scott, Reading; William Alfred Skinner, Bath; William Sly, Wincanton; Henry Banks Spencer, Chippenham; Adam Taylor, St. Paul's Churchyard; Thomas S. Walker, Burslem; William Spencer Watson, Southampton Street; William B. Winkfield, Bedford; Edward Woakes, Luton, Bedfordshire; Alfred Woodforde, Welbeck Street.

Gentlemen admitted Members on Monday, October 4th, 1882:—H. C. Andrews, Chapel Street, Belgrave Square; Francis E. Anstie, Devizes; N. P. Blake, Sussex County Hospital; John Meaburne Bright, Alvaston, near Derby; William Thomas Carr, Newcastle-on-Tyne; Thomas Carter, Newbury; J. M. Donne, Bath; Francis Joseph Dowling, Chew Magna, Somersetshire; F. Fawcett, Wisbeach; Michael Foster, Huntingdon; William Tilbury Fox, Broughton Stockbridge; Hamilton Downe Gundry, Vernon Place, Bloomsbury; John Husband, Wallington; W. F. Johnson, Colchester; Edward William Jollye, Bammersmith; Henry Knages, Huddersfield; Henry Leach, Wisbeach, Cambridgeshire; Bernard Piffard, Whitehart-lane, Tottenham; E. H. Pitman, Manchester; William Howell Pix, Tunbridge Wells; James Procter, Congleton; William Puckle, Sussex County Hospital; David Rice, Stratford-on-Avon; J. Charles Thorowgood, Totteridge; William Meymott Tidy, Cambridge Heath, Hackney; B. M. Walton, Hampton, Middlesex; John Warren, Worthing; Thomas James Woodhouse, Philadelphia-place, Hackney; Francis Workman, Reading.

## TO CORRESPONDENTS.

Communications have been received from Mr. Baking, Dr. Crisp, Mr. Langston Parker, Nil Desperandum, Mr. Collyns, H., Mr. Limbird, Mr. John Jones, Dr. Tilt, Mr. Sands Cox, Dr. Robertson, Mr. Higginbottom.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. E. Walsh, Esq., Foregate Street, Worcester. Pencil and books for review may be addressed to the care of Mr. Charchill, Princes Street, Soho.



INTRODUCTORY LECTURE,\*

DELIVERED AT THE

LEEDS SCHOOL OF MEDICINE,

OCTOBER 4TH, 1852.

By THOMAS NUNNELEY, Esq., F.R.C.-S.E.,

President of the School for the ensuing year.

Printed by desire of the Council of the Leeds School of Medicine.

ENOUGH has been said, I trust, to show you the very intimate bearing such researches have upon our own immediate professional pursuits; to illustrate the extended and comprehensive grasp which it is most important for you always to seize upon in your reasoning processes. Remember the term *human physiology*, if it be used, as it certainly has too often been employed, as though there were something peculiar and individual in the function of man's organs, is a mistaken one, and one which is likely to lead to error. If we wish to know human physiology well, we must understand *general physiology*, of which it is only a part—an important one, doubtless, but still nothing more than a part.

TO PHYSIOLOGY we naturally have added PATHOLOGY. From the knowledge of the action and function of a part in health, we are directly led to consider the altered conditions which are presented by it when diseased. Upon this, evidently, all scientific practical as well as theoretical medicine must rest, consequently, to pathology you must necessarily pay much attention: indeed it will be forced upon you; for in the lectures upon both medicine and surgery, allusion must constantly be made to the altered condition of parts in connection with the phenomena of disease, as well as to the application of remedies for the removal of such disorders. In this course it is the diseased condition itself—the structure which is found to occupy the seat of the original tissue, constituting *morbid anatomy*—in which you will be instructed; while in the two other courses it is rather to the consequences of these alterations, their effects upon the living animal economy, and the proper means to be adopted to prevent or remove them, than to the alterations themselves. *Physiology* and *pathology* constituting ground common to the scientific anatomist and the well-informed physician and surgeon.

The study of anatomy may be pursued by two very different methods; according to the one the various parts of the body are considered principally with reference to the forms which they present, the exact situation which they occupy, their relative proportions, and the manner in which they are connected with each other. This, which is now commonly called *descriptive anatomy*, is admirably adapted for learning the details of the structure of the body; and, accordingly, it must be adopted in pursuing human anatomy. It is the method which is adopted in the demonstrative course

of anatomy. The second method is to group all those parts together which are possessed of a similar organization and analogous functions, and to consider them as portions of a common whole. This plan, which is denominated *general anatomy*, is exceedingly well calculated to assist us in studying the physiology and pathology of tissues; since it is a well-known law that, wherever situated, the same structures are endowed with the same properties; but it is not at all adapted for teaching the size, situation, form, or connection of different parts. Now, as we must never forget that the end of all our study should be to make us good practitioners, the system pursued will be a combination of the two methods. In the lectures, general anatomy will form the first division; the description of the structure, function, and morbid alterations of the individual organs will follow. But in the demonstrative course your attention will at once be drawn to the descriptive details of the different parts, beginning with the bones, of which let me again entreat you to resolve to acquire a full and accurate knowledge. Inasmuch as they form the solid basis and groundwork of the whole fabric, it is especially necessary thoroughly to understand them. The importance of this I cannot exaggerate; at present the younger student, to whom I this day principally address myself, can scarcely conceive how much his future progress, not merely while a student, but during his whole life, will be facilitated by so doing. Next to the bones, the means by which they are connected together, and the different articulations formed, must be considered. These—the bones and ligaments, form the passive organs of locomotion; the active, or the muscles, naturally follow. Subsequently the apparatus by which these are nourished, directed, and kept in control—the viscera, blood-vessels, nerves, brain, and organs of sensation—will claim your attention.

This plan must only be considered as that which is best adapted for pursuing anatomy practically, and principally for acquiring a knowledge of the minute formation of the human structure, which is what we have to do. Were this not the primary object, other classifications of a more strictly scientific character, for systematically investigating the proportional development of parts might be adopted. Thus we might with CAVES divide the organs into vegetative and animal under the first term including all those which are common to plants and animals, upon which depend such functions as nutrition, growth, respiration, secretion, and reproduction; while the second comprises only those parts which are peculiar to animals, as the muscular, nervous, and sensorial. Or we might employ another method, classing and describing organs according to their importance in the animal economy, and the influence which they exercise over its other components. In this latter arrangement it is clear we should follow a course nearly the inverse of that which it is proposed to adopt; for here it would be necessary to commence with the nervous system, since it is the all-important agent and directrix in the organization and modification of the others; for to correspond with its variations, and to be adapted to its demands, do they seem to be

\* Continued from page 529.

moulded and altered; inasmuch as the more elevated and noble position of man, as well as the controul he exercises over other animals, depends upon the much higher degree of his intellectual and moral qualities, which are dependent upon increased development of certain portions of the nervous system.

In this place it appears proper, though I can hardly consider it necessary, that I should guard you against falling into an error, which has by some been thought to be one of the besetting sins of anatomical pursuits; that which is vulgarly called materialism—a mistake into which only weak or imperfectly-educated minds can fall; or, at least, those who reflect so little as to confound terms and things which in reality are distinct. This error, in point of fact, is one which is not peculiar to the anatomist, but is equally liable to beset all those whose studies lead them to contemplate the phenomena of matter, whether organic or inorganic, where the admirable dependency and connection between cause and effect; and the invariable constancy with which the same sequent follows the same antecedent, may probably induce some to limit their ideas to the material itself, and to overlook the important fact, that the portion of matter which is endowed with such wonderful and energetic properties, when resolved into the elements of which it consists, presents comparatively little variation from other portions of matter which are endowed with very dissimilar, though equally wonderful properties, and that before it could have possessed such astonishing qualities; admitting that these result from the organization or mode of arrangement of the individual atoms of which it is made up; it was absolutely necessary some infinitely wise and omnipotent power should have impressed upon it those laws of arrangement upon which its properties depend. Surely when we say that a higher grade of existence is dependent upon a higher state of organization, that animals who possess endowments of a superior order, or that even man himself owes supremacy to increased development of the same organs which are possessed in an inferior and more imperfect condition by lower classes, there is nothing incompatible with the firmest belief in an overruling and creating power; on the contrary, to my mind it appears necessarily to call forth feelings of a totally opposite character. When we see elements of the same nature, with but little alteration in their proportion or modes of arrangement, constituting organs capable of producing such different effects, and in each case so admirably adapted to the wants and necessities of each and every being, we are inevitably, and almost unconsciously, led to trace the primary cause up to a power so omniscient and omnipotent, as well as benevolent, that the mind is lost in amazement. So far is the sameness of material, or similarity of arrangement, from checking our admiration, it is this very simplicity which impresses us with the conception of grandeur, immensity of design, and perfection of execution, which from such simple materials has been enabled to organize a creation so perfect, as to appear a necessary result of that matter which this power has called out of chaos into light and order.

"Won from the void and formless infinite,  
 . . . . . a dark  
 Illimitable ocean, without bound,  
 Without dimension, where length, breadth, and height  
 And time, and place, were lost: where eldest Night  
 And Chaos, ancestors of Nature, held  
 Eternal anarchy, amidst the noise  
 Of endless war, and by confusion stood;  
 For hot, cold, moist and dry, four champions fierce  
 Strive here for mastery, and to battle brought  
 Their embryon atoms. . . . . This wild scene,  
 The womb of nature, and perhaps her grave,—  
 Of neither sea, nor shore, nor air, nor fire,  
 But all these in their pregnant causes mix'd  
 Confus'dly, and which thus must have ever fought,  
 Unless the Almighty Maker had them ordain'd  
 His dark materials to create more worlds."

Indeed so impressed am I with this, that I know of no pursuit so likely as is anatomy, with its kindred sciences of physiology and pathology, when properly cultivated, to lead its followers up to a high and lofty conviction of the existence of a God.

Such, then, gentlemen, is a hasty sketch, or rather very general outline of the subjects to be brought before you in some of the courses of lectures upon which you have now entered. The acquisition of all this information may, probably, appear to be difficult; from its extent much labour and steady perseverance will necessarily be required, but then it will amply repay my exertion and self-denial it may demand, because it constitutes a very large part of medical science. Indeed, when to it is added THERAPEUTICS, or a knowledge of the action and properties of the remedial agents employed, we have embraced almost all that can be said to be *directly* and *immediately* included under the term medicine, not by any means that it comprehends all the knowledge remaining to be possessed by the practitioner, which must be drawn from many sources. Independently of what is immediately and directly connected with medicine, there is scarcely a division in the widely-extended range of either science, literature, or art, which is not more or less allied with our inquiries and studies. Pursuits which may appear at first sight so remote from ours, that a neglect of them can apparently be of little importance to our investigations, are found so to elucidate the phenomena of health, or explain the effects of disease, which were before inexplicable, that an acquaintance with them is not merely useful, but at times absolutely necessary, to a right comprehension of many physiological and pathological facts.

From the earliest formation of our bodies, until the period when they are resolved into the elements from which they were originally derived, an incessant and complicated change is going on. By digestion, assimilation, and secretion, there is a constant reception of new particles into the body, by a conversion into itself of extraneous and foreign matter, while there is a constant a removal of the old particles from the body. These processes, if not in themselves, as I firmly believe them to be, of a strictly chemical nature, are so intimately allied to it in health and in disease, are so closely under its influence, that before they can be in any degree understood, some very considerable acquaintance with chemistry is necessary. Though we may not regard as *facts*, to be received as *undisputed truths*, all the statements which modern chemical physiologists have

put before the world as the result of most laborious researches, and which many high authorities appear inclined to consider as true, regarding the manner in which animals are nourished, by simply extracting the proximate principles found ready manufactured for them by the plant they consume; nor adopt every assertion of the pathological chemist, as to the very simple chemical alteration constituting the differences between healthy and diseased secretions and excretions, whether solid or fluid; yet, unquestionably, the importance of these inquiries cannot be too highly estimated, and every additional step in our knowledge shows the increasing value of these studies. The administration of remedies, both in the ordinary diseases to which man is heir, and as antidotes, when by accident or design, noxious and poisonous agents have been swallowed, is very frequently a mere question of chemistry, and the detection of a deleterious substance is almost always dependent upon an intimate and practical acquaintance with chemical analysis.

The blood in passing from the right side of the heart, in its progress through the lungs, to gain the left or systemic side, loses the deep claret colour of venous blood, and acquires the bright red hue of arterial. By being subjected to the influence of the air this change occurs, and the blood becomes again fitted for the support of life, the air itself at the same time undergoing very considerable alteration in its composition; but without an acquaintance with the properties of atmospheric air and other gases, how could we have been aware of the nature of this process, or the effect thereby produced upon the whole body? Without this knowledge the whole subject of animal heat—that most wonderful, and, until explained, mysterious power of animals maintaining their bodies in a temperature so different from that of other substances, by which they are surrounded; but which we now know to be a simple question of combustion, almost as simple as the regulating of a furnace fire is to the degree of heat desired to be produced, would have been incomprehensible. The purposes of such variety in the circulatory system and such different arrangement in the respiratory apparatus;—why one animal should be possessed of lungs and another of gills;—or why one creature should live and have its being upon land, but be immediately deprived of life if immersed in water; another move with vigor of health in the water, but directly perish upon land, would have remained a secret and a mystery. For this and much knowledge of a like nature bearing upon vitality, we are indebted to CHEMISTRY; and hence, not only is a knowledge of this science useful to the student of medicine, but absolutely necessary, since it is one of the subjects, the study of which is enjoined by all the Examining Boards of every country in the world.

The bones and muscles are so many illustrations of dynamics. Though muscular contractility in itself be a vital agent, yet in its modification it obeys the strict and unchanging laws of mechanics. The bones are so many inert levers, and the muscles the powers by which these levers are moved; in doing which there is either

loss of power and gain in velocity, or loss in velocity and gain in power, precisely as there would be were the muscles so many leather straps, and the bones so many pieces of iron or wooden machinery.

The arrangement and distribution of the circulatory system is in strict accordance with the laws of HYDROSTATICS, and were an engineer to be called upon to convey a fluid to and from a central point, over a large surface, so that its propulsion should require the least expenditure of power, and yet that the decrease in its impetus should be gradual and progressive, he certainly could not take a better model than the heart and bloodvessels. The angles at which the vessels divide is that which gives the least resistance to the progress of the blood, and the increased capacity of their distal branches, causes a diminution in the blood's velocity, while the elasticity of the arterial coats ensures a steady onward flow. The construction of the valves of the heart is a perfect piece of mechanism and need be merely indicated as an imposing illustration of the importance of bringing all our knowledge of MECHANICS to bear upon anatomical questions: for upon the due appreciation of the sounds produced by those valves how much of hope and misery for our patients hang! Of this, hereafter you will recognise the truth.

Without some knowledge of the mode in which sound is produced, and the manner in which it is conducted through different media, how could we appreciate the delicacy and intricacy of the mechanism of the ear? or, still more, how, without some considerable acquaintance with the physical properties of LIGHT, and the laws of its refraction and reflection in reflection through, or being reflected by, media of different densities and forms, would it be possible to understand the value of such varied, delicate, and beautiful arrangements as are found in that glorious and important organ, the eye? Or how could we manipulate with advantage, that latest of helps to our investigations of the minute structure of healthy parts, and the changed conditions of morbid products, which modern science and mechanical skill have presented to us—the microscope? the importance of which is daily becoming more appreciated by the scientific practitioner, notwithstanding the temporary slur which may not improbably be cast upon it, by the very questionable use which is apt to be made of it as a means of astonishing and bewildering the ignorance of patients, by an ostentatious parading of its powers by those who, themselves, as little know or appreciate its true value as the persons they are practising upon.

By GEOLOGY we obtain a knowledge of the condition of the earth in ages long passed away, and the influence this condition has in all times had upon its inhabitants; and are taught that the many extraordinary, and, according to ideas derived alone from the present forms of animal life, monstrous and mishapen masses of created beings, were in as perfect harmony with the then existing condition of the globe, as those forms by which we are surrounded, and which are universally regarded as perfect, are to the present condition of the earth. We learn not only the nature of the surface of the soil,

but also that of the rocks and strata underneath, by which we may often obtain an explanation of the healthiness or unhealthiness of different localities, and why one situation may be better adapted as a residence for those affected with one complaint, and the opposite situation for those labouring under another ailment; why a disease is epidemic in one place or endemic in another. While METEOROLOGY enables us to explain in the some degree, (and a better acquaintance with the science will doubtless do so in a far higher degree) the laws which regulate the apparently irregular and capricious appearance and disappearance of many devastating diseases which, from our inability to explain many of the phenomena manifested by, or to efficiently control the course of, are now popularly regarded as the opprobrium of medical science.

By MINERALOGY we are taught the properties of those metallic substances which mechanical skill has converted into the wealth of nations, and which chemical science has metamorphosed into such potent and valuable remedies for our use in combatting disease; and BOTANY furnishes us with most important information respecting the nature and properties of those plants which furnish so large a portion of the food of all animals, as well as of those which supply the vegetable agents which enter so largely and importantly into the practice of medicine; enabling us, by a study of well-defined organization, to readily ascertain to which class any new kind of plant should be referred;—amongst those which furnish food, clothing, or habitation to animal and man; those which supply us with the means of combatting disease; or amongst those which are without much value, or positively injurious to animal life.

Thus might I pass in succession over every branch of knowledge, whether of literature, science, or art, and show how each may be brought to bear upon our own particular pursuits; but I forbear, as time will not allow. That the man who brings to the study of the healing art the greatest store of theoretical knowledge, and skilful practical application, gathered from varied sources, will, *ceteris paribus*, be the most successful practitioner is self-evident. There is only one other point to which I will direct your attention, and to this I beg your earnest and careful heed. It is to strive to become *careful observers and correct reasoners*. These are the two main safeguards for your success in legitimate medicine, or in any other honourable career. It is the want of these two qualities which has proved the bane of so many;—the want of power to distinguish between the *post hoc* and the *proper hoc*; the confounding of sequent and antecedent with effect and cause;—the non-development or non-cultivation of the reasoning faculty. To this do we owe such a multitude of false facts, so many absurd theories, such pernicious heresies, and so many fatal and disgraceful professions of faith and practice—"the brood of folly, without father bred." Cultivate these two powers—correct observation, and the faculty of reasoning correctly from what is observed, you will not then go far wrong. These are the safety anchors in after life: possess them you will be wise; without

them no amount of book learning can make you so. You may be clever and ingenious, but never safe; plausible and showy, but never profound, or to be relied upon. I speak here decidedly; if I did not I should not speak honestly, for I feel strongly. Had the profession as a body cultivated logic more successfully, it would not have been disgraced by so many of its members disgracing their brethren and degrading themselves by the adoption and profession of absurd and scurrilous imaginings, which they are weak or wicked enough to proclaim as new theories. Had the reasoning power been properly cultivated, that most jejune and idle of all fancies, "that with gaudy shapes possess the idle brain," as thick and numberless

"As the gay moths that people sunbeams,  
Or likest hovering dreams,—  
The fickle pensioners of Morpheus' train."

could have had no being. Hahnemann might have lived; but homoeopathy could have had no existence. People might have lived and died without being physicked *secundum artem*; but they could not have been befooled out of the world by the decillionth part of a grain of an inert substance: they might have died naturally, had they so fancied; but, at any rate, the professors of medicine would not have been disgracefully mixed with the dreadful scene. No, gentlemen, become capable of reasoning in ever so small a degree;—become, to some small extent, observers of nature;—possess some knowledge, however minute it may be, of the chemical and physical properties of different substances;—do obtain some little information about the action of remedies;—in some small measure become acquainted with the natural course of disease;—do recognise the existence of what every physiologist has for ages known and valued as an important part of his duty to study, the *vis medicatrix nature*;—and you will become incapable of being homoeopaths; unless your moral perceptions should unfortunately be so lamentably obscured as, for the sake of mere temporary gain, to sink into being the panderers of popular or fashionable delusions, so surprising as to be almost as wonderful as the expenditure of such a magnitude of belief, upon means so utterly contemptible and insignificant, is astounding; and thus, while knowing better, consent to act so reprehensible and immoral a part.

But it may be asked,—Why do I enumerate all these difficulties—to damp the ardour of your desires, or to check the enthusiasm which should animate you at the commencement of a session? Certainly not; but rather to stimulate and encourage you. By fairly knowing what there is to be encountered, you will be prepared for the task, and thus not be liable to shrink back with dismay or disgust when the difficulty is half surmounted. It is infinitely better that the magnitude of any undertaking should be appreciated in the outset, so that the resolution and means may be apportioned to the requirement needed, than that we should enter blindly upon a career we are unequal to. You must not under-estimate the serious responsibilities of the profession you have entered upon. I know of none which involves greater—of none where the labour is

er—of none where the same wide range of study, light, and care, are demanded, and may advantageously ought to bear; nor of any which is more honourable to its professor, or more useful and advantageous to mankind. In entering upon any pursuit of life it is right we should be fully impressed with what is required of us; otherwise we cannot excel in it. There is no other avocation which demands such constant and unremitting perseverance as our own, in applying ourselves for the exercise of our profession, and as self-denial in the practice of it. The prospect, however, is often more formidable than the reality is found to be. Of much of the information which you are already, or should by your preliminary studies be, possessed. By attentive study, taking care not to attempt too many branches at once, and always thoroughly to understand that upon which at the time being you are engaged, you will find there is nothing so enticing and alluring in the acquisition of knowledge, the possession of one fact leads on so naturally to another, that so far from the habit of being wearisome, it will be found, after the first difficulties are overcome (and depend upon it there is no path of life without them) that, were there no other objects, the possession of the information itself would be a sufficient remuneration for all the labour expended in obtaining it.

But there are ulterior objects, and these the most fruitful which can influence any human being. Your duty to yourselves, to your relatives, and to your country, demand it. I will not allude to the greater difficulty now than formerly existed in obtaining admission through the portals which guard the profession, which you are the disciples, nor to the greater extent of knowledge, both general and scientific, which it has pleased the presiding powers of most, if not of all, the ordeals which you must pass, most probably to require before you can be allowed to enter into its honourable precincts; those requirements being only in accordance with the increased means of acquiring information which you possess over most of your predecessors; for though I am not more than a half-aged practitioner, I have lived long enough to witness a great improvement in both the quantity and variety of the means and appliances for medical educa-

Moreover, examinations, be they conducted wherever they may be, can only be framed for the many, and must necessarily be apportioned to the average qualification of the mass. Such being the case, it would be unjust to you to suppose your ambition is limited to a paltry endeavour of acquiring only such a modicum of knowledge as shall ensure you passing unscathed through the trial to which the law requires you to be subjected. No: little likely would that individual be who I trust no student of the Leeds School of medicine (be he of such a temper,) to distinguish himself in after years even though by the disgraceful system of *grinding* should succeed in cramming into his head, *pro forma*, just sufficient knowledge to enable him to gain admission to our rank. You must never forget that it

is not alone in the profession of medicine that an increased amount of information is required of its professors; such demand is only in accordance with the spirit of the times, and the increased knowledge which is now happily so widely and generally distributed among all classes of the people. You must remember, that medical men hold their rank by no prescriptive right, nor is their position due to legislative enactments; the mere privilege of writing any number of letters after a name, becomes an idle mockery, unless it be accompanied by suitable acquirements. It is not the name of physician or surgeon which has raised the medical profession to the respected position in which, (notwithstanding occasional sneers, *when its services are not needed*,) it is deservedly held by the public, but the moral truth and intellectual attainments of its members which has rendered the name honorable; and depend upon it, that only so long as are to be found in our ranks the zealous and successful cultivators of science, and the active benefactors of mankind, will that deference and respect which it has for so many ages enjoyed, be conceded or deserved.

Your immediate relatives and friends have a strong claim upon your gratitude, which should be evinced by a continued and respectful attention to your studies, and to your instructors. Having placed you in an advantageous position by the expenditure of much care, and a large outlay of money, they follow you here with solicitude, and it would be a poor return for their kindness, should you neglect to take every advantage of the opportunities which are placed within your reach; and, let me add, that even though you should labour with a praiseworthy diligence in the acquisition of knowledge, in order to make this available, with honor and advantage to yourselves, and with benefit to the community, it must be accompanied by a well-regulated deportment, and correct moral conduct, without which you neither can nor deserve to obtain, the friendship, respect, and confidence of the wise and good. Never forget that a medical man ought to be a gentleman in his habits as well as in his education.

And lastly, our country has claims which are strong and imperative. Professing, as we do, by a long course of study, and a peculiar routine of education, to qualify ourselves for the responsible duties of removing pain and disease, and warding off the approach of death, our patients have irresistible moral claims upon us, that when confided to our care they shall receive the best counsel, not that we may happen to give, but the best that can be given, and which it is our bounden duty, religiously, to qualify ourselves to give, upon which depends our being the most useful, or the most dangerous and mischievous members of the community. It will happen to each of you, probably more than once, to be summoned to a court of justice, where, very possibly, the sentence depends almost alone upon the medical evidence. What would be the responsibility if, through your ignorance, the guilty should escape, or still more, if the innocent should suffer? Though it can only be the lot of few to be intrusted with the lives of those great men who, by their learning, writings, or mechanical

skill, have become the common property of the whole world; or who, by their wisdom and eloquence in the Senate, change the destinies of empires; or those upon whom, from their genius in the camp, the fate of nations hang; yet it must daily, and almost hourly, occur to every one of you, however limited and humble his sphere may be, to have the charge of the health and life of his fellow-creatures; and though possibly the grave may tell no tales, nor friends blame us, yet how can we shun the harrowing reproaches of our own conscience, if through our ignorance or neglect any human being shall be hurried to that "undiscovered country, from whose bourne no traveller returns." Perhaps—

"Cut off even in the blossom of his sin.  
Unhous'd, disappointed, unannd'd;  
No reckoning made, but sent to his account  
With all his imperfections on his head."

Can there be any higher claims upon our exertions and industry? If there be, I confess to know them not.

The sciences of anatomy, medicine, and surgery, are, after all, not so very hard to be acquired. True, they are surrounded by difficulties, but these are to be overcome by patience and labour. In this as in every other pursuit, genius and imagination will avail their possessor much, but remember, nothing will compensate for steady and constant attention. You all recollect the fable of the hare and the tortoise; the moral of it is well worth constantly bearing in mind by every student. Practical anatomy consists of facts and observations, which are only to be learnt by actual inspection in the dead body; therefore, let me impress upon you the importance of dissection. Depend upon it the more you dissect now, the more satisfaction you will have hereafter. In this school there is no excuse for not becoming competent anatomists, because there is every facility for acquiring a knowledge of it. Our arrangements for obtaining subjects are such that for many past sessions the supply has been so abundant that not all has been used. I trust in this session, not that the supply will be less abundant, but that the demand will be greater. I think I have observed, not only here, but generally, there has been a growing disposition to rely upon those well illustrated and beautifully got up works upon anatomy which have of late years issued from the press, rather than to undergo the trouble and drudgery of dissection. Against this let me warn you. Illustrations and plates are most valuable assistants and capital *refreshers*; but they cannot *teach* anatomy. No man was ever made, nor ever will become, an anatomist in this manner. To become an anatomist there is no very short cut—no royal road to proficiency; the only way which is open to its votaries is that by which so many of our predecessors have ascended the rugged path of eminence—careful and repeated dissections.

## CLINICAL LECTURES ON VENEREAL DISEASES OF THE SKIN,

DELIVERED TO THE  
STUDENTS OF QUEEN'S COLLEGE HOSPITAL, BIRMINGHAM.

By LANGSTON PARKER, Esq.,  
*One of the Surgeons to the Queen's Hospital, etc., &c.*

### PUSTULAR SECONDARY SYPHILIS.

GENTLEMEN,—We have now in the wards of the Queen's Hospital, several cases of venereal diseases of the skin of the pustular kind, and as this is one of the most important and frequent of the secondary or constitutional forms of syphilis, I shall draw your attention to them in this lecture.

Pustular syphilis is characterised by the eruption of pustules of various sizes, over a greater or less extent of the whole surface of the body, rarely accompanied by any symptomatic fever. It is sometimes confounded with other forms of skin disease, not venereal, on the face. I have known it mistaken for acne, especially when the pustules are small, and I have also in more than one instance seen it mistaken for small-pox, and this very lately. Pustular secondary syphilis assumes several forms; in one form the pustules are small and numerous, this has been termed the lenticular or miliary pustule; in a second form the pustules are larger and not so numerous; and in the third form we have large single pustules, irregularly disposed, but not numerous, the patient may have from ten to twenty of these pustules, in different stages, on various parts of the body. It is fortunate that for the illustration of this lecture, there are patients in the hospital with each form I have described—two in Victoria ward, and a third in the lower mens' detached ward; again, we have one or two out-patients with the same disease, and in one case I have had casts made of the eruption at different stages of its progress, in order to show you those changes in the pustule, which I am about to describe. [The casts were here exhibited to the class.] The secondary syphilitic pustule is a very common form of constitutional syphilis. It generally occurs from six to twelve months after the primary poisoning, but I have seen cases, one now in the hospital, where a well-marked pustular eruption occurred before the primary sore was healed; and again, I have known well authenticated cases, where pustular syphilis has occurred ten, twelve, twenty-seven, and thirty years after a primary infection. It is difficult to explain these facts which I state from my own experience, and in which I am borne out by M. Casenave;\* of their truth there can be no doubt.

The syphilitic pustule runs a very marked and peculiar course, and I will take a medium-sized pustule for the purpose of illustrating the history of this course, because the progress I am about to mention, is not so

\* *Traité des Syphilides.*

well marked either in a very small pustule, or a very large one. When the syphilitic pustule first appears on the skin, it consists of a portion of epidermis raised by a small quantity of pus, but the disease remains a very short time in this state, sometimes only a few hours, at most not more than a few days; the pustule becomes ruptured, the pus exudes on the surface of the pustule, which shrinks and dries up.

In the first form, (the lenticular), the pustules commence in small, red, elevated spots, spread more or less over the face, trunk, and extremities; these spots suppurate at the apex, and each spot contains a drop of matter about the size of a large pin's head; the pustule soon breaks, the pus exudes and dries on the surface of the pustule, each of which is then covered with a small crust, slightly depressed in the centre. On the face these pustules very much resemble "acne."

In the second form the pustules are larger, about the size of a pea, or the small-pox pustule, these soon break and become covered with a thin, flat, or conical crust; if the pustules are few and isolated, the crusts are circular, but if near together the crusts run into each other and assume an irregular form. The disease, in this stage, has been denominated "pustulo-crustaceous." We may see the pustule before it has broken, surrounded by a narrow, red, or livid areola, or the circular crust where the pustule has ruptured, and the pus dried up, or confluent and irregular where the pustules have been near together.

The crust covers an ulcer which, when the former is detached, may be found in varied conditions, either healthy and disposed to heal, deep and sloughy with indurated edges, or even phagedenic. These are secondary venereal ulcers, succeeding to the rupture of the pustule. The ulcer may heal under the crust of the pustule, which is a very common circumstance, but when it does so it leaves behind it a red cicatrix always more or less depressed in the substance of the skin. If the pustule have been placed on the forehead, and have been large and long in existence, the surface of the bone is always more or less absorbed, and a well-marked depression exists in it, long after the ulcer has healed, and the skin has recovered its natural appearance. Till a proper treatment has been adopted, the venereal pustule keeps constantly forming on the skin for long periods, and thus we commonly see the pustule, the crust, the ulcer, and the depressed and red cicatrix all present in the skin at the same time, giving the malady the appearance of a compound skin disease.

In pustular secondary syphilis, then, we have four distinct forms of local mischief—the pustule, the crust, the ulcer, and the depressed and coloured cicatrix, and in the advanced stages of the disease it almost invariably happens that all these conditions are present on the skin at the same time. In many forms of pustular syphilis, particularly the two first, to which I have drawn your attention, the constitutional disturbance is not so great as the extent of the local malady would lead you to expect; thus in the two cases which I have shown you, the general health is little disturbed. But there are other instances in which the constitutional disturbance

is so great as to put the life of the patient in imminent danger; we had an example of this lately in the detached lower men's ward, in a patient suffering from the large single pustules, (syphilitic ecthyma.) This patient was reduced to an extreme degree of weakness, the extremities were cedematous, he suffered from hectic and night sweats, and was altogether in a very precarious condition. Sarsaparilla, broth, opiates, baths, with the iodine of iron, &c., however, were successful in restoring him to good health, and he left the hospital free from any symptoms of syphilis. All the forms of pustular constitutional syphilis are formidable diseases, and indicate a profound and complete contamination of the system by the syphilitic virus. In the second and third forms, the general health suffers more or less, and a fatal termination may ensue, in which a general breaking up of the constitution takes place, preceded by diarrhoea and profuse night perspirations. Happily, however, under a proper treatment, this is not often the case.

Pustular syphilis is formidable again, from the marks and depressions left on the skin, and on the surfaces of the flat bones by the cicatrices of the ulcers to which it gives rise, which may be frequently avoided if the patient is treated early and before the rupture of the pustule; it is commonly the forerunner of, if it be not accompanied by, tubercles and diseases of the bones. Pains in the bones, nodes, and periostoses, commonly complicate pustular syphilis, particularly where the pustules are simple and large, the example already alluded to, and the patient in the detached men's ward illustrate what I have just said on this point. We may next inquire, gentlemen, how such a formidable disease is to be treated, and here it must be quite evident to you from what I have said, and what you have seen of the disease, that its stages are so numerous, its complications and pathology so varied, and the conditions of the general health under which it is met with, so different, that no specific treatment can be in any way applicable to pustular syphilis considered as a mere secondary venereal disease. It must be quite clear that the treatment of the milinary or impetigenous pustule in a patient in good health, must totally differ from that we should adopt in a patient suffering from ecthyma, where the patient is weak and the health bad, and yet they are both pustular secondary syphilis.

If a patient be presented to us for treatment, suffering from either the first or second form of pustular syphilis, and the health be good and the disease recent, the following plan of treatment should be followed:—He should first have a smart aperient exhibited, and be placed, not upon a low diet exactly, but upon a diet consisting of cocoa, milk, broth, and farinaceous matters generally; no beer, wine, spirits, or animal food, if the latter be permitted it should be taken very sparingly. Much difference of opinion exists with regard to diet in secondary syphilis, but on this point it appears to me that the diet, like the medical treatment, must be varied to suit the circumstances of the case. Of one thing I am certain, that should a patient upwards of forty, become tainted with secondary syphilis, and such

patient has been in the habit of constantly living well, a low diet must be adopted with great caution. Age and habit have a vast influence over secondary syphilis, and modify the course and treatment of both very materially. But to return, we take one of the patients in the middle front men's ward as a type of the form of treatment to be adopted when the disease is recent, the health good, and the patient not more than thirty or thirty-five years of age.

1st. An aperient.

2nd. The diet already indicated.

3rd. Decoctions of the woods, with antimonials.

4th. The ordinary vapour or hot bath three times a week. The vapour, however, is far superior to the water-bath. This treatment to be pursued for a week. At the end of that time the plan should be somewhat modified.

The diet should be the same, a little better if the patient feels the change in his habits much. A tenth or twelfth of a grain of the bin-iodide of mercury given as a solution in water, with from three to five grains of the iodine of potassium. The vapour is to be changed for the moist mercurial fume, on the plan I have suggested. This to be used three times a week. If the mercurial plan thus laid down be well and carefully regulated and arranged, no salivation or ulceration of the mouth or any of the more common and evil effects of mercury will be produced. A mere redness, with slight swelling and elevation of the gums is all we shall observe, and this is enough for our purpose.

The bin-iodine of mercury, with the iodide of potass, may be discontinued for two days in every eight or ten, and an aperient again given.

If this plan be carefully pursued, we shall soon perceive a beneficial change in the condition of our patient. In the first place, after two or three days' treatment we perceive that no more pustules appear, that the disposition to their formation is for the time arrested; again, the red or copper coloured ring round the pustules, that are covered with crusts, looks less ovoid, and the eruption looks more dead; after a time the crusts begin to drop off, and we find that in many places, where they formed the covering to ulcers, that these ulcers have healed, and that there is a red cicatrix only, marking the site of the previously existing ulcer. This cicatrix, very commonly depressed more or less in the skin, forms a pit not unlike that left by pustules of small-pox. The crust is the best dressing to the ulcers underneath, under ordinary circumstances, and this is proved by the crusts adhering till the ulcer has healed, under a proper constitutional treatment, and then falling off. If, however, the ulcers are unhealthy, and disposed to spread, we find drops of pus exuding through the crust, or the crust falls, leaving the sore underneath in very various conditions. To these sores various applications may be used. I generally poultice them if foul, for a day or two, then wash them with a little black wash, and cover them with collodion, or the solution of gutta-percha in chloroform, suggested by Dr. Graves, of Dublin. If they secrete much, they may be dusted with starch and calomel; ointments

are generally unsuited to these ulcers, and under ordinary conditions the collodion, or gutta-percha dressing, to defend them from friction and atmospheric influence, answers very well.

This plan should be followed for a month or six weeks, and at the end of that time we shall find that the symptoms of pustular syphilis have disappeared, with the exception, probably, of the red stains left on the site of the ulcers. If they have been deep, it is some time before this redness altogether subsides, perhaps two months, or even three, or more, according to the severity of the attack. Treatment should not be given up, although it should be modified, till all the redness left on the skin has disappeared. If the destruction of parts by the ulceration has been great, the skin is far from presenting its original healthy appearance; it remains puckered, and uneven in place, resembling the appearance of the cicatrices produced by a burn.

In the men's lower detached ward we have a good example of the third form of pustular syphilis, which systematic dermatologists have named "ecthyma." In this patient the constitution has been nearly destroyed by the irritation of the disease. When admitted he presented an illustration of the last stage of syphilitic cachexia. He could not stand, the extremities were oedematous, night perspirations profuse, and pain in the bones of the head and legs very severe. There were seven or eight large secondary ulcers, of foul character, on the head, arms, and legs, which had resulted from the rupture of the pustules, and in two places were pustules recently formed, which offered a good illustration of their commencement. The epidermis was raised by a purulent collection, of the size of a shilling, the covering of which was very thin, the pustule itself surrounded by a deep livid-coloured areola; the skin at which the pustule rested was not indurated.

I gave this patient at first large doses of opium, an admirable anti-syphilitic in such states. I have employed opium very largely in the advanced stages of constitutional syphilitic diseases. Opium has, by a number of authorities, been extolled as a remedy of great value in many forms of secondary syphilis, and its administration by some surgeons has been carried to the extent of twenty or thirty grains a day. Opium is indicated where the health has been broken by mercury and syphilis, and its administration is almost always followed by satisfactory results. It is of especial use where the nights are bad, and the patient emaciated and feeble, where a general irritability—the result of mercury and disease prevails—appears to be wearing the patient out. In such cases opium, in large doses, acts almost magically. In many instances it may be advantageously combined with other remedies, to suit the exigencies of any particular case. I am in the habit of prescribing it combined with guaiacum, with very good results.

Opium, the warm-bath, appropriate dressing to the secondary ulcers produced by the rupture of the pustules, with beef-tea, and decoctions of the woods, are the first remedies to be employed in such states as this.



to which I have just alluded. As the patient improves, the vapour-bath must be used, and the iodide of iron given. There may be many other syphilitic symptoms present, with the pustular disease of the skin and its consequences. Pustules are commonly complicated with tubercles, tophi, and almost always in advanced forms, with pains or diseases in the bones. Such states, of course, require modifications in the treatment suited to the exigencies of each particular case.

## ON THE DIAGNOSIS OF CHRONIC OVARIAN TUMOURS.

BY E. J. TILT, M.D.,

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“Hydrops ovariorum ut plurimum steriles annosaeque mulieres occupat difficulter cognoscitur et vix sine sectio cadavera.”—*Bontheure (Aph. 1773.)*

### (1) Renal Cysts may be mistaken for Ovarian Tumours.

ENCYSTED cysts of the kidney, containing a fluid which has none of the characteristics of urine are sometimes met with, and Dr. Bright judiciously observes, that perhaps of all errors made in the diagnosis of kidney disease, the most frequent has been to consider the enlarged kidney as an ovarian or an uterine tumour.

*Case.*—We have seen, says Caseau, (*Bul. de la Société Anatomique*), a renal tumour which gave the abdomen the appearance of a woman six months gone with child. It lifted up the ribs and filled the left side of the abdomen, extending into the iliac fossa. The tumour was fluctuating in part of its extent, and it had displaced the intestines right and left. All who examined the patient, except M. Caillard, thought that the left ovary was the seat of the disorder, but on opening the body, an encephaloid cancer of the kidney was found.

M. Ripault presented to the same Society an acephalocystic cyst of the kidney, which had been mistaken for ovarian dropsy; but the most interesting case of renal cyst simulating an ovarian, not only in its general appearance, but even in its termination, is given by Dr. James Johnson in his Review, (Vol. ii.)

*Case.*—A woman about 30 years of age, complained of considerable pain in the side when pregnant of her third child. She became easier after her delivery, which was not impeded by a tumour, easily felt after her confinement, and supposed to be ovarian, by Dr. Johnson and five other medical men. A few days after delivery the patient was drenched, while in bed, by a milky fluid, which she said was similar to the milky water she had sometimes passed before pregnancy, so the tumour disappeared, but the patient's strength failed and she died. This fluid was by some supposed to have come from the Fallopian tube, by others from the bladder, but a *post-mortem* examination proved that the ovaries and tubes

were perfectly healthy, and that the cyst was found to be an immense bag formed by the capsule of the kidney, prodigiously distended, communicating with the bladder. It contained full three pints of the fluid and had probably contained five or six quarts. The pelvis of the kidney had become sufficiently distended to line the inner surface of the sac, while the glandular substance expanded between the pelvic and capsular tissues, formed papillary bodies which covered the cyst, and secreted the milky fluid. There was no trace of peritoneal inflammation. The milky urine and the invariable exacerbations of pain in the lumbar region, when the urine became scanty or assumed its natural or a higher colour would furnish a help to diagnosis in a similar case. Here the accoucheur was to blame for not having investigated the tumour immediately after parturition.

In the beginning of renal enlargements it would be difficult to fall into this error. The pain, if any, would be referred more to the seat of the kidneys than to the ovarian region, the tumour would be found more or less isolated from the iliac region occupying the upper portion of the abdomen, and descending from it, but when the practitioner only sees the case after the tumour has attained its greatest size, the diagnosis is extremely difficult. The tumour will present the same abdominal appearance—the same fluctuating tumour surrounded by intestines; the general symptoms are the same; the menstrual function is not seriously deranged, and even if an exploratory tapping were made, it would not decide the question. It is true that we may gather presumptive evidence from the previous history of the case, but in the absence of decisive proof, encysted tumours of the kidney are liable to be taken for ovarian dropsy so long as the one disease remains frequent and the other rare.

### (1) A Distended Bladder has been mistaken for an Ovarian Cyst.

We are ashamed to say, that there are well authenticated instances of this mistake besides the one Dr. Copland mentions having seen, and this shows to what fatal results an unpardonable want of care may lead. By following the precept to empty the bladder before making any very minute investigation of a patient's case, such mistakes may generally be avoided, when the bladder is healthy. It may however be, that the retroverted womb presses so hard upon the neck of the bladder that the free passage of the urine is prevented, and the distended bladder rises like a smooth round tumour from the pelvic region; but then the position of the tumour, and its distinct fluctuation, points out its nature, and when the uterus is replaced by means of the uterine sound, a catheter may be introduced to draw off the contents of the bladder. But the bladder may be pressed upon by a tumour so as to be divided into two equal cavities, as in the following interesting case, related in our work “On Diseases of Menstruation and Ovarian Inflammation,” p. 36:—

*Case.*—A woman, aged forty-five, had been long suffering from some undefined abdominal complaint

before entering La Charité, on February 15th, 1848. The abdomen was uniformly enlarged, and tender when pressed; there was also retention of urine; and on introducing the catheter the instrument took a perpendicular direction against the pubes, and only a few ounces of urine were voided, though on percussion, the bladder still sounded as if full. The male catheter was then substituted for the female, and Dr. Blanche, with some trouble, and by exercising a moderate degree of force, penetrated into a second portion of the bladder, and evacuated from two to three pints of urine. This operation was daily performed with the same difficulties. All this was esteemed by Dr. Casseau to be the result of an ovarian tumour; in Professor Velpeau's opinion it was caused by an uterine tumour; but Dr. Rayer prudently forebore giving any diagnosis. The patient lingered for several days with increased abdominal pain, fever, and weakness, and then died.

*Post-mortem Examination.*—We found general peritonitis, with considerable effusion. The bladder was enlarged, and presented traces of chronic inflammation, and a few gangrenous spots; the uterus and ovaries were without adhesion. To explain the peculiarity of the patient's symptoms, we found between the bladder and the rectum a globular tumour, about the size of a cocoa-nut. Its parietes were very thin, firm, and fibrous. It contained a yellow fluid, of the colour and fluidity of ordinary urine. It was this tumour which pressed on the bladder against the pubes, and so divided it into two cavities, that on sounding the woman it was not difficult to penetrate into the smaller cavity, but it required greater force and a longer instrument to enter the second portion. This woman had been carefully examined by some of the most eminent men in Paris, yet the explorations per rectum and per vaginam separately, did not lead to the detection of the tumour, perhaps on account of its uniform elasticity; but had the double touch been put in practice, the tumour would have been detected; and if its detection had taken place before the supervention of general peritonitis, the patient's life might have been prolonged. In reference to this case we may remark, that had the patient fallen into inexperienced hands, force might have been employed in the usual direction of the female urethra, the cyst might have been perforated, and its contents evacuated, and looked upon as urine. One of two things would then have occurred—the inflammation of the cyst, as a consequence of the ingress of urine to its cavity, and ultimate death; or adhesive inflammation might have taken place, and the patient have been cured without the nature of her complaint being ascertained.

If the tumour itself cannot be easily made out, it will be difficult not to be impressed that the bladder is not the principal seat of the disease. By careful manipulations with the male sound, it will be possible to penetrate into the second cavity of the bladder, and if so, by the withdrawal of the urine it contains, we also subtract from the complicated problem the element bladder; if that be not possible, we may attempt, in some cases, to do like Madame Boivin, to force up the tumour. "I

introduced, (says this eminent lady,) a bent instrument, shaped like a spoon, between a tumour and the internal face of the pubis, and then, by pressing from above downwards, and from before towards the back, I was at last able so to compress the tumour as to permit the introduction of the catheter." Should it be impossible to displace the tumour, we must then be guided by the history of the case,—by the state of the urine, which will be little affected if the bladder is not the principal disease, and the practitioner must wait until the growth of the tumour relieves the bladder from its pernicious interference. If the bladder is in itself diseased, it may give rise to a very pardonable error of diagnosis. Thus we read in Morgagni:—

*Case.*—A woman, 40 years of age, was much troubled with floodings, leucorrhœa, hypogastric pain, and that a swelling was felt, rising from the pubes to within an inch of the navel. The patient was also subject to vomiting, and to strangury, and was supposed to be afflicted with cancer of the womb. On examination after death the tumour was found to be an enormous bladder, the walls of which were so hypertrophied as to be formed of a hard white substance, as thick as the little finger. Above the pubes this bladder was united to the abdominal walls. Uterine lesions explained the uterine symptoms.

*Remarks.*—This case is interesting, not only in itself, but as a proof of the gratifying improvement of medical art. Such a case in these days would not be mistaken for cancer of the womb. The speculum would have shown that the womb was not thus affected, the passing of a catheter would have shown the dimensions to which the bladder had attained, the nature of the urine would probably have been shown by chemical tests.

A large abscess developed in the anterior wall of the bladder has, it appeared, (Sepul., sect. 21, obs. 25.) been taken for pregnancy, and might, therefore, be taken for ovarian dropsy, but the modes of examination already alluded to would prevent such a mistake.

(m) *An Ovarian Tumour have been mistaken for a Distended Bladder.*

An interesting case of this has been communicated to us.

*Case.*—A lady came under Mr. Harvey's care for disease of the middle ear, and consequent meningitis, of which she died, but two or three days previous to her decease a supposed retention of urine took place. As the patient was comatose, no information could be obtained from her, and it was natural to suppose that a regular round tumour, about the size of a child's head, situated in the centre of the hypogastric region, was the distended bladder, but on passing the catheter, no urine was withdrawn, and the tumour remained undiminished. Its appearance was so similar to that of the bladder, that both Mr. Harvey and another practitioner were deceived, and from time to time reintroduced the catheter, but with no better success.

On opening the body, death was explained by the

ordinary lesions of meningitis. The suppression of urine might, perhaps, be accounted for, by a granular state of the kidneys; and the hypogastric tumour was a piliferous ovarian cyst, containing atheromatous matter, with hair, and a fragment of bone, resembling a portion of the maxilla bone, from which arose five teeth. If the patient had not been moribund, we have no doubt that those who attended the case would have required the conviction of its being ovarian, by examining it carefully; as it was, they provided against the retention of urine. The urine, had it passed, would have indicated the granular state of the kidneys.

11, York Street, Portman Square.

[To be continued.]

## ON SYPHILIS AND GONORRHOEA.

By W. A. COX, Esq., BATH.

*Read at the Quarterly Meeting of the Bath and Bristol Branch, Oct. 7, 1852.*

THE question I submit to the consideration of this meeting is,—“Can Syphilis and Gonorrhoea coexist in the same person?”

This, it appears to me, is not a mere abstract and theoretical question, but one of deep importance, because bearing on every-day practice. The more than half a century that has elapsed since John Hunter's death, has not only very much modified our practice in the treatment of venereal disease, but in its experience has shown us that the determination of what is and what is not a true syphilitic sore is not assisted by the existence of such marked characters as that great surgeon appears to have thought. Sores of a character apparently the most innocent will every now and then be followed by well-marked secondary symptoms; so that at last we seem driven to M. Ricord's conclusion, that there is absolutely no sufficient test of what is and what is not a true syphilitic sore, except the production of another sore of a similar character in the same patient by inoculation from the virus of the original; a conclusion which Mr. B. Cooper has also arrived at. (*Medical Gazette*, vol. xliii., p. 996.)

There is no doubt that a surgeon's reputation may be very seriously affected by this difficulty, if not impossibility, of absolute diagnosis. Mr. Lawrence says:—“The first effect of the venereal poison may be an ulcer quite superficial, or a mere excoriation without loss of substance. Many consider that such appearances are not syphilitic. I regard them just as much so as the other forms: they give rise to secondary syphilitic symptoms:” and then he gives a case in a gentleman of “acute syphilitic iritis, of which (he says) the characters were so well marked that I immediately told him he had venereal disease of the eye.” He denied having contracted a venereal affection; but there was a scaly venereal eruption about him, and he acknowledged to a slight excoriation which did not heal completely for a few weeks, and was declared by a

medical man not to be venereal. (*Medical Gazette*, vol. xxi., p. 743.)

Let me take another case:—A young man applies with gonorrhoea, which he says he has had two months. He has also a sore on the prepuce, which is indurated and in a state of phimosis. I do not mean that the sore, but that the prepuce, was indurated;—that kind of induration so well described by Mr. Skey as “soft thickening.” There was, besides, an incipient tumour in the right groin. In this case the opinion entertained by the surgeon is, that the ulceration is syphilitic—that it would lead to secondary symptoms; and, therefore, that it should be treated with mercury. It is so treated, and the sore heals.

By some this has been considered as of great importance in forming a diagnosis; and no doubt it is. But suppose a different case; suppose such a case as the above, complicated with such a state of health as to render the exhibition of mercury hardly admissible, how invaluable would be any means of determining that the ulcer was absolutely not syphilitic. Suppose that such test is to be found in the coexistence of gonorrhoea, how cheerfully should we speak to our patient, and point out to him that, smarting as he might be, under arduous urine,—racked as he might be during the still midnight with terrible chordee;—labour as he might, to squeeze some few drops of urine through a strictured urethra—yet, he had this consolation, that as he had gonorrhoea, the sore which accompanied it was innocent and not syphilitic;—that now there was no necessity of loosening his teeth with mercury, whilst we sickened his stomach with copéiba. Nay, we might add, that as gonorrhoea and syphilis could not coexist, he, for the time at least, bore a charmed life; that if, unhappily, he should, whilst having a gonorrhoea, fall again into temptation, under the consequences of which he was then smarting, he might make his mind easy. It would not be necessary, at any rate, to attend the schools of Paris to learn how he might indulge in his amours without danger; for he was safe—he had gonorrhoea; possibly he might increase it, but syphilis he could not contract; and though he might tell us that this sore had appeared some considerable time after the gonorrhoea, and, indeed, after another illicit intercourse into which he had been tempted, we might assure him there was no danger;—syphilis it could not be, and secondary symptoms it would not produce. It might not, indeed, be so easy to determine what was a true syphilitic sore; but about the gonorrhoea there could be no doubt; and where it was, syphilis could not exist. It is only to be feared that such a scientific discovery, presenting us as it does with perfect diagnosis and absolute prophylaxis, might be seized on by the faster portion of our population, and that our Lotharios might be willing to compound for an immunity from syphilis by possessing an unimportant gonorrhoea; and thus our respect for the public morals might compel us to keep to ourselves a fact so dangerous to their purity.

But, is it a fact that syphilis and gonorrhoea cannot coexist? I am not aware of any authority which can be quoted in support of the assertion. So far from its

being a general opinion, the very reverse appears to be universally implied, and to be accepted by writers as a fact of which there is no doubt.

Mr. Lawrence expressly acknowledges it. He says:—"Now we do occasionally find that the two diseases exist together; but this is comparatively rare." (*Lancet*, of March 13th, 1830, p. 810.)

In the reports of the Lock Hospital, as reported in the *Lancet*, of October 25th, 1834, p. 189, will be found cases of syphilis and gonorrhoea coexistent in the same patient.

Dr. Fenwick gives, in the *Medical Gazette*, a report of 943 cases. Of these, 252 were cases of simple gonorrhoea; in 170, sores existed with gonorrhoea; and in 521, sores existed alone. It has occurred to me, in looking over this paper, that the question of the non-coexistence of these two diseases appears never to have entered his mind. He addresses himself not to that question, but to the advantage of giving mercury when such a combination exists.

The only other authority I will draw attention to is Rayer, who, when treating on syphilitic diseases of the skin, speaks of what he calls the simple venereal ulcer, the *venerola vulgaris* of Evans, and the common chancre of several French pathologists. He says they are "the most common of all forms of venereal ulcer;" "they are frequently accompanied with blenorrhoea of the glans, with urethral gonorrhoea, and with phimosi;" and "that he has observed every variety of venereal eruption and venereal growth as consequences of these sores."

But may I not appeal to the experience of every man who has had even limited opportunities of judging whether he has not repeatedly met with gonorrhoea complicated with sores, which in other cases he should have said immediately were syphilitic, and treated as such.

symptoms were present:—Two small wounds in the anterior aspect of the knee, and a wound, about two inches in length, running obliquely across the popliteal space; leg perfectly cold, and slightly discoloured, the lower two-thirds being devoid of sensibility; patient in a state of extreme exhaustion, but free from hæmorrhage. He was ordered a mixture, containing æther, ammonia, and opium, and to have wine. A hot-water bottle was applied to the foot, and the leg was enveloped in cotton-wool.

31st.—Leg more discoloured, but not so cold; there is slight sensibility in the foot; pulse very feeble, and he is very prostrate. Ordered an egg beat up in brandy, (half an ounce,) three times a day, and as much beef-tea as he can take. On consultation, Mr. Fowler and Dr. Eves thought the patient too depressed to sustain the operation of removal of the limb, conceiving that in all probability it would at once destroy life, it was determined, therefore, to wait and watch if an opportunity for the operation should occur.

June 1st.—Leg quite cold, and he has not the slightest feeling in it; he was delirious nearly all last night, but says he feels stronger to-day; bowels were opened yesterday; pulse 130, very weak. Ordered one pint of porter, in addition to eggs and brandy.

He died on the morning of the 2nd, at seven o'clock.

*Autopsy.*—Leg in a complete state of gangrene, with large vesications over the foot; deep discolouration on the back of the thigh, extending nearly to the hip; the popliteal artery and vein were both divided; the artery was blocked up by a coagulum an inch and a half in extent, which was rather adherent to its inner coat, the vessels of which coat were minutely injected in the part contiguous to the clot; the divided extremity of the artery was closed by contraction of its walls, the edges of which were gathered in as it were, forming a rounded termination; the vein was blocked by a coagulum about two inches in length, but which was not so adherent to its inner coat as that in the artery; the popliteal nerve was not divided, but the part corresponding to the division of the vessels was altered in appearance, and presented a dark colour, and softened structure: below this for about an inch it looked healthy, and still lower down it was implicated in the common gangrene of the leg.

*Observations.*—It is quite clear that in this case the only chance of saving the patient's life, if he had been seen soon enough, would have been by removing the limb above the knee. I am unaware what state he was in when first seen by the surgeons on the spot, or what means were used to suppress hæmorrhage. In all probability a surgeon would hesitate to amputate in a case where the external injury appeared so slight, particularly if the bleeding had ceased, considering also that wounds of the popliteal artery have been successfully treated by ligature. It must be recollected, however, that the circumstances of this case differ from those of a punctured wound of the artery; and we may legitimately infer, that a force sufficient to divide the artery, applied as it was in this case, must necessarily greatly

## Hospital Reports.

CHELTENHAM GENERAL HOSPITAL.

### CASES

*Reported under the Terms proposed by the Association.*

BY OCULUS APERTUS.

*Division of the Popliteal Artery and Vein—Contusion of the Popliteal Nerve—Gangrene—Death.*

GEORGE LUDLOW, waggoner, aged 36, was admitted into the Cheltenham General Hospital on the evening of May 30th, 1852, under the care of Dr. Eves. He fell as he was jumping from a waggon loaded with a ton of coal, the wheel of which passed over his knee. The accident happened near Tewkesbury, at noon on the 29th. He is said to have lost an enormous quantity of blood. The surgeons who saw him at Tewkesbury thought him too weak to be sent here until the evening of the 30th. When seen at eleven p.m. the following

injure the popliteal and peroneal nerves, and in all probability divide the vein. So that in a similar case of a confused and lacerated wound in the popliteal space, with excessive hæmorrhage, the diagnosis would be, that the popliteal artery was wounded, seeing that there is no other vessel there which could pour blood so profusely; and if this artery was wounded, it would follow as an almost unavoidable consequence, that the great nerves and veins would be so much injured, that sphacelus would ensue in the limb. From this it may be inferred, that in such a case the only rational treatment would be immediate amputation, if the patient was able to bear it.

The dissection in this case was interesting, as affording an opportunity of seeing the first steps taken by Nature for restraining hæmorrhage from a large vessel; it was seen that the divided extremity of the artery was contracted or gathered in, as it were, at its edges; then, in all probability, syncope supervening, caused the formation of the clot, by enabling the contraction to resist the force of the circulation, diminished in power as it would be by the faintness. The effusion of lymph, preparatory to the final stage of obliteration, appeared to have commenced, as evidenced, by adhesion of the clot to the walls of the artery.

In the treatment of incised wounds of the popliteal artery, the plan to be adopted consists in applying a ligature to both ends of the vessel; compression is inefficient and dangerous. Boyer (*Traité des Maladies Chirurgicales*, p. 286,) relates a case in which a young man received a wound on the external part of the knee-joint, by means of large-pointed scissors used by harness makers; the instrument penetrated between the femur and the tendon of the biceps muscle, and wounded the popliteal artery. Considerable hæmorrhage followed, which was arrested by pressure. At the end of some days, after a hasty movement, the bleeding recommenced, and was restrained by a stronger compression. A third hæmorrhage occurred, and was arrested by a bandage applied still more tightly. The limb now swelled enormously, and became mottled, livid, and cold. Boyer being called in consultation, (the leg being already gangrenous as far as the knee,) removed the limb, and cured the patient. On dissection the artery was found opened on its outer aspect to the extent of two lines.

*Probable Fracture of the Ribs, with Emphysema and Traumatic Hæmothorax.*

WILLIAM HAMPTON, aged 38, was admitted into the Cheltenham General Hospital, under Dr. Eves, April 30th, 1852, a cart wheel having passed over the lower part of the thorax, the cart itself, according to his own statements, weighing 9½ cwt., and being at the time loaded with 18 cwt. of coal. He states, moreover, that the wheel passed quite over his body. At night he was in a state of alarming exhaustion.

*Present condition.*—May 2nd.—The right side is much bruised, and there exists an emphysematous condition, extending from the seat of the contusion, up

to within a short distance of the clavicle; there is great pain on pressure, both over the right side of the chest and abdomen; his tongue is covered with a whitish fur; the face is flushed; pulse 78. On the morning after the accident he was unable to pass his water, which was, accordingly, drawn off with a catheter, since which he has suffered, to a certain extent, from hæmaturia.—R. Ant. Pot. Tart., gr. j.; Liquor Opii Sed., dr. ss.; Mist. Camph., oz. vj. M. Sumat. oz. ss., secundis horis. He has already taken two aperient pills, which have acted on the bowels.

3rd.—General symptoms much the same; tongue somewhat browner than yesterday; pulse 84; respirations short, shallow, and laboured, 40 in the minute; is unable to take a deep breath without causing great pain about the 7th and 8th ribs.

*Physical Signs.*—Emphysema much diminished; complete dulness and resistance to the finger on percussion over the lower and front part of the chest, extending upwards to within an inch of the nipple; movement of expansion less on this side. There is still much pain on pressure. In the upper part of the right lung the respiration is short and jerking. Over the sixth, seventh, and eighth ribs the murmurs are barely audible; but there may be detected a few cracklings (probable false pleural rónchi), occurring just under the ear. On the left side there exists a compensatory respiration.—R. Antim. Potass. Tart., gr. ij.; Aquæ, oz. viij. M. Capt. oz. ss. secundis horis. He was likewise ordered twelve leeches to the affected side.

May 4th.—Complains less of pain; the breathing is still difficult but less frequent; the crackling has disappeared; physical signs otherwise unchanged. The leeches bled freely. Bowels open; tongue dry and furred; pulse 84. To take the mixture every three hours.

May 5th.—There is still much tenderness over the lower and anterior part of the right side, extending backwards. Respiration now audible over the seat of injury. The dulness does not extend quite so high as when first examined.—R. Hydrarg. c. Cretâ, gr. iij.; Pulv. Ipecac. Co., gr. v. M. et fiat pulv. horâ somni sumendus.

8th.—Pain on pressure much diminished. Pulse 72.

10th.—Improving. To take the mixture three times a day only, and to continue the powders.

13th.—Breathing still painful and laborious. Extent of dulness on percussion but little altered. To omit the mixture but continue powders. Ordered Empl. Lyttæ regioni hypochond. dextræ.

15th.—Much the same. To take the powders night and morning.

17th.—Appetite bad; tongue cleaning. No alteration in the dulness on percussion. The side was ordered to be painted with Tintura Iodinii Co.

25th.—Complains of Pain during inspiration in the lower and posterior part of the left side. To take a powder at night only.

31st.—The dulness is now diminishing in point of extent. General health improving.

June 3rd.—Still improving.

7th.—Feels much better; gums sore. Cont. Pulv.  
12th.—Says he is getting stronger every day.

19th.—Is so much improved that he thinks of going out of the hospital. Previous to his so doing his chest was examined. The dulness formerly noticed had disappeared in front, but the right lower back was still less resonant than the left; the respiratory murmurs were now audible, though more feeble, on the right than on the left side, especially at the lower and back part of the lungs; a deep inspiration produced a kind of crumpling sound over the seat of the injury. Expansion the same on both sides. General health good.

*Remarks.*—It is not improbable that in this case there occurred a laceration and rupture of one or more vessels, giving rise to an effusion of blood into the cavity of the pleura, and thus producing the physical phenomena mentioned as having been detected in the neighbourhood of the injured part. It is not likely that the effusion could have been very considerable, since little more than seven weeks were necessary to allow of the chest recovering its sonority and healthy play. Fortunately there appears to have been no inflammatory complication, as might not unreasonably have been anticipated under the circumstances, and with the exception of the alarming collapse which took place on the night of his admission, and which was in all probability the result of the escape of the blood into the pleural cavity, the recovery took place without any untoward symptom.

## Proceedings of Societies.

### BATH AND BRISTOL BRANCH.

THE quarterly meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association was held at the Royal Western Hotel, Bristol, October 7th, 1852, at half-past seven, P.M.

There were present from the Bath District, George Norman, Esq., President, in the chair; Messrs Bailey, Barrett, Bush, Bartrum, James Crang, Cox, Davies, M.D., Edwards, King, Mason, Parsons, Skeate, John Soden, Stone, Thurnam, M.D., and Wilkins. From the Bristol District, Messrs. Budd, M.D., Burroughs, Collins, Coe, Colthurst, Cross, Estlin, Godfrey, Green, Lancaster, Leonard, Mayor, Morgan, Nield, O'Bryen, Prichard, Rogers, M.D., Sawyer, Smerdon, J. G. Swayne, M.D., S. H. Swayne, Symonds, M.D., Swete, Wilson, and Woodforde.

Mr. BARTRUM read the minutes of the last quarterly meeting at Bath, which were confirmed.

Mr. WILSON was almost afraid that he should be out of form in doing so, yet requested permission to make a few observations explaining the cause of his absence at the annual meeting, when the question of the life insurance fee was brought forward, and expressing his regret at the form in which the resolution was ultimately passed.

Dr. W. DAVIES read a case of "Abscess of the Right Ovary, terminating in Rupture into the Peritoneum, and Death from Acute Peritonitis."

Mr. NORMAN referred to a case at present under his care, of a young woman who had a small tumour in the lower part of her abdomen, and who, upon using slight pressure with her own hand, felt something give way. This was followed by inflammatory symptoms, which were subdued, and the patient was doing well.

Mr. JOHN BARRETT enquired of Dr. Davies, whether the history of his patient's case before admission to the hospital had been that of active symptoms, as he conceived this would greatly have assisted the diagnosis. He quoted a case of M. Dupuytren's, where rupture of the bladder had not been followed by death for seven days, though the urine had escaped into the cavity of the peritoneum, a receptacle being formed for it by adhesions.

Dr. BUDD mentioned a "Case of Peritonitis," arising, he believed, from rupture of the ovary, but which he hoped would terminate favourably. He more particularly noticed the great tolerance of very large doses of opiates in these cases. He also adverted to the remarkable coincidence of two cases of peritonitis occurring on two consecutive days in a father and daughter, both of them arising from ulceration of the small intestines.

Mr. PRICHARD read his paper "On Extraneous Bodies removed from the Eye," and exhibited several beautiful specimens microscopically.

Mr. JOHN SODEN remarked that a blunt curette was acknowledged by all to be the most convenient instrument for removing extraneous objects from the eye; nevertheless he had found a piece of quill cut into the form of a pen, but without a slit, so exceedingly useful that he thought it well to mention it.

Mr. NIELD narrated a case of "Inflammation of the Eye" where there was no apparent cause, nor could any extraneous body be discovered. In consequence of its long continuance, Mr. Estlin was consulted, and found upon everting the upper eyelid very fully, a small elevation of the mucous membrane, consisting of caseous matter, arising, as was suggested, from hardened deposit in the highest follicle or chain of meibomian glands.

Mr. GODFREY, having observed on Mr. Prichard's third case, where vision was not perfect without the use of the muscles of the removed eye, suggested that it might be referred to the consensual action of muscles of the eyeballs; for instance, if one eyeball acted, might not the other act in accordance, and so the iris of the unaffected eye act as though under the influence of direct light?

Mr. PRICHARD answered, that could not be, as the eyeball was wholly removed, leaving the stumps of the muscles only.

Mr. BARRETT referred to the difficulty he had found in determining whether there was a portion of iron embedded in the cornea, or whether it was only the stain left by it.

Mr. PRICHARD remarked, that if the epithelium only were scraped off in the removal of the imbedded mate-

rial, no speck could result; whereas, if any of the layers of the cornea were injured, it would be otherwise.

Mr. ESTLIN recommended the use of the magnifying glass, and more especially noninterference, where the surgeon is uncertain of the existence of a foreign body as the exciting cause of inflammation.

Dr. BUDD called attention to the beautiful physiological fact noticed by Mr. Prichard, with regard to the effect of light upon the fifth pair of nerves.

Mr. PARSONS described the mischief often produced in country districts by small portions of the beard of barley being blown into the eye, it being toothed at the edges, and consequently requiring to be removed by a forceps in the same direction as it was originally driven.

Mr. LANCASTER asked if the rings now exhibited were not the oxyde of iron, the centre being washed away.

The PRESIDENT then called on Mr. Cox for his paper on the coexistence of gonorrhoea and syphilis, first asking him if it referred simply to the subjects mentioned in the notice paper, without in any way touching upon a matter that had been lately of public notoriety.

Mr. Cox, having answered that it was so, proceeded with his paper. (See page 557.)

On its conclusion, the most breathless silence being observed, the PRESIDENT remarked that there was nothing more promised, but if any member had anything which he would wish to bring forward they would be happy to hear it.

Mr. JOHN BARRETT then mentioned a case which he had lately examined, of an infant exposed, and in which he had employed the test proposed by Mr. Bloxam many years ago, of opening the cavity of the chest whilst the head was under water, and observing whether air bubbles then escaped from the mouth: if they did the conclusion was, that the child's lungs had received air, not by artificial, but by natural inflation. In this case no air-bubbles escaped; still the lungs floated, with the heart, &c., as did portions of them; but when crushed in a cloth these portions sank; the lung had also a foetal colour. He concluded, therefore, that respiration had only very partially taken place. The principle on which Mr. Bloxam's test rested was, that after natural inflation there would be a tendency in the lungs to contract, and therefore partially to expel its contained air on opening of the chest, but that this would not be the case after artificial inflation.

Mr. KING, referring to the frequency of child-dropping, remarked that it was a subject of great importance, and medical men ought not to forget that the foetus often breathed in vagina, consequently that the child might breath so as partially to inflate the lungs, and yet be really stillborn. He noticed it as a point which should never be forgotten in courts of justice.

Mr. JOHN BARRETT observed, the question generally put to the medical witness was, was the child really fully born, and has it naturally respired, and, if after the child has been born had any endeavour been made

to inflate the lungs which would be an endeavour to save the child although the birth may have been subsequently concealed. The child may often cry *in transitu*, but in that case the colour of the lungs would be foetal, and not of full inspiration.

Mr. NORMAN considered that a medical man in a witness-box is bound to state all the facts of the case, and proceeded to illustrate this by describing the course he had pursued when, as a very young man, he was examined by Sir Vicary Gibbs. He stated that the child lately examined had breathed, but at the same time he was bound to explain the fact that children may breathe and yet die shortly afterwards without any criminality on the part of the mother.

Mr. GREEN, with pain, observed the tendency in many individuals to make all such cases criminal, because there was no doubt that stillborn children often gave a feeble moan and a slight struggle, which, unless further assistance was given were followed by death. He believed that the lungs might be partially inflated, and yet there might be no criminality. He had seen the head of a child opened, where yet it subsequently breathed, and the lungs were somewhat inflated. In such a case much difficulty might occur were the question to be brought into a court of justice.

Mr. NIELD referred to the possibility of a child being born alive, and yet being suffocated under the bed-clothes, or by its face lying in the fluids.

Mr. NORMAN saw a case of turning, where the arm had been down some time. The head was a long time coming down. The child breathed at long intervals, fifteen or twenty times, yet it died. In such case the lungs were inflated, yet the child died from want of power to recover.

Mr. MASON mentioned a case recently occurring to himself, of a child breathing as it was passing from the vagina, yet being strangled by the chord looped round its neck, and being tightened during the act of expulsion. The child subsequently recovered.

Mr. LANCASTER then exhibited a specimen of diseased bladder, with enlarged prostate, which he considered of a scirrhus character. In describing the case he referred to its previous history, and the impression that the previous medical attendant had passed an instrument under the supposition that there was a stone.

Mr. WILSON had attended the case, and introduced the catheter without the slightest idea that stone existed, having only the belief that there was an enlarged prostate, such as frequently exist in old men.

Mr. NORMAN could not discover anything more than an enlarged prostate; no scirrhus.

Mr. NIELD had found in some cases of enlarged prostate with irritable bladder and muco-purulent secretions, very great benefit to arise from the injection of a solution of nitrate of silver, one grain and a half to the ounce, the urine becoming quite clear under the use of the injection.

## CREWKERNE AND YEovil DISTRICT MEDICAL ASSOCIATION.

THE fourth general meeting of the members of this useful and prospering Society was held at Martock, October 7th. Letters apologising for absence were read from Dr. Woodforde, Taunton; Dr. Sydenham, Yeovil; Dr. Pope, Somerton; Mr. Crouch, Bruton; Mr. Valentine, Somerton, &c., &c.

The alterations made in the Draft of the new Medical Reform Bill, published in the *Journal* of May 12th, were read. The members considered that there are some clauses which may be greatly improved, and confirmed the resolutions of the last meeting, published in the same number of the *Journal*.

A very interesting "Case of Strangulated Hernia" was brought forward by Mr. HENRY NORRIS (and is sent for publication). Much discussion ensued on the various modes of relief and methods of operation, and from several cases brought forward the members considered that in this part of the country the results of operations are highly favourable, a fatal termination occurring almost entirely in those cases where recourse to the knife has been too long delayed.

Mr. HUGH NORRIS communicated a case in which pleuro-pericarditis *instantaneously* came on without previous illness or exposure, and early prostration terminated fatally on the 7th day, an autopsy revealing a cretaceous deposit of the size of a large walnut surrounding the right bronchus and pressing on the pulmonary artery, the substance being in the *pulmonary texture*.

The subject of *placenta previa* caused much discussion, and elicited many illustrations of success in practice from early recourse to evacuation of the uterus, the method of previously detaching the placenta finding little advocacy.

Some medico-legal cases were discussed, the members deriving much information from the medical Coroner for West Somerset, who was one of the visitors.

The HONORARY SECRETARY urged the necessity of a good example being set by medical gentlemen in subscribing to the support of the new Benevolent College.

It was resolved that the next meeting of the Society be held at Crewkerne.

## Correspondence.

### ON BENEVOLENT AND PROVIDENT SOCIETIES.\*

THIS most important feature of the operations of the Medical Benevolent Fund deserves a little further consideration. It has been proposed that some of the local Provident Medical Funds should invest a certain portion of their accumulated resources in the Medical

Benevolent College, and thereby acquire an equivalent right to present to the advantages of that College, applicants from their own members in their own district. It is, however, manifest, that in all those provident institutions, *all the members have a vested interest*, and that the governing bodies of such provident institutions *cannot so invest their capital*, without the consent first had and obtained, *of all the representatives of those vested interests*. And then, what good has been obtained? Say, a *presentation* to a certain charity. But then these presentations, to prevent injustice to other *direct members of such charity*, must be thrown open to the election of the subscribers generally. At least so it appears to me. These boons then, are to be obtained by the *votes of the majority of the subscribers*; and like other similar institutions, the same means must be resorted to to obtain a majority of such subscribers' votes. Hence the necessity, as in other cases, for an active canvas, and perhaps a repetition of such canvas, on various successive elections, and for a large outlay in cards, postages, letters, &c., &c.; hence the necessity for the purchase of votes; and hence the final triumph of him or her who has the largest number of wealthy and active friends, who will come forward to secure the success of their candidate by their purse and their influence; and hence the success of the most *wealthy*. But by the supposition it is not the *wealthy* but the *poor*, who are to be the recipients of these boons, and therefore making money value a test of the fitness of the candidates, is an essential departure from the principle of *benevolence*. Yet such must inevitably be the case; and the College thus peopled, and thus based upon a false principle, will soon become the arena for the fostering influence of patronage, and the sickly brood of its blighted progeny—hatched under its fostering wing, and collected together by the trading and trickery which attaches to these elective feasts, the object of which is to secure success by means however unscrupulous.

How much better is it that the poor destitute candidate should be selected by the Committee of the Benevolent Fund,—selected on account of *poverty and destitution*, and presented to an annuity without canvas, and where that annuity can be held with all the sanctity of *home* comforts. I know it may be said that this confines the choice of the annuitant to the *friends* of the Committee. In plain and practical truth it does not; and the cases selected must be those of the most destitute; and I confess myself monarchical enough to prefer the government of the few who are responsible, to that of the many who are irresponsible. But even admitting that the canvass of the many *subscribers* is exchanged for a similar canvas of the few Committee, a great point has been gained in superseding the expense of some thousand applications, which is so distasteful to the educated mind, so degrading to the moral sensibilities, and which places the preponderance of interest in a money test.

Far be it from me, Mr. Editor, to find fault with any of the proceedings of the Medical Benevolent College. But when we are called upon to support any charitable purpose, it becomes us to inquire what scheme can be carried into effect with the least amount of injury, and with the greatest amount of good, to the large professional family—remarkable as it especially is, for its

\* Concluded from page 537.



pride as well as its poverty, and whose feelings in their misery, should be held most sacred.

After all, when the annuity has been obtained by influence and wealth, what is the result? True, there is a home obtained, under the paralysing conviction of the doubtful means by which it has been procured; the unsuccessful candidates with small purses are grievously annoyed; the successful ones find in their little homes, anything but the asylum of peace. The motley progeny of passions, called into being by the provocatives of society, prey upon its constitution; the seeds of discord are widely sown, and rapidly vegetate, and under their lurid influence, the wretched annuitant finds that he has left peace behind him, and that for the sake of a home enclosed by four walls, he has abandoned all the real comforts of the sunset of life's history. How infinitely to be preferred is the annuity which can be enjoyed in the bosom of the family and the scanty sum which ministers to the daily wants, to the more affluent pittance with diminished self respect.

In this review, Mr. Editor, I have fixed upon the annuity scheme for discussion; but I must point out to you that there are many emergencies of life which cannot be provided for by the Benevolent College, and which cannot be superseded by its means of relief; and that these can only be met by a fund whose object is to relieve such emergencies. I will only select a very few of the cases of the last Committee, viz. :—

I. The widow of a medical man, and the daughter of a clergyman once in great affluence, and reduced to beggary by the knavery of a trustee, by whom family resources were wasted,—yet too young for an annuity, and capable of earning her own living, if temporarily aided through existing difficulties.

II. A paralytic old lady, supported by her children, but now requiring so much attention as to interfere with the kind aid of these children, by destroying their night's rest, and so sapping the powers of working for their aged parent.

III. A medical practitioner of the highest respectability, suddenly becoming insane, and, consequently, a burden to his family, instead of its support and mainstay.

IV. A widow, seeking a home for herself as companion to a lady, but now long out of employment, and reduced to the most distressing straits, yet requiring only temporary aid, to be again restored to active duties and her own self-dependence.

V. A lady with four children, the widow of a medical man, who, from adverse circumstances, was an assistant only, and who, with his family, had been struggling onwards through great difficulties, and whose life fell a victim at last, in one week, to typhus fever in one of our public hospitals. She is yet quite young, and if now aided for a time, may be able to obtain her own livelihood, and provide, at least in part, for her young children, the last of whom is an infant of a few weeks old.

These are only excerpts from the minutes of the last Committee meeting, and are only paralleled, if not exceeded by every Committee meeting. I say not, Mr. Editor, that we are perfect;—I say not that we *never* do any harm;—I say not that we are *never* imposed upon;—I say not that we *never* relieve an unworthy object. He who waits to be charitable till he is quite

sure that his charity will *never* be abused, must be contented to become a drone in the great hive of man's industry, and to give up the pleasure of doing good, as well as the duty of *doing* all the good he can to his fellow-creatures.

But I do say that cases such as these are *unrelieved* and *unrelievable* by any other institution than the Benevolent Fund; and that till some other fund has been established, for the relief of these cases of temporary distress, the Medical Benevolent Fund *deserves* and *demand*s our sympathy and our unabated energies, to enlarge its resources and extend its influence and usefulness. Perhaps I may be permitted to say, as a motive to such sympathy, that so crippled are our resources at present, that, but for the advances of our good-natured Treasurer, the cases above-mentioned must have gone *unrelieved*. And here, I make my appeal to each individual who peruses these pages: will you in very deed, suffer such a slur to be cast upon our profession—as, that they refused to listen to these cases of distress, because they did not make a public appeal to their charity in the newspapers; because, in the modesty and retiringness of real sorrow, these cases were known only to a few friends, whose pitying eye beheld their wretchedness? Shall it be said that we have forgotten the argument of the Divine Founder of our faith:—"Inasmuch as you have done it to one of the least of these my brethren, you have done it unto me?" Shall it be said, that the sympathies of the professional family are less than those of the selfish world around us, and that we will allow others to do the work which it is our duty to do? O! suffer not such a veritable sarcasm to be cast in our teeth,—that we appear to sympathise with *every* sorrow except that of our own family circle; but that to this we turn a deaf ear, and are content to say:—"Be ye filled, and be ye clothed," and yet that we give them not the things which are requisite for their immediate wants.

And now Mr. Editor, what are the conclusions to which we should arrive, from a review of the preceding discussion? I think they are something like the following:—

1. There is a vast amount of misery afloat in the profession, which may be guarded against, and perhaps almost superseded, by habits of prudence, of thrift, and of forethought.

2. Therefore it should be our grand, and our first object, to encourage these habits, which may greatly take the place of charitable institutions. Hence, life-insurance, in all its various forms and modifications, adapted to the exigencies of each particular case, should in every instance be encouraged. To insure against the uncertain accident of fire, and not to insure against the certain and inevitable evil of death, is a folly almost inconceivable, did not daily experience convince us of the contrary. Let each husband and father ask himself,—Have I done my duty towards those most dear to me, if I have left them unprotected? And let no consideration of present inconvenience withdraw the attention from this *first* duty, till at any cost it has been accomplished.

3. But there is still a vast amount of misery which no prudence can obviate, no foresight can anticipate, no forethought can prevent.

4. This amount of misery is only to be met by palliative means,—by remedies which will alleviate the evil, by the dole of charity; by that sympathy which is willing, at the expense of its own self-denial, to minister to a brother's woe, and to extend the hand of charity to depths of sorrow and of suffering which no other hand can reach. "If there be among you a poor man, one of thy brethren, within any of thy gates, thou shalt not harden thy heart, nor shut thy hand from thy poor brother, but thou shalt open thy hand wide unto him, and shalt surely lend him sufficient for his need, in that which he wanteth."—*Deuteronomy*, ch. xv., v. 78.

5. There are various plans afloat claculated to relieve these several forms of wretchedness, and it is our duty, if we are able, to *support them all*.

6. But in the event of our not possessing the means of support to *all*, it becomes us to consider which has the largest claim upon our sympathy; and in order to determine this, we must distribute our patronage according to our individual wants and capacities.

7. I would say to every one entering the profession, and hesitating about marrying,—deny thyself: do not think of marrying till you can *keep a wife*, and have good reason to believe that you can minister to the wants of a family, by the extension of your practice, and by that increasing energy, and augmented personal sacrifices, which will keep your head above water, though placed in trying circumstances.

8. On no account marry till you have insured your life, at least for a sum which will secure your widow from indigence and destitution; and on no account omit to enlarge this insurance with the birth of every child, either by increasing the sum insured upon your own life, or by an annuity upon your widow, or by endowment upon your children. True, you will sometimes find it very difficult to put by the amount of the yearly premium; but never mind, the great object before you is worth a struggle—is worthy of many a self-denying sacrifice, and will afford an amount of satisfaction to your own mind which will far more than counterbalance the weight of such sacrifice.

9. Do not be tempted to attach yourself to any institution which boasts great things, but whose principles are unsound, as for instance Mr. Daniel's extinct Annuity Fund. Had this been generally adopted, it never could have realised what its projector fondly hoped; and although it promised, for a guinea a year, an annuity for widows of a large amount, yet it was clear to every thinking person, that an annuity of even £20 a year can only be produced by the investment in permanent securities of many hundreds of pounds. This fund had no foundation in truth; and though it was subsequently much improved, yet it is now dead, and need not be resuscitated.

10. But there are various local provident funds, which appear to flourish, which promise largely, and which have accumulated large capital. I would only say—**BEWARE**: money cannot be self-created; therefore consider first what such societies promise, and who are the directors and trustees, and what is the state of their funds, and the amount of their liabilities; estimating the probable duration of life, and considering, not simply what are the present drains upon their funds, but what they would be in the event of its becoming

general, that all young men should attach themselves to such funds, and therefore, that a certain number of widows would, in the ordinary calculation of the value of human life, become claimants upon its resources.

11. Do not hastily belong to these funds, for they may be sound *now* with a large number of honorary members, yet would cease to be so on the accession of a considerable number of ordinary members, which would be the case whenever this system of providence shall become general.

12. The provision against sickness and other similar contingencies, is surrounded with many difficulties, chiefly from the absence of sufficient data upon which to ground calculations, but it has hitherto been a failure, and now that the British Medical Fund is extinct, has no secure nucleua whence its benefits could be dispensed.

13. But all the ordinary contingencies of life *may* be, and that in a very easy way, provided against by means of the various life-insurance societies, and especially our own, the Medical, Legal, and General Life-Assurance Company.

14. And now, having taken all possible precaution to escape from the avoidable and inevitable difficulties of life, and for the demands made upon your purse by your own family, it becomes you duly to consider how far, in the days of your own prosperity, you can contribute towards the relief of your less fortunate brethren, how far you can fulfil the great aim of man's life—to live for others as well as for himself.

15. And here the Medical Benevolent College will present itself to your notice. To its funds many have contributed, from motives of the purest charity, and many from interested motives, and especially from the expectation that they should secure a good education for their children at a small cost.

16. Man's motives are seldom, if ever, perfectly single, and I do not know that we can reasonably complain of their complexity, when they are so pure as in the past instance; but be cautious, the Benevolent College, though it has a name, has as yet no local habitation, and its advantages are all hypothetical—they have not yet been proved. Nevertheless we wish the experiment every success, and if you are able, by all means support its scheme, though as yet untried: it is in good hands, and everything will be done for it, which zeal, industry, untiring activity, and unimpeached good principle can effect.

17. And if it should by-and-by appear that this magnificent project must be reduced to something more simple and educational, even the revival of Mr. Martin's extinct plan for a professional school; still a great boon will be afforded to our brethren, and an important object will be accomplished, in obtaining for patients a better educated race of young medical men.

18. Yet, always remember, that however provident you may have been yourself;—however you may have insured your own life;—however you may have purchased an annuity for your widow, or a deferred annuity for yourself;—however you may have made a provision against old age and infirmity, or endowed your children, and provided for apprentice premiums, or college expenses, or any other expense contingent upon their first setting off in life; yet all this has been

*purely selfish*, and you have yet a duty to perform—a duty *towards others*.

19. For it has been shown, that there is an amount of distress in the professional family which cannot be provided for, which no prudence can foresee, no diligence can forestall; there are casualties which nothing but the hand of charity can relieve; and therefore, whilst you are thinking of yourself, and of those immediately dependent upon you, you have other claims; and as a man, and as a Christian—as composing part of the great social family, and as hoping to form part of the still greater family in Heaven, where “the wicked cease from troubling, and the weary are at rest,” you have claims upon your regards and upon your purse, which nought can supersede, and which can only be met by *self-denial*.

20. Remember, there is no charity in that which costs you nothing, and that that is the only real benevolence which costs you the abandonment of some pleasure, or the giving up of some luxury, or the retrenchment of some apparent necessary, in order to assuage the cry, and secure the blessing of him “who is ready to perish.”

21. And here “the Medical Benevolent Fund” steps in as the almoner of your charity. It promises to be the depository of your still hard-earned savings, to watch over their distribution, to give them out to those who are perishing from hunger and destitution, and to save them from starving till brighter days shall dawn upon them. Also it promises to invest the whole of its donations, without any deduction, and from the capital so accumulated, to expend its *income* in granting annuities to the aged and the widow,—to the blind or the helpless,—to the hopelessly paralysed, or the maniac; to those, in fact, who have no relief from other sources, and who can enjoy this little income *at home*. And these annuities are sure, for they are derived from the income of invested capital, and when once given, they are unalterable, and regularly paid every half-year.

22. These are not high-sounding advantages, but they are facts: they are realities—and they are facts and realities which call upon you for support.

23. And O! if there be one motive of pure charity in your bosom;—if your heart throb with sympathy at the recital of another’s woe;—if you are desirous of doing all the good you can in the world, and of living in the memory of the wretched to bless you;—if you would live here in expectation of a joyful hereafter;—if you would humbly imitate the Saviour of mankind, and spend your days in His service, and ascribe the glory of all that you are enabled to do to Him who has given you the power and the will to go about doing good, O! forget not the claims of the Benevolent Fund!

W. NEWMHAM,

Farnham, Sept. 22, 1852.

Treasurer.

#### ON THE RELATIVE VALUE OF MATERNAL AND FŒTAL LIFE.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—I venture, with great respect, to protest against the opinion embodied in the following passage, extracted from your review of Professor Murphy’s recent work,

“On the Principles and Practice of Midwifery”:—  
“This view” (i. e., the believing that the life of the child is not to be considered for a moment when weighed against the mother’s,) “is held through all the lectures to an extent which we think scarcely justifiable. We have no right to hold the scales; but our office is to heal all, whether young or old.” No right to hold the scales? Who *is* to hold the scales?—who *is* to decide which way the balance should incline? In other words, who *is* to exercise his discretion and judgment as to the comparative worth of adult and infant life in each particular case where the life of the one involves the destruction of the other, and *vice versa*, if the medical practitioner, upon whom is cast so much responsibility, is not? It is an unphilosophical style of argument, originating in a morbid and false sentiment, which can lead any man to argue upon the sanctity of infant life, as an *abstract* fact. And we have no business to make it an abstract matter until we are fully assured, as far as our diagnostic powers will permit us, of the safety of that more precious life from which alone the infantine one springs. It ought to be considered *entirely* as a thing of *comparison* and *relation*. Who shall venture to affirm that the life of the mother is not infinitely more valuable than that of the recently-born, or about-to-be-born, child? Who shall be bold enough to maintain that a childless, is more desolate than a widowed, home? Who shall say that each being just struggling into life is about to be heir to so much happiness—to be participator in so little sorrow, that efforts are to be made to fan the incipient flame, at the risk of the more important being, upon whose prolonged existence so many may be dependent? There is no more distressing sight in nature than that of an infant whose life has been secured at the sacrifice of its mother’s. It is the most harrowing of all spectacles; for it tells, perchance, of many motherless children, and of a remaining parent, now desolate and alone! It is painful to reflect how many women might have been spared to us if they had sooner received instrumental or manual aid; and the day will come, I hope, when it will be held to be as unsound to attempt to preserve an infant, when such preservation involves maternal risk, as it now is to postpone the operation for a strangulated hernia (which has been done in thousands of cases), in the hope of some relief by natural means, until the bowel is partially or completely disorganised. And this can only be effected by that true philosophy which teaches us that individual life becomes more sacred in proportion to the dependence of others upon it. Upon this principle, carried out of the domestic channel, is England now mourning for a Wellington and a Peel. If one medical man will admit (as I do) that he has seen, in one of the largest lying-in hospitals in the United Kingdom, the lives of several mothers sacrificed, and admitted to be sacrificed by those who did it, just for the *chance* of preserving a fetal life, what could not the entire voice of the profession declare?

For myself, I rejoice at the view which Professor Murphy takes of this important subject. Under his auspices, and those of other distinguished accoucheurs, we shall come in our day (so fraught with progress and with change) to appreciate and act upon that true and reasonable system, which teaches us that infantine is

not to be put in the same scale with adult and maternal life, as though they were of one and the same importance; but rather that the former is a miserable little speck in the great and densely-populated arena of humanity, when compared with the latter, already bound to the world by so many and such sacred ties.

I should not have ventured, Sir, to impugn any opinion which you have expressed in your review of a work presented to your notice, had I not felt that a very important principle was involved in the passage quoted at the beginning of this letter.

I am, Sir,

Your obedient Servant,

EDGAR SHEPPARD,

M.R.C.S. & L.S.A.

Enfield, October 15, 1852.

### THE ACID TREATMENT OF DIARRHŒA.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—Having read with interest Mr. Sheppard's account of patients treated for diarrhœa by sulphuric acid, I followed the method of prescription detailed by that gentleman in your number of the 15th of Sept., with great success, in several cases. I find it applicable to persons of all ages; and in one case, that of a man about fifty years of age, the chalk and catechu mixture had entirely failed before I gave the acid. In another, a little child between two and three years old was relieved in a day from a profuse diarrhœa, with urgent gastric irritation. It appears to check both purging and vomiting more speedily than any other medicine I have yet administered, *without* the addition of opium, except in cases where there is considerable pain. I have always permitted free libations of cold water, which allayed the tormenting thirst, and tended to compose the patient, whilst I have regulated the doses of acid according to Mr. Sheppard's prescriptions, and adapted them to the age of the patient.

There is one point of interest worthy of notice in connection with my experience of this mode of treatment, that, unlike the results of our ordinary astringent prescriptions, when successful, there is no tendency left in the patient to the opposite extreme of costiveness, so frequently produced by chalk, catechu, &c.

I take this opportunity of thanking Mr. Sheppard, with whom I am not personally acquainted, for the valuable hints his paper has afforded me; and

I remain, Sir, your obedient Servant,

JOHN JAMES MITCHELL, L.S.A.,

Surgeon to the Western Dispensary of Bath.

17, Gay Street, Bath, Oct. 19, 1852.

### BLISTERS IN GLEET.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—In your number of the 1st of September you say, in reference to my proposal for blistering in gleet,—

"But it is so seldom that our patients would like the confinement necessary, that we can scarcely expect the plan, however good, will be extensively followed."

But, Sir, what is his confinement? I know of none sufficient to deter a patient who really wishes to be cured of gleet. I have blistered many patients who have never laid up an hour, and many more who have applied the blister on Saturday night and gone to business on the Monday morning; sore, it is true, but well able to move about, and attend to business.

Where a patient has unlimited control over his time, it is no great matter whether or not he remains at home till the vesication is healed; but the man of business may rest assured that he need never lose a day by using a blister in this way.

I have the honour to remain, Sir,

Yours obediently,

JOHN L. MILTON.

40, Jewin Street, City,  
Oct. 20, 1852.

## Foreign Department.

### FRANCE.

#### PROCEEDINGS OF THE FRENCH ACADEMIES.

#### ACADEMIE DE MEDECINE.

##### *The Transmissibility of Syphilis by Secondary Sores*

THE time of the Academy has been almost entirely taken up for the last two months, by the discussion on the transmissibility of syphilis by inoculation with pus obtained from secondary sores. This discussion has been mainly confined to MM. Velpeau and Ricord, the former of whom maintains the transmissibility, whilst the latter, as is well known, denies it *in toto*, and offered to prove the negative before a commission nominated by the Academy. This offer, however, was not accepted by M. Velpeau, but as the discussion was not likely to lead to any decision in the face of the conflicting opinions of such eminent observers as MM. Velpeau and Ricord, it was proposed by M. Boulland and carried with one dissentient voice, that the commission should be appointed to take into their consideration this question, so important in the treatment of syphilis. The members of the commission have not yet been named, and we are afraid there will be some difficulty in selecting them.

#### SOCIÉTÉ DE CHIRURGIE.

##### *Result of the Ligature of the Large Arteries in 82 cases occurring in the practice of M. Roux.*

THE following eighty-two operations comprise the whole number of ligatures of arteries performed by M. Roux, since 1808, and were communicated by him to the Société de Chirurgie. An abstract of the paper has been published in *l'Union Médicale* :—

Arteries.	Operations.
Popliteal artery 1	1 Spontaneous aneurism (ancient operation).
	3 Recent wounds.
	2 For hæmorrhage after gunshot wounds.
	2 Wounds of artery in operation.
Femoral artery 46	7 Hæmorrhage after amputation.
	1 Femoral aneurism (Hunter's operation).
	2 Femoral aneurism (ancient operation).
	2 Fungous tumour of tibia.
	27 Popliteal aneurism (Hunter's operation).
	10 False aneurism of the bend of the arm.
Brachial artery 20	6 Arterio-venous aneurism.
	2 Hæmorrhage after amputation.
	1 Spontaneous aneurism of the ulnar artery.
	1 Fungous tumour of the radius.
Carotid (common) 6	1 Fungous tumour of the orbit.
	2 Wound of the face.
	3 As a precautionary measure before operations.
Axillary (immediately below the cavicle) 4	1 Spontaneous aneurism.
	1 Recent wound, with false aneurism.
	2 Hæmorrhage after amputation at the shoulder joint.
Subclavian ... 3	Secondary hæmorrhage.
External Iliac ... 2	Secondary hæmorrhage after ligature of the femoral artery.
Total ... 82	

In these operations the distal mode of Brasdor has not been tried. The old method 16 times; and that of Hunter, with Scarpa's ligature 66 times. The number of cases of true aneurism was 33, of which two only were women. The results were, 10 unsuccessful and 23 cures. The number of false aneurisms was 10, all of which were successfully treated:

Of the six cases of arterio-venous aneurism, for which the humeral artery was tied in each case, four were successful, and in two amputation was necessitated by gangrene or secondary hæmorrhage.

These statistical facts will be read with interest by the English surgeon, by whom the thick ligature used by Scarpa is now carefully eschewed, but the small number of cases (4) in which secondary hæmorrhage occurred, will certainly bear out M. Roux in his attachment to this mode of operation. The difference between the English and French modes of conducting the ligature of arteries is so great, both in the operation itself and in the dressing of the wound, that we rejoice to find that the above facts will form part of a complete work on surgery, which M. Roux is now preparing, and of which the memoir presented to the Société de Chirurgie is only an instalment.

## Provincial Medical & Surgical Journal.

WEDNESDAY, OCTOBER 27, 1852.

IN our review of Dr. MURPHY'S "Lectures on Midwifery," published in our last number, we ventured to differ with that gentleman as to his estimate of the value of infant life, when compared with that of the mother. This opinion of ours is protested against by Mr. EDGAR SHEPPARD, whose letter will be found at page 565; but that gentleman, in selecting a particular phrase, has somewhat overstated the assertion which we then made. To prevent further misconception, we reprint the whole passage:—

"Dr. Murphy advocates the employment of turning only when the presentation has been discovered early enough to act before there has been so great a loss of blood as to endanger the mother; indeed, his leaning evidently is to the separation of the placenta in all cases, believing that the life of the child is not to be considered for a moment, when weighed against the mother's. This view is held all through the lectures, to an extent which we think scarcely justifiable. We have no right to hold the scales; but our office is to heal all, whether young or old. It would, we think, be as justifiable to destroy a patient who is attacked with an infectious disease of a dangerous character, in order to prevent his communicating it to a more valuable life, as to destroy an infant (while a chance of its living remains) in order to avoid risk to the mother."

It is true that we say, "that we have no right to hold the scales;" but here, from the context, it is quite clear that we do not mean that the foetal life should never be sacrificed to save the mother's, but that it is not right to destroy the child immediately the mother's life is at all endangered; and that it is not until the case is clearly one of election between the death of the child and that of the mother, or perhaps both, that we are justified in destroying the former. In this case there is, literally, no "holding the scales," but in that propounded by Dr. MURPHY, and supported by Mr. SHEPPARD, we have to weigh the risk which the mother runs, and when that risk weighs sufficient to counterbalance the value of the child's life, then we are to take that life without a moment's hesitation.

Against this law we strongly protest; the laws of God and man alike tells us that we shall not kill, and we object to the breaking of that law without some greater warrant than the mere accidental estimate of the value of the particular

life involved, as proposed by Mr. SHEPPARD. It is, in our opinion, only when Nature says that one must die, that we are justified in selecting the least valuable of the two; and here we agree with Mr. SHEPPARD, that there ought not to be a moment's hesitation, either in selecting the mother's as the more valuable life, or in acting upon this decision as soon as we are satisfied that interference is necessary.

Mr. SHEPPARD asserts, that we "have no business to make the sanctity of infant life an abstract matter, until we are fully assured, as far as our diagnostic powers will permit us, of the safety of that more precious life from which alone the infantine one springs." But this argument will not hold in this particular case, unless it is equally tenable in all, and then we should have to procure abortion or premature labour in all cases in which the pelvis is so small as to cause any danger in the delivery at the full period; as, for instance, where the forceps must be used; in which case the mortality varies from 1 in 15 to 1 in 20. In fact, in all cases where the maternal life is, as far as we can tell, sure to be risked, at the full period of gestation, it would be right to prevent that risk by producing delivery at a time when no such risk would be incurred. Now, will Mr. SHEPPARD sanction such a course? We think not. At all events we hope not. But leaving out of the question for the present the discussion of the extreme views held by our correspondent, we will confine ourselves to the consideration of the argument against detaching the placenta in placenta prævia. This question is one of great practical importance, involving not only the expediency, but the abstract question of right, of practising this modern innovation. It is true that Dr. SIMPSON maintained, that nearly one out of three children survived after the detachment of the placenta prior to delivery, and if his facts are to be relied upon as corresponding with the general results of this practice, we should consider the operation, perhaps, justifiable. But we were, and still are, arguing the matter upon Dr. MURPHY's own grounds, viz., "that, although safer to the mother, it is destructive to the child."\* And this, we believe, to be now the general opinion. Upon these premises, then, the question resolves itself into this:—Is it justifiable to destroy the child, in order to relieve the mother from a comparative degree of risk,

the extent of which is not even settled by the profession? We know that turning, when practised *early and skilfully*, as shown by the results of the practice of Dr. COLLINS, Dr. CHURCHILL, Mr. NEWNHAM, and many others, is not attended with the danger which Dr. SIMPSON attaches to it. And we also know that it is not fair to compare the mortality from this operation, when performed upon exhausted patients, with that resulting from the detachment of the placenta by the natural powers of the uterus; and we do conscientiously maintain, that until there is a greater preponderance of opinion in favour of the new operation, based upon sound statistical data, and clearly showing that the risk in the one case is extremely great to the mother, and in the other so small as to be put out of our calculation, we should not allow our feelings to get the better of our judgment, as is the case with those who, like Mr. SHEPPARD, maintain that the mother's life is "*infinitely*" more valuable than her unborn child's. We are quite ready to admit, that many maternal lives are sacrificed by delay, but how many infantine lives are destroyed by undue interference with the perforator, or by the detachment of the placenta, it is impossible even to surmise. Of one thing we are quite certain, that it is unnecessary to guard against our feelings, in considering the value of the life of the fœtus, for we are all ready enough, for the sake of the family, and for the sake of our own reputations, to do all in our power to save the mother; but, on the other hand, nothing but an imperative sense of our duty to God and man will ever prevent our carrying out, to the fullest extent, the views propounded by Dr. MURPHY in the following passage:—"If we have any doubt about the mother's safety, not to hesitate one moment because of the child." Against this dictum we must still protest, believing that the mother's life must not only be *endangered*, but that we ought to be satisfied that in our judgment it will be sacrificed, if we do not take the law into our own hands, and sacrifice her child. We would have every obstetric practitioner weigh well the following extract from Dr. CHURCHILL's valuable manual:—

"In fact, it ought to be deeply impressed upon every practitioner that he who destroys the child without due evidence that this is his only resource for saving the mother, is guilty of murder."

WHILE necessarily obliged to give our chief attention to the change in the organization of our journal, we must not lose sight of our higher interests, of those which we hold in common with all our fellow-countrymen—the danger of another cholera epidemic. As it is obvious to all that this terrible scourge looms in the distance, and will assail us again sooner or later, even if the present epidemic current be averted from our shores, it is, worth while to glance at the past, so as to comprehend our present position, and be prepared for the future.

The first visitation of the cholera took us all unawares. Public authority knew not what public measures to adopt. We ourselves were equally taken aback when called upon to buckle to and face the danger at the bedside; that danger passed away, and it was only when the pestilential waves were again seen approaching, and when they menaced again to invade our shores by all else unconquered, that public measures were taken to avert the danger. Between the two epidemics, certain men had foreseen the possibility of turning the public evil to their own good, and some sharp lawyers, briefless barristers, and stray medical men without patients, set going certain sanitary improvements, which the constituted medical corporations of the kingdom should have openly taken up; they should have taught the Legislature what was wanted for the improvement of the public health, and assumed the medical management of the country; for it is plain, that unless the barrister is fit to be consulted in an individual case of cholera, it is absurd to trust to his advice when the general health of the country is menaced by the same epidemic. The profession forsook its duty to the public, and the natural consequence was, that the profession was doomed to be lorded over in medical matters by a set of conceited sanitarians without any knowledge or experience of health or disease. Thus, while in France, MAJENDIE, one of the first physiologists of the age, was at the head of the Board of Health, in England Lord CARLISLE assumed that important position—a man who knows something about POPE's poetry, but who is as ignorant of medical knowledge as a newborn babe. For colleagues, he had the present Lord SHAFTESBURY and Mr. CHADWICK, who were both equally ignorant of medical matters, and their dilemmas would furnish an amusing

history. They began by issuing cholera instructions, which the College of Physicians in London forthwith opposed; they failed in their attempts to close our abominable intramural burial grounds, and to establish a new system of burial; they could not even obtain water for those who live in large towns. Reports have been written, it is true, but the measures inculcated have met with the sterility which will be the lot of every Board of Health of which the medical profession does not constitute the bulk reaping the honours of the business done by them.

Although no credit be due to those connected with the Board of Health, its establishment was a good precedent, and part of its legislation may easily be made applicable to the improvement of the sanitary state of towns. It is well to bear this in mind now that cholera menaces present devastation. When we are called upon to prescribe for a patient afflicted with some complaint which does not yet disclose its nature, what do we do? Are we not guided by general principles?—do we not remove all pernicious influences, have recourse to measures generally found useful to maintain health, and trust to the powers of the living organism to defend it against disease? So it should be with the public health and the health of towns. We should seek to improve the ventilation, the supply of water, the drainage, the system of burying, and, if it be difficult to ventilate many of the rookeries of our large towns, as we have no President to knock down houses by a decree;—if it be difficult to prevent the dead from dangerously affecting the health of the living, because some of our Clergy naturally prefer their own fat incomes to the health of their flocks, we can, it appears, obtain a plentiful supply of water at a trifling expense. This has been done at Nottingham; but it is not generally known how it can be done by smaller communities. We, therefore, draw our readers' attention to the praiseworthy example of the Tottenham sanitarians:—

“Tottenham is not taken under the special protection of the great Sewers' Commission. It is not blessed with the tutelage of the great water companies, nor charmed into inaction by false responsibilities. It enjoys the inestimable advantage of being let alone to take care of itself. The cholera it is true, on its last visitation, found it not only without sanitary precautions, but also without sanitary pretences, and if its inhabitants died under malaria, they were not afflicted with humbug. The calamity was bitter enough for the time, but nothing stood in the way of remedy, and, as there

was no Government Commission appointed to do the work, there was some probability that it might be done. The Whigs had not played fast and loose upon the question, as they did with the general drainage scheme, and the Protectionists had not had the opportunity of trying their hands at sham upon it. Our worthy friends set to the task in the good old Anglo-Saxon, self-helping fashion, and, under the clauses of the General Health Act, tried if they themselves could not provide for the common means of safety.

"The result of their efforts is well worth noting—its comparison with the state of the districts in which no efforts have been made will effectually fix responsibility upon the indifferent and upon the quacks. A cost of £7,500 has been incurred in a district numbering 1,500 houses. The average is just £5 per house. What has been got for the outlay? Eight miles and three-tenths of sewer mains and sub-mains, 10 miles of water-mains and branches, which last are connected with 170 hydrants, that is, self-acting tubes, which, by the mere high pressure of the water, conduct it in any case of fire over the highest houses in the district, so that it is thrown without the need of any usual fire-engine, and may be used to put out a conflagration before such casual assistance could arrive. Two steam-engines and pumps, and an upper and lower reservoir, are included in the cost. Thus the inhabitants, for their £5 per house, have a constant water supply, not kept in cisterns, but, by high pressure, constantly at hand, and perfectly fresh and cool, laid to the very tops of their houses if they choose it, and entailing an expense of about twopence per house each week. They have the readiest and most effectual remedy for accidents by fire, and they have a complete drainage on the most modern system, not indeed so costly as the old brick sewers, but infinitely more effectual, as the 'back-drainage' would drive all refuse through the pipes not only before it would have time to taint the air, but before it could putrify. The entire cost, if I understand the report, including the repayment of the original outlay for all these purposes, would not exceed 3d. a week for a £10 house containing a water-closet. Indeed, the report boasts that the expense of the water supply will fall below that of the maintenance and repair of cisterns and their appendages to those who are already possessed of them. It was not to be wondered at that the inhabitants of Tottenham, seeing what has been done for them, are gladly and almost unanimously availing themselves of the advantages so provided. To those communities who may have decision and enlightenment enough to follow this example, it is fit to offer the further encouragement that the cost of putting the Health of Towns Act in operation has been but £66. 14s. 6d.; whereas, as the report too truly observes, a local Act might, at the usual average, have entailed an expense of £2,000."

THE Council of the Bath and Bristol Branch, in accordance with an unanimous resolution, have convened a special general meeting of the Members to be held at the Royal Western Hotel, Bristol, on Tuesday evening, the 26th instant, to consider if any and what steps should

be taken in consequence of the verdict given on the trial—*BOURN v. COX*. And also to consider the propriety of publishing such a letter on medical subjects, in a public newspaper, as was recently done by Mr. JOHN BARRETT, in the case *BOURN v. COX*.

## Medical Intelligence.

(From our own Correspondent.)

LONDON, OCT. 25, 1852.

THE medical societies in the metropolis are in the course of resuming their usual avocations. The Harveian is almost in the nature of a private society; but the Medical Society of London, the proceedings of which are generally announced in the medical journals, requires some notice. The first meeting for the present session was held on Saturday, the 9th instant, Dr. Lankester, Vice-President, in the chair, the President, Mr. Bishop, being unable to attend in consequence of an attack of rheumatism, from which, however, he was said to be recovering. The attendance of members was as usual. A goodly number of medical men were present, but the room was not uncomfortably crowded. During the recess some improvements have been effected in the meeting-room; the ventilation is better managed than before; the "draughts from Heaven or blasts from Hell" are now not felt so as to endanger health as was previously the case, and in every respect, indeed, the meeting-room shows that some efficient hand has been at work. Over the seat of the President is a fine bust of Hippocrates. The society, it was stated, was flourishing; indeed, it was never in a better condition: its financial difficulties had passed away, and it was fully anticipated that the amalgamation with the Westminster Medical would prove in every way an excellent measure for its ultimate benefit. Many papers from authors of repute belonging to the society had been promised for the commencing session, and the shelves in the library, which, although filled with an ample supply of ancient medical works, had yet room for more, especially if recent ones, had had numerous additions made to their contents during the recess.

The first communication made was by Dr. Hawkeley, and had reference to an improvement in the air-mattress, or bed, for invalids suffering from diseases of the urinary organs which prevented their retaining the usual excretion. It consisted simply in the perforation of the mattress by a tube made of vulcanised India-rubber, which on its upper surface presented an infundibuliform, or funnel-shaped cavity, into which the fluid ran as it passed away, and thus tended to prevent irritation of the skin, and the subsequent bed-sores. The patient, it was said, might be moved once or twice a day, and the surface of the mattress sponged and dried. *Par parenthèse*, Dr. Hawkeley remarked that he had found oxide of zinc and water the best application when the skin is irritated by the urinary discharges. Mr. Box showed the improved air-mattress duly inflated.

Dr. Lankester next exhibited a small box or case,



containing several acupuncture needles, ranged in a circle, which on being applied to the skin and pressure exerted on the other end of it, caused the needles to penetrate to a greater or less depth, as might be desired. In this respect it might be compared to the scarificator in cupping, except that it was worked by pressure and not by a spring. Dr. Lankester said it was used on the Continent in cases of rheumatism, &c., croton-oil being afterwards rubbed in on the wounded parts as a rubefacient, but in that respect he could not say it was better than the ordinary croton-oil ointment, or liniment. He had met with it in France, and finding that those medical men in this country to whom he had shown it had not seen or heard of it before, he had thought it might be useful to exhibit it to the society.

Mr. Richardson, of Putney, next brought forward a specimen of enlarged spleen, taken from a patient of Dr. Smith's, at Richmond. The deceased had been ill several weeks, and a tumour in the abdomen had been discovered, but its nature not recognised. The spleen weighed 3½ lbs. The left kidney, on which that organ rested, was partly atrophied, the right being of the natural size, which he (Mr. Richardson) accounted for by saying that the compensating increase in size, &c., of one organ, when its fellow is atrophied, rarely if ever occurs after the 30th year. The heart was also very much atrophied, the left cavity of the pleura full of fluid, and the lung much compressed. Death occurred by asthenia.

Dr. Rogers showed a specimen of calcareous deposit in the aorta, and on its semilunar valves, with extensive enlargement and softening of the heart, and commencing fatty degeneration of its walls. As he was only called to see the deceased, aged 37, when *in articulo mortis*, he could not institute a careful stethoscopic examination, but there were great regurgitation and obstruction at the site of the semilunar valves.

This was followed by a short but interesting paper by Dr. Cogswell, who detailed sundry experiments made by himself and others, on frogs, rabbits, &c., with hydrocyanic acid, the result leading him to conclude that that powerful agent exercised a great influence on the larynx and trachea.

The evening concluded by reading a highly interesting and philosophical paper written by the president, Mr. Bishop, "On some of the principal attempts to reduce the Functions of the Human Body to an exact Science," in the course of which the author sought to bring the physiological and some of the pathological phenomena of the human apparatus to the certainty of mathematical formulæ. It elicited some discussion, to which the absence of the writer was a great drawback.

The Pathological Society, one of the most recent, and at the same time one of the most valuable medical societies in the metropolis, commences its session on the 19th instant. Meanwhile the council have published their sixth annual report, a volume replete with most important information on every subdivision of pathology, illustrated by some excellent reports on sundry of the cases, and by useful and careful engravings. This Society, beyond a doubt, is destined to take a high place among the scientific bodies of the United Kingdom.

The Royal Medical and Chirurgical Society, though last, certainly not the least of our medical institutes, delays its commencement until the second Tuesday in next month, when we may expect to be able to enrich our reports with notices of the valuable papers to be brought forward for discussion at its meetings.

At the succeeding meeting of the Medical Society of London, Mr. Bishop, the President, was still unable to take the chair. Although recovering from the attack of acute rheumatism under which he has now been suffering for some time, he has not yet convalesced sufficiently to encounter the risk of exposure to the influences of night air at this season of the year. His place was worthily filled by Dr. Edwin Lankester, one of the Vice-Presidents of the Society.

A singular and interesting case of emphysema was described by Dr. Burke Ryan. His patient was an infant, suffering from scarlet fever; from the commencement of the attack it had suffered from great depression and dyspnoea, and the occurrence of the eruption was simultaneous with an emphysematous appearance, which commenced about the jaws, and extended over the whole of the upper part of the back, and thence to the integument covering the chest. The case soon ended fatally. Although Dr. Ryan was not allowed to institute a *post-mortem* examination of the body, he felt satisfied that the emphysema did not originate in the lungs, but was caused by the spontaneous decomposition of the tissues, induced by the poison of scarlatina. As an illustration of this opinion he quoted several similar cases connected with zymotic disease, but acknowledged that he did not know of any in which the scarlatina poison had previously produced such a result. He purposes publishing the details of the case in full in one of the medical journals, and the profession will be enabled to see his reasons for that opinion given at greater length, and will be enabled to ascertain their value.

A singular exhibition was made subsequently, by Mr. Weeden Cooke, one of the surgeons connected with that newly-started aspirant for public and professional favour—the Cancer Hospital. He showed under the microscope sundry insects, of the shape of bugs, but rather more ovoid, and others eel-like in figure, which he had found in the matter secreted by a cancerous ulcer on the tongue. He said that he had examined many such sores in various parts, but had not, as yet, found these insects anywhere else, but always on the ulcers of the tongue.

The parts concerned in the operation for excision of the elbow-joint, some time subsequent to the operation, were next exhibited by Mr. Henry Smith. The most interesting feature of the case consisted in the very rapid occurrence of necrosis of the humerus, caused by a fall, fracturing that bone, when the patient, a very strumous boy, was very nearly convalescent after the operation. The shaft of the bone, from the fracture downwards, was necrosed; in the course of a week Mr. Smith felt himself called upon, consequently, to amputate at the shoulder-joint. So rapidly did the death of the bone occur, that Dr. Camps could not credit its dependence on the accident, but was inclined to refer it to pre-existing disease of the bone, connected with the state of

the elbow-joint, for which excision had been practised. This opinion was controverted by Messrs. Gay, E. Canton, and H. Smith, all of whom held the opposite view. The two former detailed cases in which the progress of necrosis was equally rapid; and Mr. Gay stated, that within the last twelve months he had seen more cases of necrosis than he had done during his previous professional career. So prone indeed was the osseous structure to take on that form of diseased action, that the slightest injury would induce it. A blow, by no means severe, on the tibia, had induced necrosis of that bone, extending to the knee-joint, and necessitating amputation in the lower-third of the thigh, and singularly enough the shaft of the femur subsequently became necrosed. This, Mr. Gay stated, had occurred in two instances in his practice during the last twelvemonths, so that he was now led to regard every injury to the bone, however slight it might appear to be at first, as likely to involve most serious consequences. Mr. Weeden Cooke regarded this tendency to necrosis as in some way connected with the tendency to asthenic disease, which has now been noticed for some years, and added, that he had seen it ensue in several cases of the furuncular and carbuncular endemic now prevailing.

An excellent and most valuable paper by Dr. Risdon Bennett, "On Cases of Empyema, discharged through the Bronchi, and on the Character of the Purulent Pleuro-Pneumonia," closed the *gala*. After detailing at some length several interesting cases of empyema, caused by the pleuro-pneumonia, in two of which the matter was discharged through the bronchi, and the patients recovered, Dr. Bennett proceeded to show the difference between the epidemic pleuro-pneumonia and the ordinary sthenic form of that disease. It usually commences either by pleurisy or catarrh. The pain is very severe, and effusion occurs rapidly, and to a considerable extent, soon becoming purulent: cough not troublesome; the sputa copious, and more or less tenacious and glairy, sometimes streaked with blood, at others resembling prune juice, or of a dirty-green yellow colour; dyspnoea not urgent, nor the respirations much increased in frequency; skin moist and clammy; tongue covered with a creamy fur; pulse rapid, soft and feeble. The physical signs indicate the rapid spread of inflammation over a great extent of surface, but usually confined to one side; although many cases of double pleuro-pneumonia fell under Dr. Bennett's notice. The principal character of the inflammation, besides its asthenic signs, was the tendency, not to solidification or hepatization of the lung, which rarely occurred, and never to any extent, but its rapidly assuming the suppurative form, and its liability to run into gangrene. Dr. Bennett regarded it as a variety of erysipelatous inflammation; and the treatment consequently was stimulant, and not antiphlogistic. Local bleeding was serviceable at the very commencement of the attack; but was practised only to a limited extent. Five-grain doses of compound pulverised ipecacubana, with a grain of calomel or grey powder, given every six hours, were found of use; but counteraction by means of blisters, with ammonia, combined with its acetate, and serpentaria or senega, constituted, in his opinion, the best plan to be adopted. Beef-tea and wine were also necessary. The disease

was found to be very fatal, and with great rapidity. In some cases, so rapid and great was the prostration, that stimulants were requisite *ab initio*. Dr. Bennett's views were generally supported by those who followed him, except that Dr. Theophilus Thompson considered it injudicious to give opium, as it lessened the expectoration and increased the dyspnoea, tightening also the cough. Both Dr. Thompson and Dr. R. Bennett alluded to the operation for paracentesis thoracis, which they considered was indicated, not by the increasing dyspnoea, but by the inability of nature to force a passage for the secreted pus, either by bronchi or externally. If there be evidence to show that by either way the matter is likely to be discharged, then the operation is not to be practised.

The first meeting of the Pathological Society of London was held on the 19th instant, Mr. Caesar Hawkins presiding. The attendance was exceedingly good; in fact the rooms were crowded. There can be no doubt but that this Society will, ere long, embody all the talent in the metropolitan sections of the profession. After a short congratulatory address, delivered by the President, some interesting specimens of morbid anatomy were exhibited, and commented on by the members. Dr. Peacock commenced by an attempt to demonstrate the muscular character of the valve which closes the foramen ovale. He said that as he had entertained doubts as to the accuracy of the explanation generally given of the closure of the foramen, he had made a series of dissections, and had distinctly ascertained the muscular character of the parts. This, however, was not a discovery, nor did he claim it as such, as Senac had also distinctly demonstrated the fact. The muscular fibres could be seen on examination, he added, passing down from the coruna, and their action was to draw up the valve. These fibres are almost, if not entirely, derived from the left auricle, not from the right. This muscular character of the valve may be seen very clearly in the hearts of some fishes, more especially in that of the young turtle. Dr. Peacock concluded by showing in what way this condition of the valve may be applied, to explain certain malformations and changes in the pathology of the heart. Haller denied the existence of these muscular fibres: he admitted having seen them, but asserted they were not constant in their presence.

An interesting case of hernia of the bladder into the right scrotum was next exhibited by Mr. Pilcher for Mr. Lane. There was also a large intestinal rupture on the left side. The prostate was very large, and the bladder much congested and diseased, the hernia having existed on the right side for ten years, and yet no difficulty had been experienced in evacuating its contents until about a fortnight previously, when the use of a catheter was required. The man died in a few days afterwards. Mr. Baker, who attended the poor fellow in the first instance, mentioned, as singular facts, that he had been able to retain the urine for four or five days on one occasion, and that when it was drawn off it filled a large washhand basin. On a subsequent occasion a still larger quantity was drawn off by means of the catheter.

In the volume of "Transactions" recently published

by the Society, is contained the records of a case of fatty degeneration of the uterus subsequent to parturition, by Mr. Rainey, of St. Thomas's Hospital. The case was brought before the profession to show the manner in which absorption of the uterus, enlarged during pregnancy, takes place, an opinion being now afloat that the tissues of the womb undergo fatty degeneration, and are subsequently entirely absorbed; or that, in fact, there is a new uterus in every pregnancy. Although this view certainly appears to be a most singular and strange one, it is not unsupported by facts. In addition to the case above alluded to, another was brought forward on the 19th instant, by Dr. Bristowe and Mr. Rainey, more strongly illustrative of the theory, inasmuch as the woman having died a week later, as regards parturition, than the other, the fatty degeneration was much further advanced. Mr. Rainey's object in showing the specimen was stated to be to prove that this peculiar degeneration was not owing to inflammatory action, but was a natural process occurring after parturition. The patient died from metro-perionitis, with secondary abscesses in the pericardium, heart, lungs, &c. These views, respecting the changes in the uterine structures after delivery, were first promulgated by Dr. Kilian, and have since been strongly advocated by Mr. Rainey and others.

Dr. Bristowe subsequently showed a specimen of cancer of the liver and right lung, with, as he fancied, tubercle freely deposited in the left lung. As, however, there was considerable doubt whether the matter in that organ was really tubercle, and as Mr. Rainey, after examining it under the microscope, had given a decided opinion against its tuberculous character, it was referred to Dr. Jenner and Dr. Brinton, to examine and report upon it at the next meeting. The coexistence of cancer and tubercle in the same person has, hitherto been considered as almost fabulous.

A case of extensive fatty degeneration of the heart, occurring in a female about 30 years of age, was brought forward by Dr. Sibson, under whose care she was admitted, in a dying state, into St. Mary's Hospital. No history of the case could be obtained from her, and as the case was quite recent, Dr. Sibson had not had time to collect any particulars from her friends. The mitral and aortic valves were almost completely converted into fat; but the walls of the ventricles, although they had undergone some change, were not destroyed by degeneration. The heart weighed fifteen ounces. The tubules of the kidneys were partly loaded with fat, and some of the malpighian tubes were congested.

Dr. Handfield Jones exhibited a diseased and degenerated placenta, the fœtus being born dead, the evidences of its vitality in the womb having ceased about the fifth month. The fœtal surface of the placenta was normal, but the maternal appeared as if it were atrophied; it seemed to be a thin layer spread over the fœtal portion, with trabicular lumps, as it were, in different parts. In the maternal fibrous homogeneous membrane, there were traces of fibres, of cell-growths, and nuclei; none of blood-vessels, except, indeed, a series of outlines indicative of the course of the veins, all of which were obliterated. The cell-growth described by Goodsir was completely atrophied, many of the villi were opaque, from the presence of calcareous and oily

substances; some, however, were simply atrophied. What was the nature of this change? Rokitsanski referred it to inflammation, but he (Dr. H. Jones) held a different opinion, for there was nothing to show the presence of inflammation. He regarded it as owing to an unhealthy condition of the blood, and as allied to cirrhosis of the liver, and such like diseases.

ON

## THE OCCURRENCE OF BERBERINE IN THE COLUMBA WOOD OF CEYLON, THE MENISPERMUM [COSCINIUM] FENESTRATUM OF BOTANISTS.

By JAMES D. PERRINS, ESQ.

THE following investigation was made in the chemical laboratory of St. Bartholomew's Hospital, under the immediate supervision of Dr. John Stenhouse. Dr. Stenhouse having had for some time past a quantity of wood of the *Menispermum fenestratum* in his possession, suggested to me this investigation. I am anxious, therefore, to acknowledge my obligation to him, not only for the material, but also for several valuable suggestions in the course of the inquiry.

Hitherto the chief source of the alkaloid berberine has been the root of the barberry, *Berberis vulgaris*. Bödeker, however, about four years ago, ascertained its existence in the columba root of pharmacy, the *Cocculus palmatus*, where it occurs in small quantity associated with columbine. The following remark is made in the *Chemical Gazette* for 1849, vol. vii., p. 150:—"The occurrence of berberine in *Berberis* and *Cocculus* is remarkable in a physiological point of view. Bartling places both of these families, the *Menispermæ* and *Berberidæ*, in the class of the *Cocculinæ*, which is in accordance with the fact of both containing the same principle." As berberine has now also been found in another of the *Menispermæ*, the accuracy of Bartling's view seems to be greatly confirmed.

The following was the process adopted for the extraction of berberine from the *Menispermum fenestratum*. A quantity of the wood, which had a bright yellow colour, resembling that of quercitron, was rasped, and then treated with successive portions of boiling water till it had become nearly tasteless. The aqueous decoction acquired a deep yellow colour and an intensely bitter taste. It was next evaporated carefully to the consistence of an extract, then introduced into a flask and boiled with ten or twelve times its bulk of rectified spirit of wine, filtered while hot, and the residue boiled with a further quantity of spirits, which dissolved the berberine, and also a quantity of resinous matter by which it was accompanied. The alcoholic solution was then introduced into a retort, and the spirit carefully distilled off, until the residue on agitation appeared to have nearly the consistence of oil of vitriol. It was then set aside in an open vessel, and in the course of

twenty-four hours the liquid became filled with a mass of impure crystals.

After draining off the mother liquor, these crystals were washed with a small quantity of cold spirit, redissolved in boiling alcohol, and set aside to crystallize. Their complete purification was attempted by repeated crystallizations. It was found, however, that a small quantity of resinous matter adhered obstinately to the crystals, causing them to remain of a brownish-yellow colour. This brownish tint was ultimately entirely removed by solution in spirit of wine and digestion with a little purified animal charcoal, the pure berberine crystallizing from the solution in beautiful bright yellow needles. The crystals were found to contain nitrogen, and their behaviour with various reagents corresponded exactly with those of berberine.

As these crystals were very soluble in boiling water, a quantity of them was dissolved in that menstruum; and on the addition of the requisite amount of hydrochloric acid, a crystalline precipitate was immediately obtained in the form of long, slender, golden-coloured needles, of a fine silky lustre.

This salt was dried in a water-bath at 212° Fah., and subjected to analysis with the following results:—

6.25 grs., ignited with chromate of lead, gave 14.398 grs. of carbonic acid and 3.2 grs. of water.

The nitrogen was determined by Willis's method. 8.18 grs. of salt gave 4.94 grs. of the double chloride of platinum and ammonium.

The chlorine was determined as chloride of silver. 3.59 grs. gave 13.5 grs. of chloride of silver.

The *Menispermum fenestratum* is, according to Ainslie, a large tree, which is very common in Ceylon, and an infusion of which has long been employed by the Cinghalese as a valuable tonic bitter.

Gray, in his *Supplement to the Pharmacopoeia*, informs us that this tree is known to the Cinghalese by the names of Woniwol and Bangwellzetta.

Berberine may easily be obtained in very considerable quantity from columba-wood, the whole of which it pervades, and of which it is the colouring principle; and if, as I suspect, the resinous matter accompanying it consists chiefly of altered berberine, improved methods of extraction, such for instance as the employment of a vacuum pan apparatus, would in all probability still further augment the amount of product.

I am informed that berberine is employed as a remedial agent on the Continent, but its scarcity seems hitherto to have prevented its introduction into the medical practice of this country. As a good source for it has now been pointed out, it may be expected that berberine will take its place with the other alkaloids in our materia medica. To prevent misconception from the similarity of names, it may perhaps be well to remark, that berberine and bebeerine are very different substances,—the latter being the active principle of the bark of the bebeer tree of Guiana, and as yet has not been obtained in a crystalline form.—*Philosophical Magazine*, August.

St. Bartholomew's Hospital, July 20, 1852.

## ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 15th instant:—Robert Austen Allen, Stewarts Town, Tyrone; Carl August Ludwig Bauer, London; Thomas Henry Cheatle, Burford, Oxon; Robert William Cockerill, Greenwich; Charles Davenport, Welford, Gloucestershire; Stephen Donegan, Cork; James Crowder Eastcott, St. Pancras; Amos Ingham, Hebdenbridge, Yorkshire; Edward A. Middleship, Hon. East India Company's Service, Bengal; Matthew Morris, Haverfordwest, Pembrokeshire; James Nicholls, Trekenning, Cornwall; James Winter, Dublin.

## SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, the 7th instant:—Henry Vandyke Carter, Scarborough, Yorkshire; Robert Newcombe Day, Harlow, Essex; Thos. Peete, London; Robert Whithy, Maunham St. Peter, Norfolk.

Gentlemen admitted members on Thursday, the 14th instant:—Charles Blatherwick, Titchfield, Hants; Angus Macmillan, Hull; Albert Massey, Camberwell; James Nicholls Trekenning, Cornwall.

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

### NOTICE TO MEMBERS.

The Central Council of the Association beg to call the attention of those members whose subscriptions are in arrear to the following resolutions passed at the Anniversary Meeting, held at HULL, on the 7th and 8th of August, 1850:—

"But if any Member's subscription remain unpaid twelve months after it shall become due, the *Medical and Surgical Journal*, and other publications of the Society, shall be withheld from such Member till his arrears be paid; and when any Member has been in arrears of subscription for the space of *three years*, application shall be made for the same by the General Secretary, and if the arrears be not paid in *three months*, the name of that Member shall be omitted from the list of Subscribers; but this omission shall not be deemed, either in honour or equity, as releasing any Gentleman from the subscriptions owing during his Membership."

Those gentlemen who have not yet paid their subscriptions for the CURRENT YEAR, or who are in ARREARS, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

All post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

J. P. SHEPPARD.

Worcester, October 23, 1852.

Secretary.

## TO CORRESPONDENTS.

Communications have been received from Dr. Black, Mr. Higginbottom, Dr. Meri, Mr. Colthurst, Dr. Turnbull, Mr. Norris, Dr. Duncan.

# LECTURES ON THE DISEASES OF CHILDREN,

DELIVERED IN THE

Chatham Street School of Medicine, Manchester.

By DR. MEREI,

*\* Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pech, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pech; Fellow of the Imperial Society of Vienna, etc.*

## LECTURE XV.

*Rheumatic fever and local affections continued. Course of the different forms—the acutest rare in children; disposition to affections of the heart, which in children attack generally the pericardium; the mildest is the most frequent in childhood and infants; the rheumatic cough; many differences of rheumatic fever in form and course; transitions and issues of rheumatic fever, and of the local affections; pathology—the chemical as well as the anatomical—as yet very imperfect; diagnostical characters of the fever and local affections, objective and attainable in the speechless age; resemblance to some form of tuberculous disease; disposition of children in general, and of the different ages to different forms. Cause: electric influence. Complications.*

GENTLEMEN,—I will proceed now to consider the course of different forms of rheumatic fever, in connection with different local affections. The course of the acutest form, in which almost all the principal joints are affected, which I said is exceedingly rare under the third year, is the same as in adults, only the exhaustion by both fever and pain, appears sooner and is severer in the child. It is a sad impression to look at the young patient, even six or eight years old, with his greater sensibility of nerves and less moral power, when under so severe a suffering. This form, if once established, as far as I remember, takes in favourable cases between six and eight weeks or more, before the child can be said to be recovered.

The less severe degree of the same form—viz., where only one or two joints are affected, though the fever commences and runs very high, is more frequent in young children, but less dangerous and shorter in duration. In favourable cases about three or four weeks are enough to perfect the recovery.

In the articular form there is more disposition than in others to rheumatism of the heart, but certainly less than in grown-up people. I may be allowed to state, the acuter the rheumatic fever, and the acuter the swelling of the joints along with it, the more there is disposition to affections of the heart. According to my experience, the difference between grown-up people and children respecting the kind of heart affections of the rheumatic source, is this: in the man it is not rare, that after only three, four, or more days, of an acute attack of rheumatic fever, the heart becomes affected, and slow valvular alterations may take place. In young

children, if during fever inflammation has to come, that of the heart or pericardium, as well as pleurisy or meningitis will, as a general rule, appear the first day or two; as to that of the heart, I always, and only observed pericarditis, with or without pleurisy. On the whole, I have very seldom met with inflammations of the heart in infants; more often with rheumatism of it.

Finally, there is the mild form of rheumatic fever, connected with only a slight degree of swelling, or merely with rheumatism, in most of the cases either of one of the knees, or of the costal pleura, the mediastinum, or fibrous and nervous textures of the trachea, all without inflammatory action, with little or no danger, but not seldom a good deal of annoyance to us.

The mildest form being the most frequent in young children, and almost the only one to which I have seen even nurslings to be subject, I will therefore just give you a few outlines of it. Under a sudden change of temperature, even without having been directly exposed to cold, the infant shows, in most cases in the afternoon or evening, the already described precursory and following symptoms of a primary paroxysm in more or less moderate or vehement degree. Vomiting is not unfrequent. Soon after the onset of fever, seldom later than ten or twelve hours, the child moans interruptedly at first, and by-and-by continuously; it has a restless sleep; when taken up in the arms, his breathing appears to be shorter than usual, or even cut short by pain. The child is irritable and holds languidly his head; it bursts easily into crying, which in some instances of the kind is prevented by pain, when on close examination, we find the presence of pleurodynia; but sometimes we cannot verify it. Either with or without this, now and then the infant coughs—a short, superficial, dry, and evidently painful cough. By-and-by, perhaps, there may appear the signs of pain with little or no swelling of one of the knees, or nothing of the kind. Now, as to the first night, that pleurodynia, if present, may pass into pleurisy, or that dry and painful cough, at first without other physical sign, may be the forerunner of bronchitis. But frequently you will find that the next twelve, or twenty-four hours, will bring on a critical and beneficial perspiration, and ere twenty-four hours are past the child will be restored to health. This comes very near ephemeria in every appearance. If this be not the immediate issue, at least the character of remission and exacerbation will throw some light upon the disease,—the signs of pleurodynia will persist, and that dry and painful cough will continue so, without any material indications on auscultation or percussion. Perhaps some slight swelling of one of the joints, or pain under pressure and bending, will likewise persist, with peevishness or disposition to crying. The dry and painful cough, sometimes remarkably intermittent, may return, and persist for a few days or weeks, with slight febrile alterations, partly with dry and hot, and partly with moist skin.

This cough, with little or no bronchial râles, but more pain on coughing, (i. e. under the concussion of

the chest) than in bronchitis, I may be allowed to call "rheumatic cough." It is not bronchitis, or bronchial catarrh. I cannot exactly point out its seat, whether it be in the muscular and fibrous tissue, or the nerves of the windpipe. You will easily find out what I mean, and form for yourself a clearer idea of the whole form of fever in question, if you bring before your mind the same as it occurs in grown-up patients.

It is not said that the whole group must occur, just as I have described it. The same mild form may bring on a more or less acute headache or other pain, fixed or erratic, of the different parts of which I have spoken in my last lecture. In general, rheumatic fever presents in the child as well as in adults, infinite varieties of form, course, and issue. I have seen cases, where rheumatic fever had set in with so much vehemence, that already the second day the child presented that alarming aspect, to which I gave the name of "hypersthenic stage," with 180 and more pulsations, twitching, tremor, and the like. Only the third day the nature of the fever and the seat of pain became clear. In other rare instances the fever continued moderate two days or more, the pulse not above 130—140, and with a remittent type, with simultaneous signs of some pain, of which I could not make out the seat, and only on the third or fourth day one of the knees commenced to swell, and in proportion as the swelling increased the fever abated and ceased. Others again, I remember, in which an alternating relation existed between some local pain, and the paroxysms, or the latter and a serous diarrhoea, each discharge from the bowels being preceded by pain.

Profuse sweat, without alleviation, with a low temperature or even coldness of the skin, is always a bad symptom, but rare in young children. I have seen, however, a few instances of a striking appearance. Spasms of the bladder and dysuria belong also to the occasional phenomena; the child cries vehemently, and then the careful mother notices the urine coming for some time drop by drop, and at last freely, when the child at once will cease to cry. This happens when the urine is exceedingly overcharged with lithate of ammonia, and the case is by far more obvious with children than with adults. This seldom happens before the third or fourth day, and frequently later.

In almost all forms of rheumatic fever of children, you will observe from the second day onwards, remissions once or twice every day. The transition from local rheumatism (acute and febrile) to inflammation, if it has to come, in my experience, happens generally sooner than in adults, and in children under two or three years, the first or second day. Suppurative inflammation of a joint is a rare issue of rheumatism. I remember a few cases only where the disease occurred always in one of the knees. The pulse is in proportion to the languor more frequent than in other fevers. Sometimes you will count 160, 180, and more, where the whole aspect of the little patient would not have led you to suspect it. When it protracts its course longer than a week, with a low remittent type, there is commonly a high degree of nervousness perceptible in children. Intoler-

ance of medicine is also more frequent here than in other kinds of fever. The recovery will almost constantly be announced or connected with equable gentle perspiration (instead of profuse) with an adequate general temperature of the skin. Sometimes, however, particularly within the first three days, also profuse sweat proves critical and beneficial, provided it be equable, and connected with an adequate temperature of the skin. If in ratio to the cessation of the fever follows swelling of a joint, which is neither very hot nor painful, this I found to consist merely of thin serosity, and it vanishes easily by absorption.

*Transitions or issues*, in less favourable cases, which of course are very variable in themselves, are much dependent upon the constitution of the child. The worst transitions happen in the scrofulous. Rheumatic fever, however high, seldom exhausts the vital powers so far as to cause death, merely by the febrile action. I have seen only a few cases, in which the little patient died apparently by collapse, without equivalent anatomical changes, though, as far as I can recollect, in most of these cases, sudden and profuse serous diarrhoea had occurred, or the child was extremely tender and weak.

Rheumatic fever passes occasionally into tuberculous phthisis, or better to say, contributes to the development of scrofula or tuberculosis, by those profuse unwholesome sweats.

I have seen typhus complicated with local rheumatism at the beginning of the fever, but do not remember instances of transition from rheumatic fever into typhus. But I have noticed in some cases the transition into remittent gastric fever, or what you may call the *infantile remittent*. These transitions took place when the rheumatic fever was connected with abdominal rheumatism; a bad kind of diarrhoea rendered the consecutive remittent form dangerous, and sometimes fatal to the child. This happened in such children as were under the third year of age. A similar transition I have seen also from the articular form but rarely. I remember an instance of this kind, in which the swelling of the joints disappeared in proportion as the low remittent form developed. This case ended in death.

Inquiring into the transitions and issues caused more directly by the rheumatic local affections connected with the fever, nothing is more dangerous, and more frequently the cause of death amongst all kinds of local rheumatism in infancy, than profuse serous diarrhoea; and this is not always in proportion with anatomical signs of congestion or inflammation in the intestines. I am sure it can merely be muscular or nervous rheumatism, and the discharge effected by sympathetic action. Dangerous, and eventually even fatal, I saw to be also the rheumatism of the substance of the heart at its very onset. I have seen cases of the kind in young children, (I believe three or four,) and although it was, and it will be, impossible to demonstrate in these cases the cause of death anatomically, I have the fullest conviction it was rheumatism of the muscular tissue of the heart. One case may serve you as example. I could describe it with minuteness, but will only in a

few words mention that it was the child of a friend of mine, twenty months old. After visible rigor, considerable dry heat, with an extremely frequent pulse. Soon after the beginning of the fever, (perhaps five or six hours,) the moaning got a very painful expression, then the respiration from hour to hour heavier, sometimes a short dry cough, increasing palpitation, when at the same time the pulse became intermittent and irregular, from time to time fainting, lips livid, extreme expression of anxiety and pain in the countenance. On auscultation and percussion over the heart, no endocardial murmur, no frottement. Palpitation and some irregularity in the pulsations. I could ascertain, by careful exploration, the total absence of pleurodynia. After prescribing I went away; next morning I heard of the fatal issue. The parents told me that the little girl, from pain, became blue in the face, respiration at once stopped, and death followed in a slight convulsive movement, about fourteen hours after the beginning. In the night, though the results of auscultation were negative, I thought it might become pleurisy or pneumonia, and therefore ordered leeches; but they were too late, and insufficiently applied. On *post-mortem* inspection I could detect nothing, except a great coagulum in the left ventricle, proving that the heart must have, for some time before death, imperfectly expelled the blood, and the other secondary changes—congestion of venous blood in the lungs and brain.

Now, I think, it would be erroneous, to regard this as commencing endo- or peri-carditis, because in this case fifteen hours would be sufficient to produce changes in the envelopes, visible and unequivocal enough; but I think I am right in supposing rheumatism of the heart as the cause of death. And when I say, acute rheumatism—although inflammation frequently at once joins it—still I do not identify it with inflammation. Rheumatism of any muscular texture may persist very long as pure pain, without causing visible changes; that of the heart, as I know from adults, causes fits of atrocious pain, with occasional contractions. Of other cases I have only retained a superficial recollection. That young children may die under an attack of the kind, whilst adults resist it, is, I believe, not to be wondered at.

The transition of local rheumatism into inflammation, which in the joints so frequently causes more or less irreparable damages, causes great danger to life, in young children almost certain death, if this happens in the pericardium.

Dangerous, and sometimes fatal, is also the transition of rheumatism into meningitis, and I really believe that many a simple *peripheral* meningitis may be traced to rheumatic origin. I can state, however, that acute meningitis in my practice always developed itself within the first two days of an acute fever; nor can I remember one single case connected with acute articular rheumatism, in fact I am so satisfied about that, that frequently I did my best to evade leeching, when in the course of acute articular rheumatism symptoms of the head caused alarm. I considered, and do consider, these cases as rheumatism of the scalp, or the meninges.

Hydrocephalus I have seen in the course of a long remittent rheumatic fever, but not real meningitis.

That rheumatism of the pleura frequently passes into pleurisy, is a well known fact. All transitions and issues mentioned till now, are, however, more or less rare in comparison with that into chronic rheumatism in its different forms. These are more or less troublesome, or dangerous to the integrity of the joint or joints, or to life itself, in a long and indirect way. Here again I must point out a difference between childhood and mature age. In the latter, chronic rheumatism, when fixed in the heart, frequently causes exudations of lymph within the cavities, or more specially structural changes in the valve apparatus. This, whatever some respected authors may state, must be extremely rare in young children, nay, rare even in those of four or five years, because I could never verify it amongst so great a number of children in my practice. And I beg to remark, that I have had to attend many cases of chronic recurrent rheumatism of the heart. I have already had to attend here (in Manchester) a case, 4 years of age. But the affection persisted in these cases as mere rheumatism. I think that in adults there is a degree of gouty dyscrasy just as frequent as the scrofulous is in children; and this I believe accounts for the predominant frequency of endocardial deposits in mature patients, just as well as for the predominant frequency of destructive swellings from articular rheumatism in children. In conclusion, chronic endocardial rheumatism, fixed and inflammatory, I regard as rare in the early period of life.

The *pathology* of the disease in question is as yet very obscure. The theory of the lactic acid is exploded. The brick-coloured deposit has been noticed since the remote antiquity as characteristic, and really it is more striking in quantity and aspect than the same kind when it happens under abdominal disorder; but, at the same time, lithates are present (in less quantity) in the healthy urine, and the respective elements always in the blood: so the sediment of lithate of ammonia, in itself, gives no sufficient foundation for the pathology of rheumatism. We know not the rheumatic change in the blood, and I may be allowed even not to look at the dyscrasy of the blood as the pathological source of rheumatism, but probably as secondary to a trouble of innervation by thermo-electric, or electric influence upon the spinal system. Every local rheumatism commences with pain, and frequently persists as severe pain for years. This, it would appear, points at least to an essentially nervous element or source of it. Nor has anatomical pathology of rheumatism attained to a more satisfactory, still less to a specific character. We know of no essentially rheumatic products. In the exudations and swellings all is referred to acute or chronic inflammation in its different degrees, productive of serosity, lymph, pus, and the like, and to complication with scrofula, just as in adults to that with gout. The white swelling of the knee has frequently a rheumatic origin, but, I think, always a scrofulous ground. Those authors who consider rheumatism and gout as identical, ought to study it in children. How is it that

some forms never occur in infancy and early childhood? How is it that the lithate of soda concretions are not formed in the joints of children? And finally, after all that I have seen, I believe it will by and by become established, that the endocarditis of children—in those rare cases in which it happens—is scarcely ever of a chronic nature, and its effects, which are so frequent in adults, and of a particular character on the valves, are scarcely met with in children.

The diagnostic character of rheumatic fever in children, considered in its general febrile symptoms, consists, as in adults, in a *remittent type with profuse perspiration*. The local affections connected with it vary much in their form, intensity, and relation to the fever; their seat is the fibrous, serous, and muscular tissues and nerves; and their commencement is generally pain in these parts.

As in little children local rheumatism is not always at once discoverable, we must consider the whole of the disease together. It happens that sometimes, in the beginning, the fever, with its alarming influence upon the child, is the predominant or absorbing subject of our observation; and it will appear for some time just like any primary fever; but the careful observer will generally find out, within the first twenty-four hours, the presence of some salient local pain. Be it, then, that we cannot discover at once the seat of it; still, as soon as we see that it presents salient remission, with perspiration or profuse sweat, followed again by dry hot skin, with renewed signs of pain,—be it, I say, that we are at that time unable to find out its seat, we may conclude, by the mentioned appearances, upon the rheumatic nature of the fever. If the sweat is profuse without alleviating, then we are certain about it.

The brick-coloured sediment is also of some diagnostic value; but generally this appears only in the further course, when already other enlightening signs have been disposed of; and with little children there is a great difficulty of collecting the urine. We can in this case only look at it on the clothes, both immediately when emitted, and some hours afterwards, by the stain. Thus it may happen that we find at the second inspection the colour of the stain, which was at first reddish, changed into brick-colour, and the cloth thickly scattered with similar-looking little bodies. On the whole, I find the urine is less distinctive of rheumatism in children than in adults.

No doubt pain and irritation in joints or muscles, arising along with, or soon after the beginning of, fever—either fixed, and passing into inflammatory swelling of some joint, or variable in intensity, and erratic—may be considered as eminently indicating the rheumatic nature of the fever. This we can easily ascertain, even in the case of mere rheumatism, provided that it be *fixed*, in a joint or joints. But it is less easy to find out the seat of rheumatic pain in some other parts, during the depressed state of the child by the general effects of a vehement fever. I beg you, therefore, to reflect upon all and every circumstance and acts of investigation I have pointed out to you in previous lectures, as helping to unravel the intricacy of fever in

a speechless child; and more particularly upon what I said of the diagnosis of each of the rheumatic local affections; observing quietly and from a distance, and then near, and changing postures and perform movements; all that will be most requisite in the case in question.

One might object, however,—How are we able to distinguish rheumatic pain, without swelling, from nervous pain or spasm? On this I will speak under the head of chronic rheumatism; here I will merely observe that local pain, arising suddenly in connexion with fever, if it is not, or becomes not soon, inflammatory, with swelling or exudation, is very probably of the rheumatic character; and if it happens in a child, almost certainly so.

Although it is not always possible at once to ascertain the rheumatic nature of a fever, it is desirable that all the mentioned symptoms and circumstances together may lead you to suspect it to be so, that you may follow its course with a prepared mind, and watchful eye for all what usually happens in the course of rheumatic fever, or what already may be present in that case, but concealed under the weight of general febrile symptoms, always heavily affecting a little child.

Measles and small-pox, and any other fever, in the beginning, and for some time, may appear just like the rheumatic; wherefore, occasionally we are obliged to suspend diagnosis, or rectify our opinion by the further progress of the disease.

I think I must call your attention also to the particular resemblance which some cases of acute *miliary* tuberculosis have to rheumatic fever, when the disease at once attacks an apparently healthy child. I will on another occasion mention a case of the kind, in which during three days, I could only find signs of pleur-dynia. These cases are certainly very rare, at least rare to one skilled in auscultating on children.

Other slower and more ambiguous forms of the tuberculous process, as they occur in adults, or after puberty, in which a slight fever and pains through the chest, like the rheumatic, are for some time the only salient symptoms, before the deposits are sufficient to cause corresponding signs to our ear. Such I have seldom met with in young children. In that age the deposits take place more rapidly; and the younger the child the more prominent a part is taken by the glands, contributing to make the case intelligible.

The disposition of children to rheumatic fever and local affections is very extensive, but in general not so considerable as to the acutest form, what I designated the acute general articular rheumatism. Nursing, I find, have a preponderating disposition to intestinal rheumatism, and to rheumatic cough; between six and eighteen months, I have frequently seen the disposition to rheumatic earache. Children of a delicate constitution and tender skin are more subject to different forms of the disease in question than others, in particular if they are of the scrofulo-nervous habit; then, between five and twelve years, the disposition to rheumatism of the eye is not uncommon in them. Those that have been overdrugged with mercury I observed to be par-



ticularly obnoxious to rheumatic affections of joints, though not of the acute form. Pleurodynia and rheumatic cough frequently occur in all ages of childhood. On the contrary, I find they are not disposed to endocardial rheumatism; at least, according to what I have seen, it can be but of rare occurrence in the first years of life. This fact, and the analogous one, concerning the acute general articular form, may perhaps concert in some way to advance the pathological knowledge of the rheumatic dyscrasy. The disposition once acquired may last for years and years. In some children, however, it ceases entirely as they grow older and stronger towards puberty. In some others, of course, there is no trace of it.

As the *cause*, everybody recognises a sudden change from warm to cold, particularly when the skin is perspiring and damp, cold more than dry. The sudden occurrence of east winds is also very productive of rheumatism. According to this property some countries represent a more fertile soil for this malady. In this respect there may be few countries worse than Hungary and Austria. England, particularly the eastern parts, enjoys also the discredit of being much troubled with rheumatism.

But, it cannot be denied, the mentioned changes of temperature are, as well, productive of catarrhal and parenchymatous inflammations. There must, therefore, be another condition or circumstance besides, special in producing rheumatism instead of pneumonia or catarrh. The electric influence, I believe, is too little known and valued in this respect. I remember many children who, without being exposed to cold, before stormy weather, or some other sudden change of the weather, became affected with rheumatism; and some even when confined to bed, and guarded carefully against "taking cold."

As a *prophylactic* measure, nothing is more proper than to accustom children, judiciously and by degrees, to the vicissitudes of temperature; performing cold sponging of their whole body, strengthening the more obnoxious kind of skin by lotions of a mixture of brandy and water. The custom to dress children lightly, with bare neck, short stockings, and trousers, as a general measure, is also very suitable, in constitutions which allow it.

Amongst *complications*, like as in adults, the rheumatic affections frequently combines with the bilious, the catarrhal, and others; the liability of children to rheumatism during the last stage of, or convalescence from, measles, is, however, very striking. But rheumatism combines also occasionally with other eruptive fevers.

The combination of intermittent fever with rheumatism is, I find, interesting. I have had to attend, at Pesth, many children at once affected with both diseases. The latter was only rheumatism, more commonly costal pleurodynia, or rheumatic cough, always remittent or even intermittent, and increasing along with the paroxysm. I do not remember one single case in which pleurodynia, or articular rheumatism, when complicating ague, would have passed into inflammation, swelling, or exudation; nor do I know a

single case of genuine inflammation complicating ague. Now let me add to this that I did not see phlegmonous or parenchymatous inflammations, *f. e.*, pneumonia, suppurative pleurisy, acute meningitis with *plastic or purulent products*, in connection with an unequivocally established rheumatic fever, not even with the acutest articular form, which we generally look at as inflammatory, and in which, no doubt, certain degrees and kinds of inflammatory action take place. These are, I believe, facts of some pathological interest. The remissions of the rheumatic fever come sometimes near the intermissions of ague. It stands between the inflammatory and ague.

The most frequent combination of local rheumatism is that with inflammation; thence a modification of the inflammatory process and its products arises, which is not sufficiently studied yet. I have seen only one or two cases of acute arthritis in the knee pass into suppuration; and even in these cases I could not state with confidence that it was originally rheumatism.

An intimate amalgamation of the rheumatic inflammation with the scrofulous dyscrasy, is a common and occasionally sad occurrence in childhood.

Those that have penetrated a little deeper into the difficulties of children's practice, and those of you who intend to do so, will perhaps excuse the minuteness and length with which I have dwelt on the subjects of this lecture. There are some obvious things which it is still suitable to call to mind in various practical connections. I will next speak of the treatment.

## ON THE TREATMENT OF CHOLERA

BY CALOMEL AND COLOCYNTH.

By JOHN JONES, M.R.C.S., ENG., DERBY.

WHATEVER may be the nature of the poison which produces this terrible pestilence, or by whatever laws it traverses various regions, countries, and districts, and propagates its pestiferous influence, its primary action is, doubtless, on the nervous and vascular systems; but whether these are simultaneously affected, or in succession, is uncertain. Nervous depression, speedily followed by vascular congestions, particularly of the large veins of the abdominal viscera, seems to constitute the first stage. From the peculiar nature of the choleraic poison, of which nothing certain is known, the important functions of absorption and secretion become suspended, and in some organs altogether stopped. The mucous membrane of the intestinal tube throughout seems to be deprived of its usual secreting and absorbing functions, the mouth and fauces are no longer supplied with their natural moisture, and unquenchable thirst is the consequence. The mucous secretion of the stomach, and of the large and small intestines, is suspended, and seems superseded by a frightful exudation or effusion of the serum of the blood, constituting the copious watery evacuations, both by vomiting and purging, which for the most part are so characteristic of the

disease; mixed with these is, probably, the chyle, which the lacteals, deprived of their natural function, are unable to absorb, giving the evacuations the peculiar and characteristic appearance of rice-water. The liver ceases to secrete bile; for although in *post-mortem* examinations bile has been found in the gall-bladder, none flows into the duodenum. The kidneys secrete no urine, none being found in the bladder, which is usually contracted and empty.

The blood, deprived of its serum, has generally been found to be "black, or dark-coloured, not unlike tar in its consistence, thick, ropy, and semi-coagulated." This state of the blood, together with congestion of the lungs, preventing the usual oxygenation of the blood, sufficiently accounts for the blue colour of the skin, which in some fatal cases becomes nearly black. Arising from defective oxygenation of the blood, and impeding secreting functions, occurs also the reduced temperature, which is so remarkable as to cause the surface of the body to feel as cold as marble, and even the tongue and breath to feel cold.

The symptoms indicating amendment arise from the restoration of the absorbing and secreting functions of the abdominal viscera. Thus the appearance of bile and feculency in the alvine dejections are the harbingers of safety. Simultaneously with this gratifying occurrence, the symptoms of collapse disappear; the characteristic, watery, and light-coloured evacuations become gradually less liquid, frequent, and abundant; cramps subside; thirst is no longer urgent; the pulse rises; the temperature of the skin is restored, accompanied with a warm perspiration; the renal secretions are resumed, and for the first time from the commencement of the attack, micturition occurs.

The same causes which predispose to the production and spread of typhus fever, are also powerful in the production of cholera, when that peculiar and mysterious agency on which it more immediately depends, exists in the atmosphere. These are:—

1. Constitutional peculiarity, which renders some persons naturally more susceptible of the disease than others.
2. Great bodily fatigue, or mental depression.
3. Defective nutrition, arising either from want of nourishment, or from impaired digestion, by which due assimilation of the blood is prevented.
4. A vitiated state of the air, produced by exhalations from putrid animal and vegetable matters, abundantly generated by local nuisances, such as open cess-vaults, pigsties, slaughter-houses, &c.; badly ventilated houses, such as are generally occupied by the poor in back streets, courts, and alleys, and are often found built back to back, as if on purpose to prevent free circulation of the air; filthy, crowded, and badly-ventilated apartments, in which the inhabitants are constantly breathing the noxious air arising from their own lungs in respiration, rendered still more noxious by want of personal cleanliness.

In proportion as individuals have been exposed to the above predisposing causes of the disease during the

prevalence of epidemic cholera, will be their liability to become affected.

In the autumn of 1849 the inhabitants of Derby were thrown into great consternation by a visitation of cholera. In anticipation of its approach, every preparation was made to check its progress, and restrain its ravages. On its arrival the town was divided into districts, and a resident medical practitioner was appointed by the Board of Guardians to undertake the medical treatment of all cases which might occur amongst the poor in his district, and that there might not be unnecessary delay in the treatment, brandy, or whatever else might be required, was obtained by a written order from the medical attendant, addressed to any neighbouring shop, at the expense of the Guardians. This laudable plan was continued for about three weeks, but in consequence of the expense being thought too great, it was discontinued. In the district attended by my partner and myself, including several back streets and courts thickly inhabited by the poor, besides cases of dysentery, which was at the same time prevalent, *thirty-two* cholera cases were treated, and cured, who were affected with rice-water evacuations, together with cramps and symptoms of rapid exhaustion, some of whom were in a state of advanced collapse, with pulse hardly perceptible, surface cold as a corpse, breath and tongue cold, features shrunk, and marked blueness of the skin. The disease in nearly all the cases treated was preceded by neglected diarrhoea, which, after continuing for a few days, suddenly assumed the peculiar character of cholera.

*Treatment.*—The leading indication in the treatment of this fearful malady, is to restrain the escape of serum from the blood, on which its peculiar and fatal malignity depends. If this important indication can be fulfilled, speedy amendment is the consequence, if not, the progress of the disease becomes fearfully rapid, and certainly fatal, a few hours only deciding the momentous question whether it will terminate in death or recovery.

As diarrhoea usually precedes an attack of cholera, it becomes a matter of the utmost importance to distinguish between this state and actual cholera, in which it may or may not terminate; more particularly as the remedies which are found most appropriate in the one, are diametrically opposed to those which are found most efficient in the other. Chalk mixture, astringents, and opiates, which are so necessary and beneficial in diarrhoea, having no other effect than hastening the fatal catastrophe in cholera. Amongst the multitudinous remedies which have been recommended in the treatment of this fatal disease since its appearance in this country, those which are more or less purgative have been found most beneficial. Amongst these calomel has always been considered pre-eminent. This invaluable remedy in conjunction with the compound extract of colocynth I have found invariably successful, if administered *sufficiently early*, and before the occurrence of fatal collapse. The direct effect of this combination is to prevent the further escape of serum from the blood, by restoring the functions of the mucous

membrane of the alimentary canal, and in consequence, the functions of the abdominal viscera generally. Pereira, in his "Elements of Materia Medica," says:—"Colocynth, taken in small or moderate doses, acts as a very safe and useful purgative. Its operation is not limited to the acceleration of the vermicular movements, but is extended to the secreting and exhaling vessels of the alimentary canal, whose functions it promotes. Moreover, it stimulates the other abdominal organs, and after the absorption of its bitter acrid principle, it not unfrequently proves diuretic." "These remarks apply to the compound extract, the only preparation of colocynth of which I have personal experience. It would appear partly from observation in the human subject, and also from the experiments of Orfila on dogs, that colocynth is one of those purgatives which exert a specific stimulant influence over the large intestines."

My mode of treatment was as follows:—The abdomen and upper and lower extremities being first well rubbed with turpentine liniment, the patient was immediately wrapped in flannel steeped and wrung out with hot water, over which, and covering the whole body as if swaddled, was applied a warm dry blanket. This fomentation, &c., being repeated every two hours, two of the following pills were directed to be taken immediately, and one repeated every hour till the motions became feculent and more natural.—R. Chlorid. Hydrarg., gr. viij.; Extr. Colocynth. Comp., gr. xij; Ol. Carui, gtt. iij. M. Ft. Pil., viij. If the pills were rejected they were immediately repeated and occasionally accompanied with brandy or hot brandy and water.

Under this treatment a manifest amelioration of all the symptoms speedily occurred; the vomiting became less urgent; the alvine dejections instead of being more frequent as might, *a priori*, be expected as the effect of the purgative pills, becomes invariably less frequent, less copious, of greater consistency, and in a few hours feculent and mixed with bile. When these gratifying changes in the evacuations occurred, speedy and uninterrupted recovery usually followed.

The suddenness of the recovery of patients from being almost apparently in *articulo mortis*, was very remarkable, and in one instance was considered by the friends of the individual, who were "Mormonites or Latter-day Saints," an actual miracle, which they published in one of their tracts as a notable instance of the result of their prayers and laying on of hands! In some cases, however, after the cholera symptoms had subsided, slight fever occurred, which continued only for a few days.

It is a fact worthy of remark, that out of the thirty-two cases of cholera attended, eleven occurred on one side of Agard Street, besides nine cases of dysentery. This is a short street behind which a filthy brook runs, part of which is dammed up for the supply of mills and is generally stagnant; the remainder is very shallow and contains all kinds of noxious refuse. On the other side of the street, into part of which two large silks factories open, and the remainder is open to gardens, not a single case was reported.

When cholera first made its appearance in this country, Derby was not exempt from its visitation, but

compared with other towns its ravages were not great. More than half the cases reported, however, proved fatal. After the epidemic ceased solitary instances occasionally occurred, having all the peculiar characters of the Asiatic disease, which were equally rapid in their progress and fatal in their termination unless arrested by timely and appropriate treatment. Since its last visitation to Derby, in 1849, when its ravages were much greater than on the former occasion, solitary cases have also occurred, having so much the character of Asiatic cholera, that if the disease had at the same time appeared as an epidemic, they would without hesitation have been reported as such. I select the following out of eight cases which have been successfully treated by myself and partner, one of which occurred in October, 1850, a year after the epidemic had ceased, the other in August last.

*Case 1.*—Ann Jackson, aged 50, after having been affected with diarrhoea for three weeks, was suddenly seized on Monday morning, October 22, 1850, with vomiting, almost incessant purging, and cramps of the arms and legs. Motions passed involuntarily, thin, watery, and light coloured, resembling rice-water. Saw her at nine o'clock A.M., surrounded by her family, who were in deep distress on account of what they considered her hopeless condition, lying on her back, mouth half open; tongue furred and feeling cold to the touch; eyes sunk in their sockets; voice scarcely audible; nearly pulseless; skin of a dark colour and cold as a corpse. Although apparently in a complete state of collapse, she was perfectly sensible. The abdomen, arms and legs, were directed immediately to be rubbed with turpentine liniment and covered with flannels wrung out with hot water, and then to be wrapped or swaddled in a dry blanket. To be repeated every two hours.—R. Chlor. Hydrarg., gr. viij.; Extr. Colocynth. Comp., gr. xij; Sap. Ven., gr. v.; Ol. Carui, gtt. iij. M. Ft. Pil. viij. Two to be taken immediately, and one every hour till the motion becomes natural. Also to take every half hour brandy in sago.

5, P.M.—Is much warmer; has had no return of vomiting or purging, and cramps but very slightly.—Pergat.

Wednesday, 10 A.M.—Has taken the pills regularly, except when asleep; slept for several hours during the night; has had but one motion, not so thin or copious as they have been, but still white.—Pergat.

Thursday.—In much the same state as yesterday; has had a tolerable night; one or two motions (white); reaction fully developed; tongue dry, and much furred.—R. Liq. Ammon. Aciet., oz. ij.; Sp. Æth. Sulph. Comp., dr. iij.; Mist. Camph., oz. vsa. M. Cap. oz. j., quartis horis. Pills to be repeated every two hours.

Friday.—Has had a good night, and this morning has passed several dark-coloured motions, and micturated for the first time since Sunday last.

Saturday.—Is much better in all respects; motions have become of a natural colour and consistency.—To take the pills once or twice a-day.

Monday.—Continues convalescent, and feels little more than general feebleness, from which she soon recovered.

Case 2.—Mr. Harvey, clerk of St. Werburgh's Church, aged 54, states that on rising in the morning of Monday, the 29th of August, he was affected with diarrhoea, accompanied with general lassitude, slight pain of the bowels, and faintness; motions very frequent, liquid, and copious. Had taken on the preceding night eel pie for supper, of which he says he eat very sparingly. The whole of Monday diarrhoea continued, with little abatement, for which he repeatedly took brandy. Tuesday morning he had a rhubarb draught, and occasionally took brandy; felt better, and walked about the town transacting business; in the afternoon motions much more frequent, copious, and liquid, with increased faintness. He continued occasionally to take brandy. About 11 o'clock, P.M., on getting out of bed, was seized with cramps of the arms and legs, fell down, and was unable to rise; whilst on the floor had a copious and involuntary motion, passed with great force, and he became extremely faint. On being lifted into bed I was immediately sent for. I found him greatly exhausted, affected with cramps of the upper and lower extremities, extending to the fingers and toes, and across the chest, excited and aggravated by the slightest movement. He had just vomited nearly half-a-potful of dark-coloured watery fluid; pulse full and slow; skin moderately warm, but of a darker colour than usual; eyes surrounded with a dark-coloured areola, and sunk in their sockets.

His feet were directed to be immediately placed in hot water and mustard; the abdomen and extremities to be rubbed with turpentine liniment, and afterwards a flannel, wrung out with hot water, to be applied; he was then wrapped round, as if swaddled, in a warm dry blanket. To be repeated every two hours. Two of the following pills were immediately given him, and one directed to be repeated every hour till natural motions were produced.—R. Chlor. Hydrarg., gr. viij.; Extr. Colocynth Comp., gr. xij.; Camph., gr. viij.; Ol. Carui., gr. iij. M. Fiat Pil. viij.

I remained with him till about five o'clock, and left him in an improved state, although during my stay he had frequently vomited copiously thin, clear, and liquid matters, and passed one or two motions, also copious, resembling milk-and-water, or rather the characteristic rice-water evacuations. Thirst was incessant and unquenchable. Cramps continued, but not so violent. About an hour after having left him, I was sent for in great haste, as the cramps had returned so severely that he thought he could not live; I found him, however, much better, although the cramps had been very severe, in consequence of getting out of bed. He was in a profuse perspiration; the change in the motions was more marked, less liquid, and not quite so white, although still abundant; cramp less severe; vomiting still copious, but not so frequent. The pills to be continued without the camphor, after which the vomiting ceased. In the course of the day (Wednesday) the

motions became more feculent, and slightly mixed with bile, accompanied with corresponding amendment.

Thursday.—Had a good night; motions much more natural, and for the first time since Tuesday has passed urine. The pills were omitted, and the following mixture substituted.—R. Pulv. Chlor., scr. ij.; Mag. Carb., dr. ss.; Mucil. Gum. Acacie, oz. ss.; Sp. Ammon. Arom., Tinct. Hyoscy. utr., dr. ij.; Aque Ment., oz. v. M. Cap. oz. j., bis terve die.

From this time convalescence became rapid, and on Saturday he left his room complaining of little more than weakness.

Total amount of calomel taken sixteen grains, and of compound extract of colocynth thirty-two grains.

October 9, 1852.

## EXTRANEOUS SUBSTANCES IN THE EYE.

By AUGUSTIN PRICHARD, Esq., BARRISTER.

*Read before the Bath and Bristol Branch of the Association, October 7, 1852.*

THE detection and treatment of the symptoms produced by foreign bodies in the eye, are matters of considerable surgical interest, dependent upon the value of the organs implicated, the destructive results of inefficient surgical aid, and the thoroughly satisfactory cures obtained by the most simple measures. Besides this, the subject is a surgical curiosity. Having constantly under my care a number of these cases, I have for ten years past always examined with a microscope the minute bodies which I have removed from the surface of the eye, and as might perhaps be supposed, have met with a considerable variety.

It will perhaps make my paper more worthy of a scientific body like the present, if I first give some account of the numbers of accidents to the eyes, in proportion to the whole number admitted to an ophthalmic charity, of the per centage of accidents where a foreign substance still remains in the eye at the period of admission, of the numbers of the different kinds of substances found, and the occupation of the applicants. I will afterwards show to any who feel disposed to examine them, some of the objects I have prepared.

My observations are collected at the Bristol Dispensary for the cure of complaints in the eyes, founded by Mr. Estlin in 1812; and they go back as far as the year 1834, from which time the various injuries have been more distinctly arranged under their separate heads than they were before. This comprises a period of eighteen years, during the first part of which I attended the Eye Dispensary as pupil, and for the last ten years as surgeon.

Thirty-seven thousand one hundred and ninety-nine patients have been admitted during this time, that is about 2100 in every year, upon an average. 2856 of these cases were injuries to the eye, being between seven and eight in every hundred.

From this number of accidents we must take those that bear upon the present subject, and they are the following :—

		Per cent.	Of whole No. admitted.
1.—Injuries from lime .....	175	= 0.497	
2.—Pieces of iron or steel on the cornea .....	650	= 1.74	
3.—Other foreign substances ...	524	= 1.40	

I need not particularly describe the symptoms of an extraneous substance in the eye, as all have experienced the sensation, and must know that it leaves little room for doubt as to diagnosis. It must be remembered that the lid is the most sensitive part, and feels in the act of winking the foreign body stuck upon the globe of the eye, and the patient himself always refers to the upper eyelid as the position of the offending substance. The treatment is of course to remove it as speedily as possible, and for this purpose we ordinarily use a silver instrument, shaped like a cataract needle, considerably curved.

There are one or two observations I wish to make respecting the mein of a patient with an extraneous body in the eye. Some of the diseases of the eye are always accompanied by peculiar mein or characteristic gestures on the part of the patient. A child, with strumous ophthalmia, is brought into the room backwards, shrinking from the light, with both eyes screwed up as tightly as possible, with a handkerchief pressed up against them. A man with amaurosis walks in with his eyes widely staring and his brows raised, so as to prevent the possibility of any rays being intercepted in their progress to his insensative retina. A patient with cataracts has his eyes partially closed, his brows contracted, and his hand raised to shade the eyes, to allow the iris to dilate as much as possible, and in a patient with an extraneous substance in the eye, one is entirely closed, or if opened for a moment is immediately closed again; he shows great incapacity of keeping his eyes open, which gives rise to the peculiar appearance of *intolerance of light with one eye only*, the other being in a great majority of cases quite sound. I have constantly noticed that the mein or general appearance of such a patient, and of the eye, (in a casual examination,) exactly resembles that of a man with iritis, which disease most commonly attacks one eye; and if inflammation has been produced by the extraneous substance, the redness is more like that in sclerotic inflammations than the colour of the eye in affections of the conjunctiva. There is another point of resemblance, which is one of particular physiological interest. It is commonly taught and believed that the optic nerve is the only afferent nerve to the third or motor nerve of the iris, *i. e.*, that the pupil contracts only when the optic nerve feels the impression of the light, and takes it back to the brain, sending the message to contract along the third nerve through the ciliary ganglion to the iris. Persons with an extraneous substance adherent to the cornea of one eye, almost invariably have that pupil more contracted than the other, notwithstanding the fact that the eye is kept more closed. The explanation of this is, that the fifth nerve distributed on the lids, feels the irritation and acts as an

afferent nerve to the iris, which immediately contracts. I sometime ago brought forward a proof of this fact, or of one exactly similar in nature, from the Blind Asylum Report. Two other instances have come under my notice recently. A girl completely blind from amaurosis after fever, and unable to distinguish the least light, was exposed to the rays of the sun. I saw the pupils of her eyes instantly contract, as in a seeing eye, and she said that she knew she was in the light from the sensation. With another blind person, whose eyes were completely sunk, and where there was no perception of the light, I performed the same experiment. She had no iris to contract, but she began to wink her eyelids and the tears began to flow from the weakness produced by a bright light, exactly as would happen in a seeing person exposed to the same influence. These facts prove beyond question that the fifth nerve feels the light and acts as an afferent nerve to the iris and eyelids as well as to the optic nerve.

I leave out of our present consideration all cases of accident, except where there have been extraneous substances adherent to the surface of the eye, and this is a tolerably numerous class, 1174 having presented themselves, amounting to one out of every thirty-one. I need scarcely say, that very few of these were women.

The artisans of a large city who most commonly come for aid on this account, are the following :—

*Smiths*, with scales of hot iron, which have struck upon the surface of the eye in hammering red-hot metal.

*Stone-cutters*, with minute portions of their chisels, or more rarely, of stone.

*Millers*, who have to chip the millstones, and thus also get struck with pieces of metal, or stone.

*Millwrights*, with pieces of steel on the cornea.

*Boiler makers and engineers*, as they call themselves, *i. e.*, engine makers, who are particularly liable to get pieces of iron in the eye, in chipping cast iron, or hammering the rust from old boilers, or in grinding.

*Metal turners*, as opticians' working men, &c., who are struck with minute points of brass or iron; these generally have thin pointed pieces, like the tip of a needle, driven into the eye, where they penetrate perpendicularly and adhere most firmly.

*Carpenters*, in hammering or grinding their tools.

*Tilers and plasterers and masons*, in building and breaking stones, and hammering the plaster from walls; or what is still more frequent, in driving the nails into the laths in their plastering business. The nails generally used are cast and cut by machine, and are extremely brittle.

We see from the country—

*Colliers*, from the numerous coal mines in the neighbourhood of Bristol, with pieces of coal in the eyes.

*Farmers' labourers*, who are injured in chopping trees, or hedging, or haymaking.

We must add to these, of course, all the little accidents that occur, as for instance in railway travelling or in a dusty road, which are entirely independent of the patient's employment, and may happen to any of us at any time.

I have encountered objects from the organic and inorganic world,—in fact, animal, vegetable, and mineral substances of various kinds, some one or two of each of which I should like to show you.

Of *vegetable tissues* there have been specimens of wood, in the form of chips, imbedded in the cornea, or under the lid; or minute pieces of bark, which have flown from the edge of the hatchet; portions of nut-shell, seeds, and grass. One specimen of hard woody structure shows the separate wood-cells very distinctly, but from what plant it comes I have not been able to determine.\*

The *animal bodies* which I have had occasion to remove from the eye, have been minute flies, of various kinds, more or less entire, and the wing cases of insects,—that is, the hardened case or shell, in which are folded the inner or real wings of the coleopterous tribe of insects. They are concave on one side, and convex upon the other, and adhere very firmly to the cornea, in all probability with the action of the leather sucker by which boys raise stones,—i.e., by atmospheric pressure. An instance occurred in the year 1839, when the patient presented himself, after suffering pain and inflammation of the eye for ten months, and the removal of the wing-case relieved all the symptoms. There is sometimes a little difficulty in detaching them from the surface of the eye. Many of them are very pretty objects for microscopic examination, they are very minute, and I have removed several in an entire state.

*Metallic substances.*—Pieces of percussion caps,—of iron, brass, or copper, retain their metallic appearance, if they are *entirely* imbedded in the substance of the cornea, and are thus removed from the action of air and moisture, so that after removal they have the glistening appearance of a metallic surface; and in the case of iron, it is attracted by the magnet. Portions of percussion cap are generally more or less imbedded in the eyes, as the accident is always accompanied with considerable force. Pieces of lime and stone will adhere for some time to the cornea.

One of the most remarkable facts connected with these metallic bodies in the eye, is seen when a piece of iron is driven upon the surface of the cornea, and does not penetrate deeply, but is subjected at once to the double force of friction by the eyelid, and oxidation by exposure to the air and tears. If it remains a few days in the eye, an extraordinary change takes place in its form, for it assumes the shape of a minute iron ring, with a clear central hole. Of this curious fact I have numberless proofs in the shape of specimens, which I

have myself removed from the eye, and which I shall be happy to show you. Now, this ring is formed in two ways,—the small piece of iron adheres to the cornea, and the prominent part is gradually rubbed away by the lid until it becomes transparent in the centre, much as an optician grinds a concave lens; the other method is when the circumference of the minute piece of iron adheres as before, to the cornea, and the prominent centre is gradually loosened, and removed *en masse* by nature or art. Of the former of these methods—i.e., the gradual thinning of the minute point, I have proof in specimens showing all the stages until a clear ring is formed; and as to the latter, I have frequently removed with the silver curette, a central point, leaving a ring behind, which I have detached at once, or after a few days. These rings are frequently only oxide of iron, and not metallic iron, the occasional transparency showing that they are then no longer in the purely metallic state. I do not yet understand clearly why these pieces of iron are so generally circular as is the case; they either fly off from before the hammer hot and fused by the violence of the blow, or they are ground of a circular form between the lids and the globe of the eye.

## IPECACUANHA AS A RESTORATIVE.

By JOHN HIGGINBOTTOM, F.R.S.

I AM induced to make some observations on the use of emetics, from what has been written on the case of the late lamented Duke of Wellington, in the last number of the *Provincial Medical and Surgical Journal*, page 516. It is there stated:—"Instead of a *depressing potion*, such as an emetic, to void a stomach which, at the utmost, could have little more than gas within it, stimulants, antacids, and sedatives, such as brandy, ammonia, castor, valerian, and opium, with mustard poultices and other rubefacients, or even venicants externally, were indicated."

For many years I have been in the practice of prescribing an ipecacuanha emetic as a powerful restorative in some cases of exhaustion and sinking, and I read a paper on that subject, before the Nottingham Medico-Chirurgical Society, which was published in the *Lancet* for June 28, 1845.

I prescribe ipecacuanha in preference to any other emetic; for if given in a sufficient dose, as half a drachm of the powder, it produces full vomiting both safely and quickly; it has also the power of raising the system to its normal condition, without producing any unnatural excitement.

I have long discontinued in such cases the use of brandy, ammonia, and opium, considering them only as palliatives. I give the ipecacuanha if I know the stomach is empty, being convinced that the stimulus of vomiting rouses the sinking powers by producing a considerable effect upon the nervous system; that it equalizes the circulation of the blood, removes the

\* One piece of vegetable cellular tissue went through a somewhat circuitous route, before it finally rested as one of my microscopic objects. A man presented himself with an acutely-inflamed eye, with puriform discharge, and on everting his upper lid, a foreign substance was seen, and removed, which turned out to be the cellular membrane of some vegetable. The history was this:—A few days before, he met and entered into conversation with a friend, (a butcher's boy,) carrying a *bullock's penis* in his hand; from words they came to blows, and my patient was brought down by a heavy flap in the face from his adversary's disagreeable weapon. His eye was painful, and intolerant of light, from that time until the substance was removed, when it speedily recovered. The portion of vegetable matter, having escaped in the process of rumination and digestion, found its way thus abruptly into the man's eye, and thence into my possession.

vitiated secretions, and promotes the healthy secretions of the various organs of the body.

If ipecacuanha would have acted as an emetic in such a case as that of the late Mr. Huskinson, where the nervous system had maintained so great a shock, it might probably have had the effect of restoring the vital powers sufficiently to have admitted the operation of amputation. I consider the ipecacuanha so safe a remedy as an emetic, that I have given it in valvular disease of the heart, when the patient was suffering from indigestion.

Nottingham, October 7, 1852.

## Proceedings of Societies.

### BATH AND BRISTOL BRANCH.

A special general meeting of the Bath and Bristol Branch of the Association summoned in compliance with the unanimous resolution of the Council, was held at the Royal Western Hotel, Bristol, on Tuesday evening, October 27th, for the purpose of considering if any and what steps should be taken in consequence of the verdict given on the trial of *Bourn v. Cox*.

Mr. Norman, of Bath, presided on the occasion, and there were also present from the Bath District, Messrs. Bagshawe, John Barrett, Bartrum, Bush, Church, Cox, Cowan, James Crang, Finlater Crang, Davies, M.D., Evans, Mason, John Soden, Skeate, Stone, Tunstall, M.D., and Vicary; from the Bristol district Messrs. Coe, Colthurst, Clark, Cross, Budd, M.D., Bryant, Estlin, Godfrey, Green, Hinton, Lancaster, Leonard, Macey, Mayor, Morgan, O'Brien, M.D., Pritchard, Sawyer, Smerdon, Symonds, M.D., Swayne, M.D., and H. Swayne. Messrs. Sugden of Westown, Field and Lawrence of Bath, attended as visitors.

Some preliminary objections taken by Mr. Cox, as to the presence of a reporter and the attendance of some gentlemen not members of the Association, having been satisfactorily disposed of,

Mr. COLTHURST, Honorary Secretary of the Bristol Branch, read the minutes of the quarterly meeting, held on the 7th of October.

The PRESIDENT then said,—Gentlemen, you have been called together at this special meeting, as the notice which has been addressed to you states, to consider if any and what steps should be taken in consequence of the verdict given on the trial, *Bourn v. Cox*; and also to consider the propriety of publishing such a letter on medical subjects as was recently done by Mr. John Barrett, in the case of *Bourn v. Cox*. The circumstances which have led to the calling of this meeting, as you are all aware, have arisen out of one of our members being concerned in a lawsuit, which was noticed in our *Journal*, and an invitation given to Mr. Cox to make some explanation about it. In the *Journal* of the 13th of September a letter was published from Mr. Cox,

and the Editor made some strong observations upon it, saying that this branch ought to take some steps in reference to the matter. Accordingly, one of our oldest members wrote to the Bristol Secretary, and suggested the calling together of the Council. They have met, and after a long and anxious consideration they thought the best step would be, to call the whole branch together, well knowing that at such a meeting there would be that cool judgment and proper feeling of justice towards a fellow-member which, while it would uphold the honour and dignity of the profession, would also do justice to the gentleman concerned.

Mr. Cox: Mr. President, before the question is gone into, I would beg to make a few remarks. My letter has already been before every member of this Association, through the *Journal*; but I would beg in addition to add, if it were not sufficiently expressed in that letter, that I acknowledge that in my conduct in the affair against my patient Bourn, I was indiscreet and hasty in my proceedings. I appeal to those present whether I had not much provocation thereto. Further than this I am not prepared to acknowledge. I am come here to night, and if any man has to charge me with anything else, I am here prepared to answer it. I am not aware, that in this affair—indeed I know that I have done nothing that I am ashamed to look any man in the face for. I have already said that I have been indiscreet, and if I have done anything that ought to incur the censure of the profession, I know that here I shall have a fair tribunal before which to answer any charge. I know that I shall have fair play; I ask for no undue favour. I know that I may rely on fair play and good feeling from every member, and with that feeling I leave the case in the hands of this Association, and whatever sentence they may pronounce, I am ready to submit to it.

Mr. J. B. ESTLIN, of Bristol, said he felt bound to state briefly the reasons which induced him, unsolicited, and without consulting any one, to take the initiatory step which had led to the summoning of that meeting. He confessed that he felt in some degree disarmed, by the observations which had fallen from Mr. Cox, and hoped that nothing would be said by him out of that spirit of fairness which Mr. Cox had claimed. Having, however, received Mr. Cox's letter, and feeling that one of the members of the Association, in a court of justice, had been accused criminally, he might say, (because the accusation, though not one of perjury, was that of having procured a malicious arrest,) he felt that it was a matter which ought to be brought before this Society. He had heard from various quarters, that it was the desire of many of the members that the matter should be so brought forward, and this desire was expressed not only by those who took a view of the matter adverse to Mr. Cox, but also by those who thought he had been hardly used. He (the speaker) thought it was the duty of some one not belonging to the Bath Branch, to bring the matter forward, and have it canvassed, and therefore being one of the senior—he believed almost the oldest—member of the Bristol Branch, and feeling strongly the duty, as he advanced in life, to uphold the

respectability of the profession, not only for his own interest, but for the benefit of the junior members, he did not hesitate to send the letter on which the present meeting had been called. There was also another reason which weighed with him. At a former meeting the medical case was brought forward in a paper in which certain opinions were broached, but on which, interesting as they were, there was no discussion. A few days after that meeting he saw, in the Bristol papers, that a paper was read by Mr. Cox upon the question, with his opinions upon it; and that as no discussion took place, (he did not pretend to quote the exact words,) it was clearly left to be understood, that Mr. Cox's views on the subject were confirmed by the meeting. Now he looked on this as a false inference. Those who were present would not forget the silence which followed the reading of that paper, and which appeared to him to be an eloquent testimony of the Society to Mr. Cox's conduct. Thus it appeared to him that their Branch had been used to support certain views in favour of the defendant in the case of *Bourn v. Cox*. He (Mr. Estlin) was reluctant to speak at all on the present occasion, but it would be unfair in him not to allow that there were circumstances of great aggravation in this case. After a matter was passed, it was easy to say what was best to have been done, and this had induced him to view the matter with great indulgence. And he should rejoice if, in the course of this discussion, anything should occur to make Mr. Cox's conduct appear in a less unfavourable light, especially as he had now been induced to express his regret for the course he had taken. But, Sir, (continued Mr. Estlin,) we are very touchy about the successes of homœopathsists, and hydropathsists, and mesmerists, who take away our best patients, and probably those who are most remunerative; but they cannot take away our respectability—it is only by our own acts that we can lose our respectability. I must say that the trial at Bath, and the disgusting reports and comments which have appeared in the newspapers respecting it, have inflicted a wound upon the profession more deep and serious than all the professors of the novelties to which I have alluded have been able to effect. Sir, I did not think to take any other step than to bring forward the subject, but it may be necessary to have some specific resolution before the meeting, and therefore, having no personal feeling in the matter, I have no objection to read a motion, and to support it; I will do so, and will then leave the meeting to say whether it adopts the view which, after much reflection, I have come to. It is this:—"That it is inconsistent with the honour of the Association, to retain upon its list of members any individual against whom a verdict, casting a serious imputation on his professional conduct, has been recorded in one of her Majesty's courts of law, and that whereas Mr. W. A. Cox at present is under this stigma, and has not taken any proceedings to reverse the verdict, he be requested to withdraw from the Association."

Dr. O'BRIEN suggested that the meeting should hear all that was to be said, before putting such a resolution.

The PRESIDENT: At present there is no question before us, and this resolution is put in to raise the discussion, but nothing can be done until it is seconded.

Dr. SYMONDS, (Bristol,) if Mr. Estlin saw no objection to a slight alteration, would second the motion, with a view to bringing the matter before the Society. Coming there, as he did, to hear the evidence to be brought before them, and having formed no strong opinion upon the subject, if Mr. Estlin had no objection, he would propose to alter the latter part of the resolution thus:—"That, whereas, Mr. W. A. Cox at present is under this stigma, and has not taken any proceedings to reverse the verdict, he be requested to declare whether it is his intention to take such proceedings, and if not, to show reason why he should not cease to be a member."

Mr. ESTLIN.—I am perfectly ready to adopt this as my resolution.

The PRESIDENT was about to put the resolution to the vote, when

Dr. O'BRIEN suggested that the Judge's summing up should be read, so as to bring the facts before all present.

After some observations from Mr. Godfrey (Bristol), Mr. Colthurst, and Mr. Clark (Bristol), the suggestion was not pressed, and

The PRESIDENT said, if no gentleman had any further observations to make he would put the resolution, and if it were carried he would then call on Mr. Cox for any statement he had to offer. The resolution having been put, and carried unanimously, the President continued:—"And now, Mr. Cox, I have to call on you for an answer to this distinct question. The meeting has now decided "that it is inconsistent with the honour of the Association to retain upon its list of members any individual against whom a verdict casting a serious imputation on his professional conduct has been recorded in one of her Majesty's courts of law; and that, whereas Mr. W. A. Cox at present lies under this stigma and has not taken any proceedings to reverse the verdict, he be requested to declare whether it is his intention to take such proceedings, and if not to show reason why he should not cease to be a member." I take it, that this resolution will become a precedent, and will be applicable in future to any member who may fall under its ban.

Mr. Cox.—I assure you, Sir, that I am very pleased at having an opportunity of answering that question here before this Association. For I do feel, Sir, and I believe I shall be able to show you and this meeting that the verdict, which I do not admit to be one (as it has been alleged) of fraud, but whatever the verdict may have been, I say that it was arrived at by medical evidence that I challenge the medical witnesses here before a Jury that can understand their evidence to substantiate. I said that I did not admit that the verdict was one of fraud, and I ask gentlemen to consider, taking into account the strong remarks that were made by the Judge, that if I was guilty of what was charged against me it was one of the worst frauds that any member of society could be guilty of. The damages



were laid at £50; the verdict was for £15, the exact amount that was paid to me by the patient. And I leave it to you, that if the Jury thought it such a fraud as was laid before them by the Judge, whether they would not have assessed the damages at the full amount claimed. But upon what medical evidence was that verdict given? I say, that from first to last every one of the medical witnesses, from Mr. Topp to Mr. Bagshawe, did place the case so before the Jury as to lead them to suppose that such a case as I had sent in a bill for could not exist, or was most unlikely ever to have existed. Now, Sir, what was the case? A case of gonorrhoea of two months' standing, with stricture of the urethra, upon which supervenes syphilis and a bubo. That is the case, which I say the medical men led the Jury to believe was exceedingly improbable ever to have existed. I will proceed, Sir, in the first place, with the evidence of Mr. Topp, who was a druggist, and who swears he was for 22 years the apothecary at the Bath United Hospital. He was of opinion that "this was a very simple case; there were not the slightest symptoms of the disorders named by Mr. Cox in his bill. Witness considered that Mr. Cox's mode of treatment, as described in his bill, was most imprudent, and likely to be very injurious to the patient. The general opinion among medical men is, that the two diseases said to be cured by Mr. Cox cannot exist at the same time." This is the report of the proceedings in the County Court. I need not say that the report of the proceedings of county courts are not so accurate as those of the proceedings in assize courts. I shall therefore have to add from my own recollection and notes; and, as there are gentlemen here who were present at the trial, if I state anything incorrectly they will check me. I appeal to their recollection whether Mr. Topp did not lay down the opinion that gonorrhoea was a preventative of syphilis, and that a man could not have one with the other. Mr. Charles Alexander Harries follows Mr. Topp, and he had never observed the two diseases coexistent in the same patient. When he is examined by the Judge, he says the case professed to have been cured could not have been in five or six weeks, as stated; and then, in cross-examination, he says the case was very remarkable, if a real one, but no practitioner in France, England, or elsewhere, ever heard of such a case. If there were any doubt as to this statement having been made, it has been removed by Mr. Harries himself, since, on the Monday after the Saturday of the trial he went about inquiring of medical men—among others, of Mr. Barter—whether they had ever seen a case of gonorrhoea and syphilis coexistent. Mr. Barter replied, "Walk with me a hundred yards, and I will show you such a case." The next witness was Mr. Skeate. He said:—"I never knew a case in which the two diseases mentioned were coexistent together." I would do justice to the fairness with which Mr. Skeate gave his evidence against a brother professional man. It is no more than I should have expected from him, and I am sure the same bias which induced him to give evidence will now induce him to say that it was his opinion that the two diseases could

not coexist. I have seen him since, and he has most kindly lent me his assistance in this matter. But the last time he was still of opinion that the two diseases could not coexist. The next medical witness was Mr. Field, who saw no symptoms of Bourn's having taken large doses of mercury. My memory does not serve me here, but I believe Mr. Field did say, and I ask him now if he did not, that if Bourn had taken the doses of mercury he would have discovered it.

Mr. GODFREY: I don't think any question ought to be put to a stranger.

The PRESIDENT: I think you cannot put any question to Mr. Field.

Mr. COX: I will waive that point, then, sir; but Mr. Field, when examined by the Judge, says he never saw a case with the symptoms described co-existing; and then in Mr. Field's manner, which is sometimes more forcible than his words, he says:—"It is possible, but in all my experience I never saw such a case." I am speaking of Mr. Field's manner in the presence of gentlemen who saw him examined, and who will understand my meaning. Then, Sir, Mr. Bartrum was examined. In other points he agreed with the other medical witnesses; but he testified to what is not reported, and his evidence was most strong as to my charge against my patient. He testified that where phimosis existed, a bougie could not be passed; and he gave as his reason that in phimosis there was inflammation of the glans. He also testified that a bougie could not be passed in the state in which I had charged for it in my bill. The next witness was Mr. Bagshawe. He said:—"I do not believe that the whole of the diseases mentioned existed at the same time." Now, if any doubt could exist as to the effect of this evidence, we have it removed by Mr. Bush and Mr. Barrett, who, upon hearing it came forward. They were neither of them, either directly or indirectly, asked by me to do so; but seeing that there was evidence before the Jury which they believed to be incorrect, they came forward generously and kindly to the rescue, and gave counteracting testimony. The main gist of their testimony was, that the two diseases could coexist, and that they had seen cases in their practice. If there is any further doubt, you have it removed by the summing up of the Judge, who said:—"As one witness after another was called, they all agreed," (I am quoting from the *Bath and Cheltenham Gazette*, of the 8th of September, 1852,) "As one witness after another was called, they all agreed that they did not believe that such a case ever existed and was treated in the same way. Their evidence, the Jury would see, took a duplex form: they did not believe that the diseases which were specified on the face of the bill ever could coexist in the same patient; and that, supposing the effects, and nature, and symptoms of the patient's case to be truly described, then they maintained that the treatment was incredible." Now, I say that this medical evidence was the evidence upon which the charge against me was founded; and the medical evidence being before the Court, other circumstances were made of importance which they would not other-

wise have had, and received a weight which would not otherwise have been given to them. I do not know that I am attaching greater weight than I ought to this medical evidence? But what were those other circumstances to which I have alluded? for here I shall not shrink from going into every circumstance of the case; and if I attempted to evade doing so, I know that I should not be allowed. I have said that I shall not shrink from going into every circumstance of the case, though there is only one other that I know of to which I need advert, and that is the interlineation of my day-book. I can only say that that day-book had been in the hands of my attorney before the trial: he had seen it, and examined every item; and I put it to him—for as I am not now before a court of law, but am here as before a court of honour, I will mention every circumstance. I said to him:—"Those charges where the interlineations are made, will they not be objected to if taken into the account?" He said, "Oh no, if they were made on the same day." The day-book was put in on the trial. It is here. I have offered any one in Bath to inspect it; and it is here now, open to any one for the purpose who pleases. The next matter was that a bill for £2. 6s. had been sent in to Bourn. Now, in Court that statement entirely failed, and I say that no bill was ever sent in. I don't say that Bourn, before he went away, was not under the impression that he knew something about the charges; and as I am not in a court of law, I will state upon what I believe that impression was founded. Bourn was about to go abroad, and I knew that I was liable to be called upon at a moment's notice for the charges against him. Accordingly as he had his medicine, whatever it was, it was written down on a scrap of paper to avoid having to be picked out from the day book. This piece of paper was in the possession of Mr. Lawrence's brother, but it was not filled up, and there was nothing on it but the mixtures and powders as they were had. The last time Bourn came he had a bottle of mixture, as stated in the bill, and whilst Mr. Lawrence's brother was entering it he looked over the paper, and so, I suppose, formed some rough estimate of what he would owe. On that rough estimate he went away, I believe, thinking that he owed me £2. 6s. I was, as I have stated, never applied to for a bill, and never told Bourn what my charge was, so that it was merely from a glance at the paper that he formed his estimate. This is a circumstance which could not be adduced in a court of law, but here you have it, and with it, I believe, the whole of the case. I believe, sir, that there is nothing else for me to touch upon; but if there may be any circumstance on which further explanation is desired I shall be only too happy to do so. I am not indifferent to the opinion of this meeting, or to anything they may think proper to do to me. I have been now for three months enduring a persecution which few medical men have ever had to endure. I have stood it, however, and I shall stand anything more that I may have to endure, for I know that whatever charges may be made against me in private or in public, I stand here ashamed to look no man in the face. I know that these things are

not ordered by man, but by a higher intelligence than man's; and this conviction which has hitherto supported me will continue to support me under whatever I may have to endure. I now leave my case with the meeting. I ask for no favour, and am very sure that at your hands, Sir, I shall have everything that is just.

The PRESIDENT: There is a portion of the resolution which you have not answered, Mr. Cox, and that is, whether you intend to take any proceedings to reverse the verdict.

Mr. Cox: The time is gone by for that. The law allows twelve days to apply for a new trial and those twelve days are gone by, the money is paid, and the thing is settled. But, if it were not so, I should not have recourse to other proceedings. I should be content to let the case rest where it is. I know too well the harass of law proceedings to involve myself in any further proceedings. With regard to the bill—I mean the form in which the bill was made out—I may state that the bill which was printed and published was a bill which was sent in by me on the application of the attorney for the plaintiff, and that it was not printed or published by me. My attorney, Mr. Slack, advised me to send it in as it is there set out, the better to give the patient's friends an opportunity of knowing what had been done. I admit that I thought it at last equivocal, but I took my attorney's advice in the matter, and I throw the responsibility on him, and he is willing to bear it.

Dr. O'BRIEN said that there was one point of great importance which Mr. Cox had not touched upon, and it appeared to be the main point—the charge of fraud, which was the essence of the whole affair. It appeared that certain entries had been interlineated, but it was not clear whether these entries were not made, as the Judge seemed to have intimated, to make the debt sufficiently large to arrest the patient.

Mr. Cox: With regard to that point, I have no hesitation in saying that if Bourn had come to pay me before he left, I should not have made the charges which I afterwards did. The Judge, in summing up, gave the profession this latitude. He says:—"Every medical gentleman was considered to have a very considerable latitude as to the amount of his charges against his patient. His own prudence and discretion, with due regard to his own interest, would keep him straight in this matter. Mr. Cox, in making out his bill, had a right to consider the willingness or unwillingness of the patient to pay."

Dr. O'BRIEN: The time of the entries is what I allude to.

Mr. Cox: With regard to the time, that can only be arrived at by an inspection of my day-book.

Dr. O'BRIEN: Can you state whether they were made day by day, or all at once to suit a purpose?

Mr. Cox: Day by day, as stated by me in Court on oath. They were made in a subsequent part of the day, after the operations were performed, and that is not an unusual thing, I believe, with medical men.

Dr. O'BRIEN: Is it Mr. Cox's constant practice to interline all cases of this description?

Mr. COX: Not my constant, but my frequent practice. I would state again, that the bill was not distributed by me, but by the plaintiff's friends before going into Court, to prejudice the case.

The PRESIDENT: Has any gentleman any further observations to make. The question in the resolution has been asked of Mr. Cox, and he has answered it; and if there are any more questions to be put, I apprehend he is quite ready to answer them.

Dr. O'BRIEN: Is it admitted by Mr. Cox, that if the individual had paid in the ordinary way, he did not intend to charge for these operations?

Mr. COX: Oh! no: not at all.

Dr. O'BRIEN: Then I want to know what the interlineations were made for?

Mr. COX: They were made daily, as the operations were performed.

Mr. CLARK was of opinion, that although the charge of fraud was not made out against Mr. Cox, there was evidence to show his demand was exorbitant, and that he had been guilty of very great irregularity in making the interlineations in his book.

Mr. COLTHURST asked why the paper, which it was admitted Bourn had seen, and which had led him to expect that £2. 6s. was all he would have to pay, contained an account of the medicines only, and not the charges for attendance and operations which appeared in the day-book?

Mr. COX: For this simple reason, that I should have charged for the operations in gross. It was on my mind when I went down to him on the evening of his departure to say:—"You are indebted to me for medicines so much," and I would have put it to him as to what he could have afforded to pay me for the operations. But when I was driven to make out my bill, I had to charge for every one separately. I believe, now, however, that it would have been more prudent if I had not done so.

Mr. JOHN BARRETT, in justice to Mr. Cox, would state that when Bourn saw the paper in question, he was under the impression that he owed £2. 3s. 6d.; that he had another mixture at that time which made up £2. 6s. 0d. Now, it appeared that altogether that he had thirty-nine mixtures, so that it required no great acquaintance with Cocker, to perceive that he must have owed something like double £2. 6s. 0d. Unless, therefore, they were prepared to say that these entries which were said to have been made *de die in diem* were all a forgery, and the price of the mixtures was to be at 2s. 6d. each, it was evident that the young man must have made a great mistake as to the amount he had to pay even for medicines. As to the operations, a young man whom he (Mr. Barrett) saw at the Court, named Biggs, who was a dispenser at the Eastern Dispensary, he believed had stated that Bourn had admitted to him that the bougie had been passed. With respect to the interlineations, he had already stated publicly that a fair examination of the book showed that Mr. Cox's statement could not be contradicted, for he found other similar entries in the same book, and he knew that he had done so also in

his own practice. How far it might be regular in a tradesmanlike point of view he did not know, but still their profession was but hybrid in this respect.

Dr. SYMONDS: I think Sir, in the first place, that this meeting is quite competent to consider a verdict given in a court of law. I know there are some who think otherwise, even where the case turns upon medical evidence; but I am of opinion that we, as members of a scientific profession, may very well question the justice of such verdicts. I think, moreover, that it is our duty, as a public body, to consider what is due to our respectability as a body, and to the interests of every medical brother. I think, also, Sir, that we are called upon to interpose, and to defend any member who may seem to us to have been harshly treated in a court of law. I am not prepared to say that that was the case with Mr. Cox, simply because I do not know how medical remuneration is charged in this kind of cases. There seems to me to have been two points put to the Jury; one, that he charged for treating two diseases which did not exist, but which he alleged to be coexistent, and for operations which could not have been performed; I presume this was the impression on the Judge and Jury. The second point was, that a bill had been dressed up in a particular manner, so as to give Mr. Cox a right to call for payment. Now, as to the first point, there was a conflict in the medical testimony; and Mr. Cox rests his defence on the question, whether the Judge and Jury gave sufficient attention to the difference of opinion which existed. On the other point, I think we should not be extreme to press Mr. Cox as to the amount of his charge. It is known that charges are, to a certain extent, indeterminate. We all know of cases where a person has been attended, and the practitioner having given a great deal of attention to the case, has said that having done all he could, he should yet not charge more than the amount of the medicines supplied. Now, supposing this was Mr. Cox's intention with regard to Bourn before he left Bath, he may have afterwards heard that he had left, settling all bills but his; and hearing this, he would naturally feel much aggrieved, and would say that whereas, before, he would only have charged for the medicines, and would have considered the visits and operations as acts of friendship or charity, now he would not remit the charge for all that was fully due. Now, if Mr. Cox could satisfy us that he had made such a reservation in his mind, and that the case was of that kind, I think we might very fairly take it into our consideration; and although there was certainly great haste on his part, and, as it seemed to me at first, harshness and almost cruelty, I say if all the circumstances were as I have put them suppositionally, we might deal with him with clemency, as well as with justice to our own respectability; and I should then consider it not expedient to enforce the resolution which I have seconded *pro forma*.

Mr. COX: I did not exactly catch what has just fallen from Dr. Symonds.

Dr. SYMONDS: I wish to ask whether, in the first instance, it was intended to charge for the dressings and

operations, or whether they were merely considered gratuitous.

Mr. COX: They would have been charged, but I do not hesitate to say not to the amount; if Bourn had come to pay me in an honest way; and on this point I am justified by the Judge. He says, that in making out my bill I had a right to consider the willingness or unwillingness of the patient to pay; besides, Bourn was about to sail to Australia, owing me this amount of money, and when I came back I told his half-brother, whom I saw at the Commercial Rooms, that I would put him in possession of all the facts of the case, so that if he should hear any reports, he might know how far they were true. I did so, and although he felt annoyed at what had occurred, he said it served his brother right, for he had plenty of money, and he ought to have paid me.

Dr. DAVIS, (Bath): I very much agree with the view which Dr. Symonds has taken of this painful matter. It is quite clear that Mr. Cox has acted with great imprudence and precipitancy, but there is no evidence satisfactory to my mind that he acted at all with fraud; and therefore I think, that in our zeal for our own purity, we should act with some injustice if we included Mr. Cox under the preamble of that motion. I quite agree with that preamble, which is, "That it is inconsistent with the honour of the Association to retain upon its list of members any individual against whom a verdict, casting a serious imputation on his professional conduct has been recorded in one of her Majesty's courts of law." But I certainly think that in this matter there has been sufficient ground shown to make us pause before following up that preamble.

Dr. BUDD (Bristol): Sir, I am sorry to be obliged to differ so entirely as I do from the two preceding speakers, for whose opinion I entertain the highest respect. I know how invidious these discussions are. I know how much more desirable it is to go on in a spirit of harmony. But sometimes associations like this have duties to perform: and stern duties. If we are bound by loyalty to our profession to lend our help and support to one of our members who has been aggrieved, and if we must not forget that we have duties to ourselves, I cannot on the other hand help feeling that we have also a duty to the public to perform. Now, I must confess that nothing has grieved me more than to hear from Mr. Cox his explanation of this painful case. I listened with eagerness to him, and, as he went along, I thought that a more distressing failure it had never been my lot to hear. We have called upon him to state why he has taken no proceedings to reverse this verdict, and we have heard his explanation. Now, for my own part, if such a verdict was recorded against me, casting such a foul stigma upon my professional character, I would have spent my last shilling or stripped my shirt from my back to assist me in procuring its reversal. We have asked him why he took no measures for this purpose, and his defence consists for the most part of the most cogent of all reasons why he should have taken such steps. For if he had the weight of medical testimony on his side, and the evidence

adduced against him was erroneous, he not only had the best of all reasons for proceeding but the most absolute assurance that he would have been successful in the attempt. Mr. Cox, however, says that it is now too late. Then, I say he must be allowed to suffer the consequences of his neglect. But, there is a fact which appears to have been lost sight of in the case, and that is that the medical evidence was not all on one side. Two respectable medical men were called for Mr. Cox. I say then, that Mr. Cox has failed in shewing any reason for not taking any steps to reverse this verdict, but he has shewn in the most striking manner that he had motives—paramount motives, for doing so. Will you state to us any palliating circumstances which should induce us to say,—Here is an exceptional case, not falling within the preamble of your resolution? For my part I think Mr. Cox has signally failed to make out that his is a such a case, I say, let any man take up this case and read it from end to end, with the bill appended to it, and then let him say whether Mr. Cox has given any adequate palliation for the course matters have taken in this distressing case. This, Sir, is the conclusion to which I have come, that the only course for this branch to take, not only for its honour but for its continuance, is this:—Mr. Cox having failed in showing any reason why he has not taken any proceedings to reverse the verdict, or to mention any palliating circumstances, the only course, I say, which remains, is to take steps to carry out the resolution which has been passed. These are my views, Sir, come to, I admit, very reluctantly. The matter is a painful one to deal with; but I feel that there is something in the times in which we live which behoves us to maintain the honour and dignity of the profession which we love. And, surrounded by charlatans as we are, with what face can we meet the public unless we keep up our respectability and see that our own hands are clean?

Mr. GODFREY, disagreeing with the view taken by the last speaker, moved "That the whole subject with regard to Mr. Cox be referred to the Council, with a request to them to report on it to the next quarterly meeting."

Dr. SYMONDS seconded this proposition, which, after a lengthened discussion, was carried in the affirmative.

The consideration of Dr. Swayne's motion, in reference to the publication of a letter by Mr. John Barrett respecting the case Bourn v. Cox, was also deferred till the next meeting.

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## Correspondence.

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### ON THE RELATIVE VALUE OF MATERNAL AND FETAL LIFE.

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To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—I am very unwilling for you to think that I am dragging you unfairly into a discussion upon an opinion which you had a perfect right to express, in your review

of Professor Murphy's lectures. But I am sure you will permit me a few words in reply to your very courteous remarks upon my last letter. My opinion remains unaffected by your arguments, and I am still prepared to maintain that *any* "mother's life is 'infinitely' more valuable than her unborn child's." It seems to me to be one of those self-evident propositions which admits of no dispute or doubt whatever. It may, indeed, be admitted by any of us, if it could be acknowledged by one of the greatest men that ever lived, under most peculiar circumstances, and where there was every inducement, considering how an empire's destiny depended upon the preservation of the infant life, to sacrifice the maternal existence. When the Emperor Napoleon was told by the accoucheurs in attendance upon Maria Louise that they feared that they could not preserve the life of the Empress *and* that of the foetus to which she was about to give birth, and asked him what course they should pursue under such momentous circumstances, he replied:—"Save both if possible, but *at all events* preserve the Empress." Memorable words, involving the utter destruction of his own and of a nation's hopes, from the most selfish being that ever existed. And well were they rewarded by the birth of the "King of Rome," and the safety likewise of the King of Rome's mother. I cannot help still believing that we are all of us addicted (especially in hospital practice) to set the same value upon the life of a foetus as upon that of a parturient woman. There is a feeling of satisfaction, and a very proper one too, in having preserved the double life in a difficult and hazardous case. But do we not sometimes overstep the legitimate boundary of delay in our desire to obtain this satisfaction? How many a medical man, looking back upon his experience, can say of such and such a case, "I wish I had applied the forceps sooner," or, "I wish I had perforated at once, instead of hazarding the forceps; those women whom I so well remember, and whom I so often think of, would then have still been here."

You will answer to this that "numberless infantine lives are destroyed by undue interference with the perforator, or by the detachment of the placenta;" and you will yet further urge that "the laws of God and man alike tell us that we shall not kill, and we object to the breaking of those laws without some greater warrant than the mere accidental estimate of the value of the particular life involved." But to this style of argument it may not unjustly (and I hope not immorally) be observed, that the human law which forbids murder holds that there can be no murder without positive proof of the establishment of a *separate existence*. And touching the Divine law, I, for one, will never bring myself to believe that He who breathed into our nostrils the breath of life, will ever hereafter reproach any creature that he has made for having, from conscientious motives, stifled that flame which might have been fanned into a noble being, with a view of preserving the larger and more sacred life, whose continuity for a brief season longer would have ensured so much happiness to a family, a village, a city, or it may yet be—a world.

That can be no life (by comparison) which has never breathed;—that can be no death (by comparison) which

has only involved the sacrifice of the power of beginning a separate and independent life.

You will think, perhaps, that I am too bold in thus broaching, and venturing through your pages to promulgate, such a doctrine. It is truly one which our imperfect social system does not recognise, but which, if ever it *is* perfect, it will fully comprehend and appreciate. But when *some* professors of midwifery are compelled to talk of "murder," with a view of terrifying their readers into a proper estimate of the value of a foetal life, it is time for others to lay down, as Dr. Murphy does, that "if we have any doubt about the mother's safety, we are not to hesitate one moment because of the child."

There are ever those who will be ready (I am far from saying that you are, Sir,) to take an ungenerous advantage of such a broadly-propounded doctrine, and attribute improper motives to its supporters. But, in spite of this, believe me the day will come when it will be entirely felt and acknowledged. So fully am I persuaded of it—so strongly am I convinced of the danger of that theory which admits every life to be of equal value, whether it be foetal or adult, and which gives itself an adventitious colouring by the perversion of both Divine and human laws—that I would rather have to reproach myself with having been premature in the destruction of a foetus in utero, to the amount of any number you like to mention, than with having sacrificed, through injudicious delay, for the remote chance of infantine preservation, *any* adult and maternal life. I can no more bring myself to believe that all lives are of equal importance, and that medical practitioners are not called to estimate and decide upon their relative importance, than that all men are alike gifted with the good things of this world, or that they are of the same mental or physical calibre. Therefore, can I never assent to a doctrine which teaches that it is murder to destroy a foetus which has never breathed—which has not yet received the highest attribute of life, when such destruction is only carried into effect to protect and save from the chance of death one who is in a position to appreciate the goodness and acknowledge thankfully the mercies of Him who made us, and daily shields us all.

I am, Sir, your obedient Servant,  
EDGAR SHEPPARD,  
M.R.C.S. & L.S.A.

Enfield, Nov. 1, 1852.

P.S. It is a great satisfaction to me to state that I have received several letters from practitioners of many years' standing, expressing concurrence in the opinions expressed by me in the last number of your journal.

[Napoleon's order is so closely in accordance with our own sentiments and so opposed to Mr. Sheppard's, that we do not understand why he should be cited by him. But it is unnecessary for us to go over the ground already occupied, and we shall therefore content ourselves with protesting against our correspondent's estimate of foetal life, merely reminding him that we have never held that the maternal and infant life are of the same value, but that it is necessary to be assured that one life or the other must be sacrificed, before determining to make the selection, which selection should be in favour of the mother.—ED. J.]

## CASE OF A FEMALE WITH THREE BREASTS.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—Can you afford me a corner in our valuable and interesting journal, to record the case of a third mamma which has recently come under my observation. The young lady who is the subject of this singular, *usus natura*, was confined several months ago, and, a day or two afterwards called my attention to the circumstance. I found, besides the two ordinary mammae, a third, with clearly developed glandular structure, and distinct nipple, with darkened areola. On elongating the nipple, milk, of the same consistence and colour as from the other breasts, flowed from the lacteal vessels. On making reference I find that several interesting cases of the above description, one or two having four distinct mammae, are recorded in Dr. Davis's elaborate work on "Obstetric Medicine."

Yours most obediently,

R. MANNERS MANN,

M.B.C.S., E.N.C., &c.

Manchester, October 27, 1852.

# CORRIGENDA IN OUR LONDON CORRESPONDENCE.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—In your report of the first meeting of the Medical Society of London, published in your (yesterday's) journal, you record some observations made by me, on exhibiting to the Society an enlarged spleen. Your correspondent, however, has made two or three mistakes in this part of his report, which you will, perhaps, be so kind as to correct in your next impression. The required corrections are as follows:—

1st. Report says, "that deceased had been ill several weeks." This should read several *months*.

2nd. It is stated that the "nature" of the tumour in the abdomen "had not been recognised" (during life.) This is gratuitous; I did not say so.

3rd. I am made to give an opinion, that the compensating increase of one organ in size, &c., when its fellow is atrophied, "rarely, if ever, occurs after the 30th year." In this instance the words "thirtieth year" should be, *middle period of life*.

I am particularly anxious that this last error should be rectified, because I am quite sure that the compensating process to which I referred, often does happen later than the 30th year, or even up to the 40th year, after which it is, as I believe, of very rare occurrence.

I remain, Sir, very truly yours,

B. W. RICHARDSON.

Mortlake, London, October 28, 1852.

## MR. COX'S CASE.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—Will you permit us, through the medium of your journal, to request our medical brethren to suspend their judgment on the evidence given by us in the above case, until the report of the Council is before the profession. It will then be seen that we have acted with "honour and integrity," and that we have not "attempted to crush a professional brother" by giving erroneous medical evidence against him before a Jury composed of a major in the army, two retired medical men, an influential brewer, and a landed proprietor, all residing out of the city.

We are, Sir, your obedient Servants,

FREDERICK FIELD,

JOHN S. BARTRUM,

CHAS. ALEX. HARRIES,

EDWIN SKEATE.

EDMUND L. BAGSHAW.

## DRAFT BILL,

(As Amended by the Committee.)

"TO PRODUCE UNIFORMITY OF MEDICAL EDUCATION AND QUALIFICATION, AND FOR THE REGISTRATION OF THOSE LICENSED TO PRACTISE IN MEDICINE."

PREAMBLE.—Whereas it is for the good of all Her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge: And, whereas the laws now in force concerning the profession of physic and surgery require to be amended: Be it enacted, by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by authority of the same:

I. *Repeal of Statutes*.—[3 Hen. 8, c. 11.]—That an Act passed in the third year of the reign of King Henry the Eighth, intituled, "An Act for the appointing Physicians and Surgeons;" and also 5 Hen. 8, c. 6. another Act passed in the fifth year of the same reign, intituled "An Act concerning Surgeons to be discharged of Quests and other Things; and also two 32 Hen. 8, c. 40. Acts passed in the thirty-second year of the same reign, respectively intituled, "For Physicians and their Privilege," and "For Barbers and Surgeons;" and also another Act 33 & 34 Hen. 8, c. 8. passed in the Session of Parliament holden in the thirty-third and thirty-fourth years of the same reign, intituled, "A Bill that Persons, being no common Surgeons, may minister Medicines, notwithstanding the Statute;" and another

1 *Mary, Sess. 2,*  
c. 9. Act passed in the first year of the reign of Queen Mary, intituled "An Act touching the Corporation of Physicians in London;" and  
6 & 7 *Wm. 3,*  
c. 4. also an Act passed in the Session of Parliament holden in the sixth and seventh years of the reign of King William the Third, intituled, "An Act for exempting Apothecaries from serving the offices of Constable, Scavenger, and other Parish and Ward offices, and from serving on Juries;" and so much of every other Act as continues the last recited Act; and  
10 *Geo. 1, c. 20.* also an Act passed in the tenth year of the reign of King George the First, intituled, "An Act for the better viewing, searching, and examining of all Drugs, Medicines, Waters, Oils, Compositions, used or to be used for Medicines, in all places where the same shall be exposed for Sale, or kept for that purpose, within the City of London or Suburbs thereof, or within seven miles circuit of the said City" and so much of another Act passed in the  
18 *Geo. 2, c. 15.* eighteenth year of the reign of King George the Second, intituled, "An Act for making the Surgeons of London and the Barbers of London two separate and distinct Corporations," as does not relate to the separation of the said corporations, or to the master, governors, and commonalty of the mystery of barbers of London; and also so much of an Act passed in the  
55 *Geo. 3, c. 194.* fifty-fifth year of the reign of King George the Third, intituled, "An Act for better regulating the Practice of Apothecaries throughout England and Wales," as relates to the examination of apothecaries, or to the qualifications of persons intended to be examined or to qualify themselves under that Act to practice as an apothecary, or to the fees to be paid by apothecaries for the certificate of the Court of Examiners, or to the penalties for practising as an apothecary without having obtained such certificate; and also so much  
6 *Geo. 4, c. 50,*  
s. 2. of an Act passed in the sixth year of the reign of King George the  
Fourth as enacts, that all members and licentiates of the Royal College of Physicians in London actually practising; all surgeons being members of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, and actually practising; all apothecaries certified by the Court of Examiners of the Apothecaries' Company, and actually practising, shall be freed and exempt from being returned, and from serving upon any juries or inquests whatsoever, and shall not be inserted in the lists to be prepared by virtue of that Act, shall be repealed and annulled.

II. *Interpretation Clause.*—That the words following shall have the signification hereby given to them, unless there be anything in the context repugnant to such signification:—"Medicine" to signify "Medicine, Surgery, Midwifery, and Pharmacy;" "Medical" to include "Surgical;" "Council" and "Councils" to signify severally the Medical Council or Medical Councils constituted under this Act.

III. *Appointment of the Medical Council for England.*—That a Council shall be established, which

shall be styled—"The Medical Council for England;" and that the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, such one person as shall be from time to time designated by the Senate of the University of London, the President of the Royal College of Physicians of England, and the President of the Royal College of Surgeons of England, shall be members of the said Council in right of their several offices and appointments; and that the other members of the said Council shall be five Physicians, to be chosen by the Royal College of Physicians of England, five Surgeons, to be chosen by the Royal College of Surgeons of England, and six medical practitioners, to be appointed by one of Her Majesty's principal Secretaries of State; each of the said appointments to be made within three months after the passing of this Act; and the powers and duties vested in the said Council by this Act, may be exercised and executed by any six members thereof.

IV. *Tenure of Office by Members chosen by the Colleges.*—That every member of the said Council, appointed by the said College of Physicians, the said College of Surgeons, and the said Secretary of State shall be entitled to be a member of the said Council for three years, and shall then go out of office, but may forthwith be rechosen; and that upon every vacancy among the members of the said Council, appointed by the said College of Physicians, the said College of Surgeons, and the said Secretary of State, and their successors, the said College of Physicians, or the said College of Surgeons, or the said Secretary of State, as the case may be, shall appoint another person to supply such vacancy.

V. *Appointment of the Medical Council for Scotland.*—[To be inserted hereafter.]

VI. *Tenure of Office by Members of the Medical Council for Scotland.*—[To be inserted hereafter.]

VII. *Appointment of the Medical Council for Ireland.*—[To be inserted hereafter.]

VIII. *Tenure of Office by Members of the Medical Council for Ireland.*—[To be inserted hereafter.]

IX. *Expenses of the Members to be paid.*—That there shall be paid to the members of the said several Councils, such reasonable expenses incurred by the said members in performance of their duties under this Act, not exceeding three guineas for each attendance, and also such reasonable allowance for mileage as shall from time to time be allowed by the said several Councils.

X. *Each of the said Councils to elect a President and Vice-President.*—That the said Councils shall, as soon as may be after they shall have been appointed as hereinbefore provided, meet at the following places:—That is to say, the Council for England at the building of the Royal College of Physicians in London, the Council for Scotland at the building of the Royal College of Physicians at Edinburgh, and the Council for Ireland at the building of the King's and Queen's College of

Physicians in Ireland, and shall each of them elect one of their members to be their president, and another of their members to be their vice-president; and in all cases every question brought before any of the said Councils, shall be decided by a majority of votes (the president, or, in his absence, the vice-president, having a vote,) and in the event of an equality of votes, the president, or, in his absence, the vice-president, shall have an additional or casting vote.

**XI. Each of the Councils to appoint an Examining Board.**—That each of the said Councils shall, within three months after their first meeting, appoint such fit and proper persons, not being members of the said Councils, as the said Councils may severally choose to form an Examining Board for the purpose of carrying into effect the provisions of this Act; and every member of such Examining Board shall be paid such yearly salary as the Council by whom he shall have been appointed shall think fit, and shall hold office for such period as the said Council shall determine.

**XII. Provisions as to the appointment of a Treasurer, Registrar and Secretary, and of Clerks and Servants, and for the making of a Seal by each of the said Councils.**—That each of the said Councils shall, within a month after their first meeting, appoint a fit and proper person to be their Treasurer, and also another fit and proper person to be their Registrar and Secretary; and there shall be paid to each of such Treasurers and Registrars such yearly salary as the Council by whom he shall be appointed shall think fit; and each of the said Treasurers and Registrars shall be removable at the pleasure of the Council by whom he shall have been appointed; and each of the said Councils shall also, from time to time, appoint such clerks and servants as they may deem necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Council by whom he shall have been appointed, and shall be paid such salary as the Council by whom he shall have been appointed shall think fit; and each of the said Councils shall cause to be made a seal for their use in the execution of this Act, and shall cause to be sealed or stamped therewith all licences granted or issued by them in pursuance of this Act, and all such licences and other documents purporting to be sealed or stamped with any such seal shall be received as *prima facie* evidence in all courts and places whatsoever.

**XIII. As to the Registration of Medical Practitioners in practice before the passing of this Act.**—That the Registrar of each of the said Councils shall, within thirty days after his appointment, and shall from time to time, till the first day of February, one thousand eight hundred and fifty-four, proceed to register, in books to be kept for that purpose, on payment of a fee of five shillings, the name and place of abode, together with a description of the testimonials of every physician, surgeon, and apothecary who shall apply to be registered, and who, prior to the first day of November, one thousand eight hundred and fifty-three, shall have taken a degree in medicine in any English, Irish, or Scotch University, or who shall state his place of abode and apply to be registered, and shall produce his diploma, certificate, or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory

to the said Registrar, of his having obtained a diploma, certificate, or licence to practise as a physician, surgeon, or apothecary, dated prior to the said first day of November, one thousand eight hundred and fifty-two, and granted by any English, Irish, or Scotch College or Hall, or any Corporation, sole or aggregate, in England, Ireland, or Scotland, legally entitled to grant the same at the time of the passing of this Act; and also to every person who shall apply for the same, and who was actually practising medicine in England and Wales prior to the first day of August, one thousand eight hundred and fifteen, and who shall sign a declaration according to the form in Schedule A, to this Act annexed, and also to every surgeon and assistant-surgeon of the Army and Navy who shall apply for the same, and whose warrant of appointment bears date prior to the said first day of August, one thousand eight hundred and fifteen, and to every person who shall have been registered as aforesaid, the said Registrar shall give a certificate according to the form in Schedule C, to this Act annexed, and which certificate shall be in force till the first day of February, one thousand eight hundred and fifty-four, and no longer.

**XIV. Every Person not Registered as aforesaid to present himself before the Council of his country for Examination. Licences to be granted to those duly qualified on payment of a Fee of £5.**—That each of the said Councils shall meet at least once in every three months for the dispatch of business; and every person not being registered under the provisions of the next preceding section of this Act, or not being a graduate in medicine, or a licentiate in medicine, of one of the Universities of Oxford and Cambridge, who intends to practise medicine after the first day of February, one thousand eight hundred and fifty-four, shall present himself before the Council for the country in which he intends to practise; and if such Council shall consider the person so presenting himself to be properly qualified as hereinafter is mentioned, they shall direct their Registrar to grant to such person a licence according to the form in Schedule B, to this Act annexed, on payment of a fee of five pounds; and every person to whom such licence shall have been granted as aforesaid, shall be entitled to assume the name and title of a *Licentiate in Medicine*.

**XV. Candidates for Licences to produce Testimonials to the Council.**—That every person who may present himself before any of the said Councils for the purpose of obtaining a licence in medicine, shall produce proofs to the said Council that he has attained the age of twenty-one years, and shall also produce such testimonials as shall be satisfactory to the said Council, that he has passed at least four years in some university or medical school approved of by the said Council, unless he shall have been a pupil to a registered medical practitioner for at least two years, in which case he shall have passed at least three years in such university or medical school; and that he has attended such courses of dissection, such clinical and other lectures, and such hospital practice, and has passed such several examinations before the Examining Board appointed by the said Council, as the said Council shall from time to time appoint.

**XVI. Triennial Medical Congress to be held.**—That



once in every three years each of the said Councils shall depute three of their members to form a Medical Congress, for the purpose of fixing an uniform curriculum of study, in accordance with the next preceding section of this Act, to be gone through by all candidates for licenses to be granted by the said Councils respectively; and such Medical Congress shall meet in London at such place and time as the Council for England shall determine; the first Medical Congress to be held as soon as may be after the election of the said several Councils.

XVII.—*As to Registration of Medical Practitioners who shall not have been Registered under the Thirteenth Section of this Act.*—That the Registrar of each of the said Councils shall, on and after the first day of —, one thousand eight hundred and fifty—, proceed to register, in books to be kept for that purpose, and without any payment whatever, the name and place of abode, together with a description of the testimonials of every physician and surgeon who shall apply to be registered, and who shall produce the diploma or licence to practise in medicine of either of the Universities of Oxford and Cambridge; or who shall produce the diploma or licence of the Royal College of Physicians, or the diploma or licence of the Royal College of Surgeons, of the country in which he applies to be registered, together with the licence of the Council for the same country; or who, in Scotland, shall produce the diploma or licence of the Faculty of Physicians and Surgeons of Glasgow, together with the licence of the Council for Scotland; and to every person who shall have been registered as aforesaid the said Registrar shall give a certificate, according to the form in schedule C, to this Act annexed, and which certificate shall be in force until the first day of February then next ensuing, and no longer.

XVIII.—*Registrars to Issue Annual Certificates to Registered Practitioners, on payment of a fee of 5s.*—That the Registrar of each of the said Councils shall from time to time issue a certificate, according to the form in schedule C, to this act annexed, to every person who shall be registered as aforesaid, and who shall apply for such certificate; and the said Registrars shall issue such certificates for the countries only for which they shall be severally appointed to act; and every person shall, upon his application for such certificate, pay to the Registrar a fee of five shillings; and such certificate shall bear date on the first day of February then next ensuing, and shall continue in force during one year and no longer.

XIX.—*All monies received by the Registrars to be applied for the purposes of the Act.*—That all monies received by the Registrars of the said several Councils shall be paid over to the Treasurers of the said several Councils, and shall be applied to defray the expenses of carrying this Act into execution, in such manner as the said Council shall direct; and if, after paying such expenses, any surplus shall remain in the hands of the Treasurer of the said Councils, such surplus shall be yearly applied for the founding or establishing of medical scholarships or prizes, or in promoting the advance of medical science and literature, in such manner as such Council shall determine.

XX. *Annual Statement of Income and Expenditure.*

—That each of the said Councils shall, once in every year, publish a full account of their income and expenditure for the year then last past, and shall cause their Secretary to transmit a copy of such account to one of Her Majesty's Principal Secretaries of State.

XXI. *Each Registrar to keep a Record of Certificates.*—That the Registrar of each of the said Councils shall duly record an account of every certificate which he shall issue as aforesaid; and in the month of February in every year shall cause to be printed a correct register, in two lists, according to the form in schedule D, to this Act annexed, of the names and places of residence, arranged alphabetically, in each list, of all persons to whom he shall have so issued certificates during the year then last past, according to the provisions of this Act, together with a description of the legal qualification or qualifications, with the date or dates thereof, of all persons registered under the thirteenth section of this Act, and specifying the date of the licence granted by the Council, and the degrees and diplomas with the date or dates thereof, possessed by all persons registered under the seventeenth section of this Act; and such registers shall be respectively called, "The Medical Register for England," "The Medical Register for Scotland," and "The Medical Register for Ireland;" and a printed copy of the Register for the time being, so published as aforesaid, shall be evidence in all courts, and before all Justices of the Peace and others, that the persons therein specified have obtained certificates according to the provisions of this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person has not obtained a certificate according to this Act.

XXII. *Registered Persons Entitled to practise where Certificates are Issued; and to transfer their Names to the Register of other parts of the United Kingdom.*—That every person who shall be registered, and shall possess a certificate in force, according to the provisions of this Act, shall be entitled to practise medicine throughout that part of the United Kingdom for which his certificate was issued; and every person who shall be registered in one part of the United Kingdom may transfer his name to the register of any other part of the United Kingdom in which he may be about to practise, on production to the Registrar of the last-named part of the United Kingdom of his licence and certificate for the current year; and the Registrar shall thereupon grant to such person transferring his name a certificate, which shall remain in force till the first day of February then next ensuing.

XXIII. *Registered Persons entitled to Charge for Advice and Visits.*—That all persons who shall be registered and possess certificates according to the provisions of this Act, shall be entitled to demand and recover in any court of law, with full costs of suit, reasonable charges for medical aid, advice, visits, and medicine, rendered or supplied by them to their patients, without any other licence than such registry and certificates.

XXIV. *None but Registered Persons to Recover Charges.*—That, after the first day of February, one thousand eight hundred and fifty-four, no person shall be entitled to recover any charge in any Court of Law

for any medical advice, attendance, or for the performance of any operation, or for any medicine prescribed, administered, or supplied by him, unless he shall prove upon the trial either that he is in possession of a certificate in force, according to the provisions of this Act, or that he was legally practising in the capacity in which he claims such charge at the time when the debt was incurred.

**XXV. Persons not possessing Certificates Incapable of Acting as Medical Officers in Public and Other Situations.**—That, after the first day of February, one thousand eight hundred and fifty-four, no person who does not possess a certificate in force, according to the provisions of this Act, shall be capable of holding any appointment in any part of the United Kingdom, in the capacity of a physician, surgeon, apothecary, or other medical officer, in any hospital, infirmary, dispensary, lunatic or other asylum, lying-in hospital, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse, or poorhouse, parish, union, or other public establishment, body or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age.

**XXVI. Summary Penalty against Unregistered Practitioners.**—That, if any person shall, after the first day of February one thousand eight hundred and fifty-four, act or practise as a physician, surgeon, apothecary, or licentiate in medicine, in any part of the United Kingdom, without being duly registered according to the provisions of this Act, and without having a certificate as aforesaid in force at the time of his so practising or acting as a physician, surgeon, apothecary, or licentiate in medicine, he shall, on conviction before any magistrate having jurisdiction in the county, city, or place where the offence was committed, forfeit and pay a sum not exceeding five pounds, nor less than forty shillings, for every such offence, to be recoverable within six months next after the commission of the said offence.

**XXVII. Expulsion of Registered Practitioners for Disgraceful Conduct, or Irregular Practice.**—That, if three registered practitioners shall at any time complain to the Council of any College or other governing body, that a person who had obtained his licence, diploma, or qualification from such College, or body, had been conducting himself in a manner calculated to bring scandal and odium on the profession, by publishing indecent advertisements or pamphlets, or immoral or obscene prints or books, or had been guilty of any other disgraceful and unprofessional behaviour, or of any irregular practice, the said Council, or other governing body aforesaid, are hereby empowered to cite the person accused before them, first giving him due notice, and a full statement of the charges against him; whereupon the said Council, or other body, having heard the defendant, and on being satisfied that the charges have been proved, or in default of his appearance, having decided that the charges have been proved, they are hereby required to erase the name of such person from the books or rolls of the said College, or other institution as the case may be, and shall transmit forthwith to the registrar of that part of the kingdom to which such College, or other institution belongs, an official report of their decision, authenticated by the

seal of such College; and the said Registrar shall thereupon strike out the name of the offending party from the register in his custody, and it shall ever afterwards be excluded from every register to be kept under the provisions of this Act, unless the Council, or other governing body by whom the name was first erased shall readmit it into the books or rolls of such College, or other institution. Provided always that the name of no person who may be possessed of a licence granted by a Medical Council according to the provisions of this Act, shall be erased from the register, unless the Registrar receive from such Medical Council an official decision to that effect, authenticated by their seal.

**XXVIII. Penalty for the Wilful Falsification of the Record of Certificates by any Registrar.**—That if any Registrar under this Act shall wilfully make or cause to be made any falsification in any matters relating to any register, certificate, or record aforesaid, every such offender shall be deemed guilty of a misdemeanor in England and Ireland, and in Scotland of a crime and offence; and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding six months.

**XXIX. Penalty for Obtaining Certificates by False Representations.**—That if any person shall wilfully procure, or attempt to procure, a certificate from any Registrar, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing; or shall, by any false or fraudulent means whatsoever, possess, obtain, use, or attempt to possess, obtain, or use, any certificate as aforesaid, every such person so offending, and every person aiding and assisting him therein, shall, upon being convicted thereof, be adjudged guilty of a misdemeanor in England and Ireland, and in Scotland of a crime and offence; and thereupon it shall be lawful for the Court before whom such offender shall be tried and convicted, to sentence such offender to be imprisoned, with or without hard labour, for any period of time not exceeding six calendar months.

**XXX. Penalty for Falsely Pretending to be a Medical Practitioner.**—That every unregistered person who shall wilfully and falsely pretend to be, or take or use the name or title of a physician, doctor, bachelor of medicine, surgeon, or apothecary, or any name, title, addition, or description, implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or apothecary, or a practitioner in medicine, shall, on being convicted of every such offence, before any Magistrate having jurisdiction therein, pay a sum not exceeding twenty pounds, nor less than five, to be recoverable as hereinafter described.

**XXXI. How Penalties are to be Recovered: if not paid, the Offender may be Committed.**—That any Justice of the Peace acting in and for the county, city, or place in which the offence has been committed, or any Magistrate appointed by virtue of an Act passed in the second and third years of the reign of Her Majesty Queen Victoria, intitled "An Act for Regulating the Police Courts of the Metropolis," or one of the Justices of Peace Courts in Scotland, may hear and determine any complaint charging any person with practising medicine, without a certificate, as aforesaid, on the oath of one or more witnesses, or by the confession of the accused party, and shall award the penalty or punish-

ment herein provided for such offence; and in every case of the adjudication of a pecuniary penalty under this Act, and of non-payment thereof, it shall be lawful for the said Justice or Magistrate to commit the offender to any gaol or house of correction within his jurisdiction, for a term not exceeding one calendar month, when the sum does not exceed forty shillings, and for a term not exceeding six calendar months when the sum does not exceed twenty pounds, the imprisonment to cease on payment of the sum due.

**XXXII. Application of Penalties.**—That any sum or sums of money arising from conviction and recovery of penalties for offences committed against the authority and provisions of this Act, shall be paid to the Treasurer of the Council for that part of the United Kingdom in which such conviction shall take place.

**XXXIII. Examiners may take Candidates to Hospitals, &c.**—That each of the said Examining Boards, or any members or member thereof, shall be empowered to attend with the candidates for licences in the public hospitals, or other public institutions containing sick and diseased persons, and also in any workhouse, with the view of ascertaining the practical knowledge of such candidates in the science of medicine.

**XXXIV. Provision for existing Students.**—That it shall be lawful for the said several Councils to make regulations for dispensing with such provisions of this Act as to them shall seem fit, in favour of Medical Students who shall have commenced their professional studies before the passing of this Act.

**XXXV. Act not to affect the Trade or Business of Chemists and Druggists.**—That not anything in this Act contained shall extend, or be construed to extend, to prejudice or in any way affect the trade or business of a chemist and druggist in the buying, preparing, compounding, dispensing and vending, drugs, medicines, and medicinable compounds, wholesale or retail, without the giving of medical or surgical advice.

**XXXVI. Registered Medical Practitioners exempted from serving on Juries, Inquests, &c.**—That every person who shall be registered and possess a certificate in force, under the provisions of this Act, shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and in the Militia; and that the name of such person shall not be returned in any list of persons liable to serve in the Militia, or in any such office as aforesaid; and no person shall be entitled to such exemption as aforesaid, on the ground of being a physician, surgeon, or apothecary, who does not possess such certificate then in force as aforesaid.

**XXXVII. For certain Offences, names of Medical Practitioners to be erased from the Register.**—That if any registered medical practitioner shall be convicted in England or Ireland of any felony, or in Scotland of any crime or offence inferring infamy, or the punishment of death or transportation, or if it shall be found, by the judgment of any competent Court, that any such medical practitioner shall have procured a certificate under this Act by any fraud or false pretence, or that any such medical practitioner has wilfully and knowingly given any false statement, evidence or certificate, in any case in which by law the evidence or certificate of a physician, surgeon, or apothecary is required, the

Registrar of each of the Councils, on the production before him of an office copy or extract of the conviction or judgment of the Court, duly certified under the hand of the proper officer of the Court, or other proof thereof, shall cause the name of such medical practitioner to be erased from the register; and every person who shall have been so erased after such conviction or judgment as aforesaid, shall thereby forfeit and lose all the privileges of a registered medical practitioner provided by this Act.

SCHEDULE A.

Declaration required of a person who claims to be registered as a medical practitioner upon the ground that he was in practice as a medical practitioner before the first day of August, 1815:—

*To the Registrar of the Medical Council for England.*

I, [Samuel Baker,] residing at [6, Duke Street, Exeter,] in the county of [Devon,] hereby declare that I was practising as a medical practitioner, at [16, George Street, Hastings,] in the county of [Sussex,] before the 1st day of August, 1815.

(Signed) \* [SAMUEL BAKER.]  
Dated this [6th] day of [November,] 1852.

SCHEDULE B.

*Licence in Medicine.*

This is to certify that [Herbert Jones] has been carefully and deliberately examined as to his skill and abilities in the science and practice of medicine, and as to his fitness and qualification to practise the same, by the Examining Board appointed in pursuance of an Act of Parliament passed in the [ ] year of the reign of Her Majesty Queen Victoria, intituled "An Act to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licenced to Practise in Medicine;" and the Medical Council for [England] have, by virtue of the powers vested in them by the said Act, directed this Licence to be granted to the said [Herbert Jones,] certifying that he is duly qualified to practise medicine.

(Signed) [JOHN FAIRBROTHER,]  
President of the Medical Council for [England.]

(Signed) [HENRY BROWN,]  
Registrar of the Medical Council for [England.]  
Dated this [3rd] day of [March,] 185 .

SCHEDULE C.

*The Medical Register for [England]—Medical Registration Certificate for 185 .*

In accordance with the provisions of an Act of Parliament, passed in the [ ] year of the reign of Her Majesty Queen Victoria, intituled, "An Act to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licenced to Practise in Medicine," I hereby certify that [James Howard,] residing at [No. 15, Ormond Street, Manchester,] in the county of [Lancaster,] (having been in practice prior to the first day of November, 185 , and having produced before me the [Diploma] of [the Royal College of Surgeons of England,] granted to him [April 11th, 1840,] as [a Member of that College,] or [some one of the Diplomas or Licences specified in the thirteenth section of the said Act,]) or (having signed before me a Declaration according to the form in

Schedule A to the said Act annexed,) or (having produced before me the [Diploma] of [the Royal College of Physicians of England] granted to him the [6th] day of [March,] 185 , together with the Licence of the Medical Council for [England,] granted to him the [4th] day of [February,] 185 ,) he has been duly registered, according to the provisions of the said Act, as a person who is qualified to practise Medicine in any part of [England and Wales,] and that he is entitled to exercise all the powers and privileges conferred by the said Act.

This Certificate to remain in force until the 1st day of February, 185 , and no longer.

(Signed) [HENRY BROWN,]

Registrar of the Medical Council for [England.]

Dated this [1st] day of [February,] 185 .

#### SCHEDULE D.

The Medical Register for [England], consisting of the names and places of residence with a description of the qualifications and the dates thereof, of all persons legally qualified to practise medicine in [England,] in the year 185 .

*The Names of Registered Medical Practitioners, arranged in two lists as Physicians and Surgeons.*

#### PHYSICIANS.

*(Arranged Alphabetically.)*

NAMES.	Qualifications and their Dates.	Places of Residence.
ADDISON, JAMES	Diploma as a Fellow of the Royal College of Physicians of England, dated 9th August, 1834	No. 16, Tudor Street, Manchester.
ADLARD, HUGH	Diploma as a Graduate of the University of Edinburgh, dated 3rd April, 1843	No. 7, Milton Street, London.
ADNEY, RALPH	Diploma as a Member of the Royal College of Physicians of England, dated 2nd of May, 1834; Licence from the Medical Council for England, dated 6th July, 1833	The Grove, Camberwell.

#### SURGEONS.

*(Arranged Alphabetically.)*

NAMES.	Qualifications and their Dates.	Places of Residence.
ADPART, EDMOND.	Diploma as a Fellow of the Royal College of Surgeons of England, dated 4th September, 1838	No. 40, Toiville Street, Leeds.
ADWIN, GILBERT	Declaration as required by Law, of having practised as a Medical Practitioner before the 1st day of August 1818	No. 19, Wilson Street, Manchester.
ANDREWS, JOHN	Licence of the Society of Apothecaries, London, dated 11th June, 1834	No. 8, Hilton Street, Liverpool.
APFLETON, WM.	Diploma as a Member of the Royal College of Surgeons of England, dated 2nd July, 1834; Licence from the Medical Council for England, dated 6th May, 1833	No. 90, George Street, Rector.

## Provincial Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 10, 1852.

THE space occupied by the amended Bill, and the press of other matter, prevents our doing more at present than to draw attention to the chief alterations in the Bill so amended. It will be seen that an Interpretation Clause has been inserted, that a clause has been introduced providing for the publication of an annual statement of accounts, that an alteration has been made in the fifteenth clause in favour of the pupils of registered practitioners, and that the Provident Fund has been entirely done away with.

These important alterations, with some others of less consequence, are in accordance with the suggestions made at a majority of the Branch meetings, and by private individuals; in our next number we shall notice the subject, and hope in the meantime to receive communications from those interested in the question. At the last meeting of the Committee two deputations were appointed, one to confer with the Scottish authorities, the other with the College of Surgeons; we understand the former conference is likely to lead to an arrangement of the contested points.

WE insert the following report partly because we believe an injustice has been committed, although, no doubt, unintentionally, towards Messrs. HILL, EVANS, and Co., but chiefly on account of its intrinsic value and interest to the profession. From our own knowledge of the water from which the vinegar in question is made, we never had a doubt that the Analytical Sanitary Commissioners of the *Lancet*, had confounded in their report, free, with combined, sulphuric acid, but it has never yet been explained why, in the report of August 28th, the vinegars of three other firms are said to contain combined sulphuric acid, whilst the three samples said to be the make of Messrs. HILL, EVANS, and Co., are reported to contain *sulphuric acid not in a state of combination* to the extent of 2·80, 2·57, and 2·13 per 1000.

We have so high an opinion, generally, of the reports of that Commission, that we are unwilling to have our faith in the whole shaken by the

result of any careful examination of a part. But we cannot help fancying, either that the gentlemen conducting the investigation for the *Lancet*, attempted to discriminate combined from free sulphuric acid without the power of doing so, or that they stated as a fact detected by themselves by chemical analysis, that which they had been led to believe, from evidence external to their proper investigation, which of course would be an unjustifiable proceeding.

We do not come to this conclusion from any statements made in the report of the distinguished chemists selected by Messrs. HILL, EVANS, and Co., but from that published in the *Lancet*, for September 18th, in which the Commissioners state, "that with the exception of a very minute quantity, the acid (in the vinegar of Messrs. HILL, EVANS, and Co.) exists in a state of combination." Now, if all the vinegars noticed, had been said to have been either free from, or adulterated by, sulphuric acid, the error might easily have been explained; but when we find that so small a proportion as 40 per 1000 of combined acid could be detected, *a fortiori*, 2·80 per 1000 might have been ascertained to have existed. This is a question, upon an answer to which the value of these sanitary reports must rest. Hitherto, we confess no satisfactory answer has been attempted, and it remains to be seen whether the confidence which has been reposed by the public is founded upon a satisfactory foundation. We do not assume that one error only, arising from inadvertency, should falsify a whole set of experiments, but we are of opinion that the assumption of more accuracy than chemical analysis will or can afford, is a mistake of the gravest kind. Messrs. HILL, EVANS, and Co., have been put to great trouble and expense, but we have no doubt their sale will be rather advanced than retarded by the publicity given to their process. We do not, therefore, on their account, call for an explanation, but we trust that for the sake of the public, who will either give or withhold their confidence as they find it deserved, the Analytical Sanitary Commissioners of the *Lancet* will be able to explain away the dilemma, in which they are now placed.

"The processes which are usually followed in the manufacture of the acid vinegar, that is, acetic acid, although greatly varied in their details, appear to involve only two important chemical principles. When billets of wood, enclosed in an iron cylinder, are distilled by the heat of a fire, like coal in gas-making, there passes over, in addition to tar, creosote, and such products, much watery fluid, sour from containing acetic acid, but

highly contaminated with the empyreumatic products referred to. This vinegar from wood, called pyroligneous acid, is largely consumed by calico-printers, dyers, and the manufacturers of white lead, who are enabled to make use of it from its comparative cheapness. It is less adapted for the table, from the extreme difficulty of purifying this acid in a perfect manner, and divesting it completely of every trace of its unpleasant accompaniments: while even in its fully purified condition it affords a vinegar destitute of the aroma and flavour which the liquid from other vegetable sources possesses. The absolutely pure wood vinegar bears, to such other vinegars, the relation of diluted alcohol to the wine of the grape and other fermented liquids, each of which possesses a flavour and bouquet of its own, in addition to its spirit.

"The alcohol in wine, beer, and all other fermented liquors, is readily convertible into acetic acid, by a chemical change which is uniformly of the same nature. The acetification of alcohol is, indeed, a process of the greatest simplicity, consisting as it does of nothing more than the absorption of oxygen from the atmosphere. By the addition of this element to the alcohol, that liquid is transformed into acetic acid and water.

"This oxidation of the alcohol is carried out in the most direct and scientific manner, in what is known as the German process, but which appears to have been imagined by Mr. Ham, of Bristol, quite independently, and patented in England about thirty years ago. It is this process which we have had an opportunity of observing in active operation in the vinegar works of Messrs. Hill, Evans, and Co., of Worcester, who were among the first to adopt and carry out Mr. Ham's ingenious ideas. Malt vinegar being the kind here manufactured, the antecedent operations of mashing the grain in water at a temperature of about 154°, and fermenting the sweet infusion thus obtained in large vats, by the aid of yeast, so as to convert the saccharine matter into alcohol, are necessarily the same as those of ordinary brewing, as seen practised in distilleries. The spirituous liquid thus furnished is suitable, without further preparation, for the oxidizing, which appears as a species of aëration, the spirituous liquid being showered upon the surface of a mass of faggots of birch twigs occupying the upper part of a large vat, and, after trickling to the bottom, being returned again and again to the top by the constant action of a pump. The oxygen of the air is continually absorbed by the circulating fluid; and the air, which is admitted by a small aperture in the vat below the level of the faggots, passes away by the openings in the cover of the vat, more or less exhausted of its active element. The process comes to a termination when all the alcohol is oxidized, and this is learned from the progressive rise in the proportion of acid in the liquid being found to cease. The product, when drawn off, is already finished vinegar, but is always kept in store for some time to clarify, or, as it is said, to mature it, before being sent into the market.

"This mode of oxidizing the alcohol, which is rapid and effective, appears to have the incidental advantage of changing and rendering insoluble certain glutinous and albuminous matters in the fermented wort, which are apt, if not got rid of at this stage of the process, to occasion after-muddiness in the vinegar, and to prevent its keeping. It was generally considered necessary in the vinegar trade, at a former period, to add a small portion of sulphuric acid to vinegar in order to counteract this tendency of the liquid to decomposition, and to preserve it from turbidity. This addition of sulphuric acid was permitted to the extent of one gallon of sulphuric acid to one thousand gallons of vinegar, by an excise regulation, and had, therefore, a legal sanction. But sulphuric acid is now known to be unnecessary in properly-prepared vinegars, although still added by some manufacturers, for the purpose of

increasing the strength of their vinegar, or, in some instances merely from habit and the indisposition to disturb the routine of an old-established practice. The presence of sulphuric acid in vinegar should be looked upon as the mark of inferior quality, for it is only where the mode of manufacture is defective that the addition appears to be at all necessary.

"It is the alleged addition of sulphuric acid to the vinegars of Messrs. Hill, Evans, and Co., of Worcester, that has led to the present inquiry, in the performance of which every assistance and facility was afforded to us by these manufacturers in obtaining the information necessary to form a correct judgment. The examination of the journals in which the daily operations of the manufactory are recorded for upwards of twenty years, afforded no trace of such a practice having ever been followed there; and an inspection of the works proved equally satisfactory. Samples were drawn from several vats fixed upon by ourselves, in the extensive stores of the establishment, which represented a stock of several hundred thousand gallons. The fermented wort before acetification, which was at the time in stock, the water employed upon the works in mashing the grain, were also taken for examination. The careful analysis of these products established the following conclusions:—

"That the water used, which is drawn from a well on the premises, is hard and alkaline, and contains a proportion of sulphuric acid in the form of neutral sulphates, principally sulphate of lime, amounting to 1.37 grains in 1000 grains of the water.

"That seven samples of vinegar contained respectively 1.31 grains, 1.33, 1.29, 1.23, 1.26, 1.25, and 1.25 grains of sulphuric acid in 1000 grains. This, it is to be observed, is no more sulphuric acid, or more properly sulphate found in the vinegar, than is contained in the water. Indeed, the proportion of sulphate proves to be somewhat less in the vinegar than in the water used in its preparation, no doubt from the known property of sulphate of lime to precipitate as an insoluble compound with the nitrogenous principles of the grain. This comparison of the water and vinegar is sufficient to preclude the possibility of any sulphuric acid having been added to the vinegar in the process of manufacture, and therefore refutes any charge of adulteration, while it explains how such an idea may have originated. The sulphate of lime which the water introduces into the vinegar cannot, in our opinion, have the slightest effect in injuring its quality; and this sulphuric acid, being neutralized, can in no way strengthen the proper acidity of the vinegar due to its acetic acid."

"It is to be remembered, also, that the use of hard water has its advocates among brewers, and that the keeping quality of vinegar made with such water may very possibly be improved, from the more complete removal of nitrogenous matter from the liquid, which, as has been already stated, sulphate of lime contributes to effect.

"The vinegars of Messrs. Hill, Evans, and Co., therefore, demonstrate themselves to be pure malt vinegars, wholly unadulterated with sulphuric acid; while, on the other hand, their strength is not artificially enhanced by the addition of pyroligneous acid, sometimes practised, and which would betray itself by an odour of creosote, when the liquor is heated, of which these vinegars were entirely free."

"THO. GRAHAM, F.R.S., Professor of Chemistry, University College, London.

"A. W. HOFMANN, Ph.D., F.R.S., Professor Royal College of Chemistry, London.

"LYON PLAYFAIR, C.B., Ph.D., F.R.S., Professor of Chemistry, Museum of Practical Geology, London.

"London, October 21, 1852."

## Medical Intelligence.

(From our own Correspondent.)

LONDON, Nov. 8, 1852.

Mr. Hunt, formerly of Herne Bay, the author of an useful work "On Diseases of the Skin," in which he clearly shows the very great reliance he places on the careful and sustained administration of arsenic in small doses for even a very long period of time, read at a subsequent meeting of the Medical Society of London,\* a paper "On the Constitutional Treatment of Tinea, &c." These diseased conditions of the hairy scalp the author was inclined to attribute almost entirely to a constitutional cause, believing that derangement of the system and poverty of the blood, or deficiency of constitutional vigour, were the principal agents in inducing their occurrence. The affection, in all its forms, was believed by the author to be communicable by one and the same contagion, and to be either the consequence or the cause of a vegetable parasite, which, taking root in the hair bulbs, became a source of disease. Consequently, Mr. Hunt placed but little reliance on the efficacy of local remedies, but directed the treatment he adopted to the improvement of the general health, and the destruction of the parasite. Arsenic is with him almost a *sine quâ non* in the management of skin diseases; it is not likely, therefore, he would pass it by in these cases. Accordingly, he mentioned several cases in which he had employed it successfully, using weekly tepid water only, for the sake of cleanliness. He averred that it exerts a specific action on the hair-bulbs, and stated that in some cases of pure alopecia, which he looked upon as caused by the parasitic fungus, it had effected a cure. He concluded by observing that if the same principles of treatment should prove to be applicable for contagious forms of scalp disease, which he had found so practically useful in other chronic cutaneous affections, the difficulties of diagnosis would be reduced to a very simple and easy problem, as far as practice was concerned. For whatever may be the character of the disease, provided it were neither syphilis nor scabies, the only thing necessary was to rectify the general health, and, if that measure failed to restore the healthy condition of the skin, to administer some powerful alterative tonic in suitable doses for a proper time. For this purpose the author preferred arsenic, as being a remedy more manageable and more certain, and more permanent in its effects than any other.

The reading of this paper led to a rather warm attack on the author's ideas of pathology. It was condemned as unphilosophical, and far from being in accordance with the present state of knowledge. Diseases totally dissimilar in origin, nature, and character, and consequently in their treatment, had been confounded together, while local remedies, so essential for the cure of some of these, were almost totally neglected. The use of arsenic was not considered to be advisable in all these diseases, although it might be serviceable in some.

\* "ERRATUM.—In the last report, in the title of Dr. Bennett's paper, for "Furient Pleuro-pneumonia," read "Furient Pleuro-Pneumonia."

It is also uncertain in its operation, and injurious in many cases. No clear explanation had been given of the means of diagnosis between the different scalp diseases, nor between those which were contagious and those which were not. On the other hand, some of the speakers were very unwilling to regard the vegetable parasite in any way as the cause, but rather as the result of the inveterate scalp affection, the result of the decomposition of the tissues, leading to the origination of the low forms of life. Some of the speakers, however, defended the constitutional origin of all cutaneous maladies, and the consequent necessity for remedies capable of strengthening the system at large, and restoring it to health. Mr. Hunt's reply was very brief, the chief remark being to the effect that one of his principal objections to local remedies arose from their application obscuring the appearances presented, and thus preventing his observing the effects produced by the internal medication.

Prior to the reading of Mr. Hunt's paper, Dr. Ryan exhibited a portion of an umbilical cord, ruptured during delivery in the upright posture. This bore on a medico-legal question, having reference to the destruction of the life of the foetus. Dr. Ryan referred to one or two cases in point. Mr. Richardson showed a specimen of internal strangulation of the ileum in a young pig. A brief discussion took place, in the course of which remarks were made on the inaptitude of the lower order of animals to bear up against the inroads of acute inflammation. It was stated that when the horse was attacked by acute pneumonia, veterinary surgeons generally considered the case desperate. In contradiction to this, Dr. Ogier Ward alluded to the operation performed on cows, when in the state called "hoven," from eating large quantities of wet clover. The abdomen was freely pierced with a knife, and the distending gas evacuated. Notwithstanding this severe penetrating wound of the abdomen, the animal generally recovered.

While the embers of cholera are still smouldering in Posen and Berlin, and cases are even said to have been seen in Vienna, the reports from the West Indies, and from the more southern districts of the United States, are anything but gratifying. Yellow fever is exceedingly prevalent in Charleston, U.S., and at the Savannah, inasmuch that the Sardinian Board of Health, following the steps of our own wise Government, have decided on adopting quarantine measures against vessels coming from either of those parts. As that horrible disease, "Yellow Jack," is also decimating our troops in Barbados, a similar decree will doubtless be launched by the Sardinians against it. The disease first showed itself in the iron barracks (St. Ann's) occupied by the 69th Regt., and in less than a week it carried off more than twelve privates and two officers; the troops in consequence were withdrawn from the barracks, and encamped on the grounds of the Naval Hospital, at Hastings—a more elevated and healthy situation. This was soon found to be beneficial, and consequently a similar plan was followed at all the other barracks, the whole of the troops in garrison being encamped—a detachment of the 69th at Gun-hill, the Royal Artillery and the 34th on Brittan's-hill; the 69th have been since

withdrawn from the neighbourhood of the Naval Hospital, and they also are encamped at the former place, which is a very elevated and healthy situation. The fever has since assumed a much less malignant character; the cases in the hospital are less in number, several are convalescent, and it is hoped that the disease will soon be entirely eradicated. There are no reports of the fever from the country districts, but it broke out at Bridgetown almost as soon as at St. Ann's. It first appeared among the police, and in a few days it showed itself almost simultaneously in different parts of the city and suburbs, but its victims, considering the large population of the place, have been comparatively few. The latest accounts state that the fever has appeared in St. Phillips parish, and in the Blackrock district. While this epidemic is carrying off our soldiery in this beautiful island, our Government are employed in sending out more pabulum for the fever, in the shape of young unacclimatised soldiery and officers, intended to relieve the island garrison, but apparently destined for the grim clutch and dark embrace of fever and death. The *Megara* bears away this devoted band. Are human lives of no more worth? The mortality in Antigua during the last two months, in the absence of any epidemic, has been almost unparalleled. In British Guiana, the weather has been very dry, with intense heat, accompanied by an epidemic influenza and colds, coughs, and fever, prevailing extensively in the colony. There is a good deal of sickness in the Lucca, and two cases of fever terminating fatally, are recorded. The yellow fever is said to have abated considerably in Martinique.

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#### APPOINTMENTS.

ROYAL SOUTH GLOUCESTER LIGHT INFANTRY REGIMENT OF MILITIA.—Commission signed by the Lord-Lieutenant of the county of Gloucester, of the city and county of the city of Gloucester, and of the city and county of the city of Bristol, Assistant-Surgeon William Philpot B. Brookes, M.D., to be Surgeon *vice* Tate, resigned.

The Honourable Board of Ordnance have appointed Mr. George Moseley, of Sandgate, Acting Ordnance Surgeon in charge of the Detachment of Royal Artillery, Shorncliff Barracks. The Detachment consists of a nine pound field battery.

Mr. William Adams has been elected to the St. Pancras Dispensary.

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#### MEDICAL BENEVOLENT FUND.

The late Mr. J. Terrett, of Tewkesbury, Gloucestershire, has left, amongst other munificent bequests, one of £500 to the above most deserving fund.

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#### UNIVERSITY OF LONDON.

Sixty-one gentlemen presented themselves on the 27th ultimo for examination for the degree of Bachelor of Arts, annually awarded by the Senate of this University. The candidates were examined in mathematics, classics,

moral philosophy, animal physiology, French, and German; the examiners being the Rev. Dr. Jerrard, and T. B. Burcham, Esq., M.A., Barrister-at-Law, late fellow of Trinity College, Cambridge. The examination terminated on Thursday, when those candidates who desire it may enter upon examination for orders, which commenced on Tuesday, Nov. 2, and will conclude on Friday, Nov. 19. There will also be an examination in the Hebrew text of the Old Testament, the Greek Text of the New Testament, and in Scripture history, commencing on Nov. 15. The examination for the degree of Bachelor of Medicine was appointed to commence on Monday, Nov. 1, and that for Doctor of Medicine, on Monday, Nov. 22.

#### GENERAL HOSPITAL BIRMINGHAM.

Mr. Oliver Pemberton has been elected one of the Surgeons of this Institution, in the place of Mr. Wood, resigned.

#### CHARITABLE BEQUESTS.

The late Mr. Thomas Croft, of Gravesend, has left £400, and the late Mr. Hunt, of Boxley, £10, to the Kent County Ophthalmic Hospital.

#### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 29th ultimo:—John Armstrong, Manchester; St. John Edwards, Bangor, North Wales; George Davenport Freeman, Bath; William Giles, Sydney; Thomas Hillier, Stroud, Gloucestershire; William Body Mushet, Haverstock Hill, Middlesex; George Russell, Clifton, Bristol; Samuel Thorpe, Manchester; Alfred Tronsdale, Gainsborough, Lincolnshire; Heaten Lloyd Williams, Denbigh, North Wales.

**INCOME AND EXPENDITURE.**—From the annual report of the receipts and expenditure of the College in the year, from Midsummer-day 1851 to Midsummer-day 1852, it appears that the gross amount of receipts were £25,304. 13s. 6d., derived from the following sources of income:—The Court of Examiners, £8921. 12s.; fellowship, £220. 10s.; admission to Council, £42; sale of lists of members, catalogues, &c., £77. 8s. If to these sums are added the dividends on investments in Government securities, £1,021. 11s. 10d., the interest on exchequer bill, £22. 1s. 8d., and the late Parliamentary grant in aid of erection of additional museums, of £14,999. 10s., it will make a total of £25,304. 13s. 6d., as the total amount of receipts from all sources. The disbursements during the year amounted to £13,267. 3s. 6d.

**THE FELLOWSHIP.**—The Council of the Royal College of Surgeons have just announced that the next examination in classics, mathematics, and French, will take place at the College, the first week in November, and the professional examinations for the fellowship, the first week in December. We find, from the College list just published, there are at present 172 gentlemen who have undergone the examinations for the dis-

tinction, and 528 honorary and other fellows, making a total of 700. We are glad to perceive that the Council have placed a distinguishing mark to those fellows who have undergone the rigid examinations of the Courts of Examiners. This is an act of justice to which the gentlemen have a claim, and which has been considerably bestowed without any application to the College authorities.—*Lancet*.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted Members on the 28th ultimo:—James Askquith Ellis, Bristol; Thos. Beard Farncombe Bishopstone, Sussex; George Bell Poppelwell, North Shields; Henry Tucker, Lyme Regis, Dorset.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### NOTICE TO MEMBERS.

The Central Council of the Association beg to call the attention of those members whose subscriptions are in arrear to the following resolutions passed at the Anniversary Meeting, held at Hull, on the 7th and 8th of August, 1850:—

“But if any Member's subscription remain unpaid twelve months after it shall become due, the *Medical and Surgical Journal*, and other publications of the Society, shall be withheld from such Member till his arrears be paid; and when any Member has been in arrears of subscription for the space of *three years*, application shall be made for the same by the General Secretary, and if the arrears be not paid in *three months*, the name of that Member shall be omitted from the list of Subscribers; but this omission shall not be deemed, either in honour or equity, as releasing any Gentleman from the subscriptions owing during his Membership.”

Those gentlemen who have not yet paid their subscriptions for the CURRENT YEAR, or who are in ARREARS, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

All post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

J. P. SHEPPARD.

Worcester, October 23, 1852.

Secretary.

#### ERRATA.

In Mr. Mitchell's letter “On the Acid Treatment of Diarrhoea,” by some unaccountable mistake a wrong signature was attached thereto. Instead of John James Mitchell, L.S.A., it should have been “James Johnston Mitchell, M.R.C.S., and L.S.A., Surgeon to the Western Dispensary of Bath.

#### TO CORRESPONDENTS.

Communications have been received from Dr. Tilt, Dr. Shapter, Epidemiological Society, Dr. Nelson, Mr. Reid, Mr. Coates, Mr. Collins, and Dr. Oke.



# PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

## CLINICAL LECTURES

ON THE

## PRACTICE OF PHYSIC,

DELIVERED IN THE

THEATRE OF QUEEN'S COLLEGE, BIRMINGHAM.

By DAVID NELSON, M.D., EDIN.,

Physician to the Queen's Hospital, and Professor of Clinical Medicine, &c.

### LECTURE XVII.

#### ON THE MORBID CONDITIONS OF THE GENERATIVE ORGANS.

GENTLEMEN,—The domain upon which I am now about to enter is one which has given rise to much disputation in regard to the strict boundaries of physic and surgery, especially amongst those members of the respective faculties who delight in splitting straws, and drawing hair-breadth distinctions; and as such disputations have frequently led, not only to mental contentions, but to ill blood, I think it right to state to you upon what principle we should decide all such questions, and thus furnish you with a touchstone that will test any case in a moment, no matter what part of the body may be involved, and this I shall do by the advancement of two fundamental propositions, viz.:—

*Firstly*,—That every case is medical which can be most effectually treated by prescription alone, even though requiring some slight aid from manual or mechanical appliances; and

*Secondly*,—That every case is surgical which can be most effectually treated by the said manual or mechanical appliances, even though requiring to be aided by prescription.

You must be aware, that in ancient times, even this distinction was not drawn, but that every appliance to the cure of disease was considered medical, no matter of what description—it might be a mineral, herb, bath, dietary, or the knife. No doubt there might be many men of a fine genius, similar to designers in painting, architecture and other arts, who might be able to point out with the most consummate skill, what ought to be done in any given case, and yet not possess the manipulative adroitness for carrying their views into practical effect. Such men might choose other persons, gifted with the necessary neatness of hand, to execute their intentions, and thus would arise the first division of labour. Afterwards, in the middle ages, it was deemed derogatory that any one of so high a calling as a physician should pollute his fingers with blood, and other humours, or do anything of a mechanical kind whatever; and therefore it became an universal custom for medical men to call upon an inferior order of persons—barbers and the like—to perform such things under their directions. In due time this state of things became altered, and certain medical men of good education, devoting themselves to the purposes of surgery more exclusively, that faculty began to rise to its present position, as a sister science with physic.

The vocations of these two sisters, therefore, as I have said, ought not so much to be regulated by the locality of the parts diseased, as by the nature of the duties which have to be performed. Nevertheless, custom must rule in all things more or less, and there are certain parts of the body that are commonly treated by the surgeon, even though the treatment be of a purely medical kind. Such parts I view as common ground, liable to be occupied by the physician from the nature of the appliances, and by the surgeon from common custom. Thus the eye, the ear, and the external organs of generation, are wont to be given over to the surgeon, even though the treatment of their maladies should be entirely constitutional; but yet there is no departure from office in the physician treating these parts, if the patient should desire it, and if they need no operative interference. When a gonorrhoea, chancre, and bubo, can be cured by dietary, internal medicines, and lotions, they are quite as much in the province of the physician as an inflammation in the eye, mouth, or rectum, and it is nothing but custom, and the disinclination of many men to deal with such loathsome ailments that send them into other hands, oftentimes extra-professional altogether.

It has been always found convenient in a high state of civilization, to divide professional functions to a certain extent; but while each branch may claim its due share of importance, we must never forget that ancient root or stock upon which they all depend. As the science of architecture is ever paramount in building, whatever may be the subsidiary crafts of masonry, carpentry, smithery, &c., so the science of physic is the one ancient and enduring root, upon which all the other branches of medical art must depend. We have got specific practitioners under the names of obstetricians, ophthalmists, aurists, dentists, syphilists and uterists, &c.; but these can only be useful in so far as they can bring some special skill and nicety of manipulation to bear upon their arts, without losing sight of the supremacy of general physic. This last observation bears particularly upon ophthalmists, whose delicate operations require a peculiar softness and minuteness of touch, which is often denied to the most skilful general surgeons. Without such special manipulative skill and regard to general medicine, however, such divisions would prove very detrimental to true science, and if too much multiplied would reduce the profession to a sort of fraternity of monomaniacs. You may smile at the expression—monomaniacs, but really, if you read the books of certain monographists, and observe how they endeavour to prove that "all the ills that flesh is heir to," are traceable to their own favourite disease alone, whether it be the deranged stomach, the ulcerated uterus, the syphilitic virus, or the wonderful Hahnemannic itch, and thereby claim all cases for themselves you will perceive that it is not overstrained, but strictly just and applicable. The uterists among the female sex, and syphilists amongst men, women, and children, of every age and degree, are especially liable to this condemnation, and some of the latter have recently been writing *ad captandum* books upon this

subject, both in French and English, which our best reviewers have justly designated as a scandal to any honourable profession. In fact, this bastard order of pure or rather impure syphilists, and spermatorrhoeists, for they are not to be ranked as physicians or surgeons, would not only have their own rod, but would make it, like Aaron's, swallow up all other people's rods, and so create a monopoly of all human ailments for themselves. And this sense of self-importance which they are wont to entertain, is all the more ridiculous, when we consider that syphilis is clearly a physicians disease or disease of the blood, when manifesting itself constitutionally, and as clearly a case for the surgeon, when exhibiting itself by external ulcers, &c., and that the worst cases of this kind have only been thrown in an exclusive manner into such persons hands, because the more eminent professionals have not desired to overburden themselves with such filthy and loathsome practice. Such cases will present themselves in every man's career, and we are bound in duty to relieve human suffering in whatever shape it may come before us. It is also well that there are minds so constituted as to take especial interest in such matters, and so relieve the rest from certain sickening duties; but it would also be well if they could understand their true position, and not play "such fantastic tricks," as make men laugh or "angels weep." You will find that Dr. Graves, Mason Good, and in short, all other physicians, in their systematic writings, treat regularly of syphilis, and do not bate one inch the universal domain of physic, and it shall therefore be handled in these lectures as a matter of medical inquiry, though, as a blood disease, it will belong to another part of the course. While conceding to such persons a good deal of the merely practical ministrations, we cannot permit them to ride their hobby-horse of theory and doctrine, or else they may become as great nuisances to society as the old oculists were, when permitted to ride their hobby-horses by the more scientific surgeons of past times, a subject well commented upon by Mr. Middlemore, at the very commencement of his "Treatise on Diseases of the Eye;" and in which he further justifies himself by quoting the philosophical views of Mr. Lawrence. Thus much I thought it necessary to say on the question, for, with such persons almost *everything* is viewed as a form of syphilis, and if the patient should positively deny it, the responsibility is forthwith thrown upon the shoulders of his father or mother, or Adam and Eve themselves, rather than give up the opinion.

Notwithstanding these observations, however, I am by no means disposed to appropriate such cases, but have always acted according to custom, though not conceding the principle. Hence I have never treated, except at the express desire of the patient, any affections of the external organs, beyond incipient chancres and buboes, and these only, when they could be managed by constitutional appliances alone. Therefore I shall not now remark upon any disease whatever of the penis, testicles, or vulva, but shall confine myself entirely to the disorders of the ovaries and uterus, admitting their full importance in every inquiry into constitutional

disturbance, and the necessity of carefully studying their diseased conditions, yet not yielding to the morbid rage of the day in tracing every ailment of the female to that source alone, and of subjecting all women, whether married or single, to questions incredibly disgusting, and to unnecessary examinations by hard instruments and other foreign appliances, calculated, by their irritation, to increase existing disease, if not to excite it where not existing before, of which most practical physicians could give too many instances, if the task were not invidious. Like other affections in other parts, they may be classified into nervous or functional disturbances—*anæmic* or *hyperæmic* conditions, and degenerations. Amongst the nervous disturbances, we may first consider paralysis.

PARALYSIS, either of the ovaries or uterus, can be but rarely witnessed except as an accompaniment of that universal malady which has been already treated of while discussing the affections of the brain and nervous system. The total paralysis of the ovaries it would be difficult to prove at all, though it sometimes occurs in the womb as an accident during labour, or immediately after it, when, by non-contraction it gives, rise to hæmorrhage and other dangerous consequences requiring instant and decided interference. Most commonly, however, this is but a temporary condition, which is subdued by the usual treatment of confining the uterus within the grasp of the hand, or compressing it within the circumference of a large cup or bowl, applied by force over the abdomen, or by exciting the internal surface by the points of the fingers, and the administration of ergot and other uterine stimulants. That such defect of nervous action is uncommon in the uterus might be readily guessed, considering how very frequently that organ is able to perform all its functions, while the rest of the body, or of the general cerebro-spinal nervous system, is in a state of abeyance or torpidity. Thus it will act quite freely in idiocy, in spinal paralysis, in the stupor of typhus, or apoplexy, or under the influence of chloroform, and even after death itself,—that is to say, somatic death, death of the cerebro-spinal axis, or, conscious being—the ganglionic or vermicular sensibilities, so to speak, being partially effective. Hence, in the dead-house, there has been such a thing as *post-mortem* expulsion of the fœtus, I will not say how long after apparent death, but certainly after the heart and lungs have ceased to act under ordinary stimulants, or after the woman has been considered dead and carried away. But though complete paralysis be a very uncommon occurrence in the womb, torpidity both of that viscus and of the ovaries is by no means unfrequent. Such a condition may arise from original constitutional defect, or from a morbid state of the blood, or from long-continued pressure of the fœces, or common tumours, or certain affections of the brain or spinal cord, communicating their deadening influence to the local ganglionic nerves, and thus blunting their sensibilities. Hence we may have a sexual indifference, with deficiency of the natural passions, and a purely functional amenorrhœa. The girl or woman may, under these circumstances, possess a timid mind, and a weakly

half-developed frame, yet nothing of the truly feminine softness and sweetness of character, and she will have a childish bashfulness instead of the sensitive female modesty, that is to say, if the condition be congenital or permanent.

If it be, on the other hand, only accidental and dependent on the removable causes above indicated, there will only be a temporary blunting of the ordinary feelings, and a partial deficiency of the usual routine processes, which feelings and processes may be restored to their native activity by a removal of such causes. That the start of the ovary into active glandular existence is the primary impetus of all that follows throughout the rest of the female generative system, is now pretty well established, by whatever other secret agency that event itself may be preceded. The chain of sympathy thus established, continues during life, and the order of events whether morbid or healthy, is always maintained according to the original development of functional activity. Thus the conditions of the ovary are more likely to affect the uterus and external appendages, than those appendages are to control the ovary; though, certainly, the latter is affected in a minor degree by the former, because there is a reflex principle at work, as well as one of central origination. The nervous influences play in a circle, and sweep around that circle both backwards and forwards, but yet the circumference does contain a special point of activity, and that point of activity in this instance, is the governing force of the ovary. The labours of Dr. Tyler Smith in this direction, as bearing upon the practical applications of science to obstetric art, are well worth your study. And Dr. Tilt has also endeavoured to enforce a full consideration for the ovary in all uterine affections. The results of the cases given by him are quite pertinent to the question, though we must guard ourselves from tilting too much against one offending member only, and thus narrowing our vision to an unsafe compass. Viewing the growth of the ovary, then, as the cause of all the other subsequent growths that characterise puberty, and accepting the decided manifestation of sexual preference, as the chief proof of such ovarian growth, you will remember that a case was recently presented to us, which seemed upon the first inquiries to contradict such a theory. The girl, Selina H——n, was about twelve years of age, and was brought by her mother to the hospital in order to be cured of a shaking of her head from side to side. This did not seem a matter of any great consequence, except from its giving her a strange and awkward manner, and exciting amongst observers a painful and impatient desire to put a stop to it. There were other peculiarities, however, which made me retain her as an in-patient and as a physiological curiosity for your observation. She was very short and squat, and her head was preternaturally large, both in breadth, depth, and length, but especially the latter. Her face was childish, and its childish expression was increased by the short crop of hair which she wore; her shoulders were broad and rounded, her bust very full, and the mammae quite as large as those of a stout woman of 40, who had suckled children. The hips and thighs were

proportionally developed; but the legs were like those of a child of about eight or ten years of age. Her mother stated that these growths had commenced when she was about eight years of age; but that she had never menstruated, nor exhibited any sexual propensities. She appeared therefore to be doubly a curiosity; but it soon appeared, from the reports of the nurse and of the other patients, that however she might have deceived her mother, she was not long before she enlightened them, for she seemed to take a peculiar interest in talking upon such subjects, and related to them sundry adventures that she had had with a certain cripple, and some other favourites. A seton behind the neck stopped the shaking of the head, which appeared to have been merely a bad habit, and she soon left the hospital. Everything else seemed to be active here, excepting the process of menstruation, which therefore would seem to be the latest link of the chain. Indeed we generally find the mammae, &c., well developed, considerably before any appearance of this discharge. Nay, pregnancy itself has occurred without that phenomenon having, as yet, manifested itself.

As to the treatment of this torpitude of the ovaries or uterus, it must depend upon the causes which may give rise to it. If it be simply due to a slowness of development, it may well be left to itself. One may be frequently consulted in regard to girls of 17, 18, or 20, in whom menstruation has never occurred; but in all such cases, unless anything else was detectable, I have invariably prescribed nothing whatever beyond a natural mode of living, and cheerful mixed society. Where anæmia appears to be the cause, carbonate of iron, or some other preparation of steel, is absolutely essential; and it is also advisable to combine such preparation with assafoetida or galbanum, in conjunction with aloes, as special stimulants of the pelvic region. Some physicians have indicated that these latter agents should not be employed in permanence, but should rather be exhibited as adjuvants to the steel at the time when the monthly periods come about. But though this rule may be applicable to women who have already menstruated, and in whom the function has only been arrested, we cannot apply it to those who have never menstruated at all, inasmuch as we do not know their natural time, since the old story of the influence of the full moon has been exploded. Iron and assafoetida, and aloes, therefore, are our chief anchors under such circumstances—the former as a *sine qua non*, the latter as adjuvants. But, should the torpitude proceed from any cerebral or spinal affection propagated to these parts, then we must look to those centres as the primary seat of the malady, and treat them according to the rules laid down while considering nervous diseases. The same advice would apply to any tumours, or other fluids or solids pressing upon the organs, and impeding either their blood-circulation, or their nervous play, though the management would be difficult according to the solidity or the seat of such impediments. Not an uncommon cause of this kind, and one very easily removed, is constipation. Girls at this age are apt to suffer from this complaint on account of their seclusion,

and dulness, and sedentary habits at a school. Nor are they likely to speak of it like older people, but suffer it to go on, as if it were a matter quite natural, and never complain until the portal circulation becomes so impeded as to lead to the secondary and tertiary symptoms of pain, sometimes in the one side, and sometimes in the other, with sickness, indigestion, giddiness, and headache. In such case the abdomen will be found hard, dull under percussion, and perhaps knotty and lumpy along the course of the colon. It is surprising what large amounts of scybalous faeces may sometimes be discharged from the bowels during a continued course of moderate purgation for this state of things, and it is the only process by which health may be restored and maintained. The kind of purgatives employed must altogether depend upon the general state of the system. If the patient be plump, strong, and of good colour, the blue pill or calomel at night, with a saline in the morning, may be desirable; but if she be thin, puny, and pale, the warmer purgatives of aloes, colocynth, or scammony should be employed, in conjunction with some stomachic tonic and aromatics. After a brief treatment of this kind, variety of diet, with cheerful companionship, and open-air exercise, will be the best means of avoiding the necessity of recurring to it.

Before leaving this subject, there is one very important caution that I would offer to you in regard to the employment of strong purgatives and emenagogues, under representation of obstinate costiveness and amenorrhoea, received from certain hospital and dispensary patients, and perhaps, also, parochial patients, though these latter are not so apt to practise it, on account of being generally less nice as to their moral reputation. Such representation of costiveness may be made falsely, under a conviction or suspicion that they are pregnant, and in hopes of getting, (to use the words they have used,) "something that may carry it off." Carbonate of iron, and mild aperients, can never do any harm, but I can see no cause for resorting to very powerful medicines in such cases, nor any necessity for prying too curiously into the question of pregnancy. Even when the question is directly put, it is better to evade it, except in the case of a married woman, to whom the fact may be agreeable. Some may feel inclined to exhibit their penetration upon this point, by spontaneously asserting the fact, even when the young women have themselves positively denied it. I conceive this to be not only unnecessary, but dangerous, for they will frequently never visit such practitioner again, but resort to some old witch or other, and forthwith obtain the means of ridding themselves of their burden. Such an uncalled for declaration of the fact of pregnancy cannot, by any imagined possibility, do any good, while it may, undoubtedly, prove suggestive of certain proceedings which shall cut off the existence of one human being, and perhaps encourage the other in a long course of systematic vice and crime. Let such a person but arrive at the fourth or fifth month of her time, and then matters will be so apparent to the world at large, as to leave less fear of any tragical issue. But let us avoid giving the diagnosis at too early a stage in

unmarried women, who may be unprincipled, or very fearful of public shame, for the result in child murder is no fancied evil but one that is constantly arresting our attention, and increasing in this country year by year.

SPASM, or painful involuntary action, does occur in the ovaries, and in the fimbriated extremity of the fallopian tubes, if we are to judge by the phenomena that sometimes present themselves in that quarter, and the dull uneasiness that follows afterwards. In the uterus spasm is a very frequent occurrence, with some women during their whole lives, and, in most women, under certain circumstances, giving rise to any degree of pain, from a slight dull occasional aching, to the most grinding and sickening agony. The spasm may arise from a condition of simple irritability, rendering the organ painfully sensitive to conditions of which it might not otherwise be at all conscious. Of course we are not at all surprised at its spastic action in parturition, or even at its strainings afterwards to expel the vitiated or putrid lochia. But it ought not, in the natural state, to suffer greatly during menstruation, and much less from that simple determination of blood which precedes the discharge; yet that is the period at which this morbid spasm chiefly presents itself to our notice as an object of treatment, or else during the earlier stages of pregnancy, when it is apt to lead to abortion. That it generally proceeds, either from a simple irritability, or from a certain amount of hyperæmia, inducing vitated secretions, and exciting reflex action, is, I think, very apparent, judging from the success of those measures which are directed to the subduction of these conditions. Narrowness of the uterine aperture or passage has been pointed to as the cause of this spasm, and of painful menstruation, but I am persuaded that it is a comparatively rare one. I know that such a condition does occasionally exist, and have treated for such a condition in this hospital, in the person of Mrs. ———, of the top ward; but we should not be justified in using, as some do, the speculum so indiscriminately in all such cases, and introducing dilators and other mechanical forces into the uterus, under some, *a priori*, hypothesis, that there must be physical obstruction in every instance. The cases of dysmenorrhœa and other forms of hystericalgia, which we have had, are too numerous and too uniform in their features to be spoken of individually on this occasion, besides which, they have been almost always observed amongst the out-patients, of whom no very precise records have been kept. Suffice it to say, they have all been characterised by pelvic pains, chiefly recurring during the catamenial periods, that these pains have been felt to extend to the sacrum, round the ilia, and down the thighs, and that they have not been accompanied by any permanent tenderness or soreness on pressure; either over the pubes or at the neck of the uterus, except in those instances where some degree of hyperæmia was considered to be the cause.

With the exception of the one patient above alluded to, none of them required any mechanical interference with the os or cervix uteri. Only in a limited number were leeches required to the vulva, and the far greater

proportion of them recovered under sedatives and tonics; the latter being steel and quinine, and the former consisting of belladonna locally applied, with conium, morphia, or aconite internally—the latter, undoubtedly, the most efficacious. The constitutional condition of ANÆMIA is not an unfrequent cause of this hysterical spasm; but, as that is a blood affection, its consideration will be for the present deferred.

HYPERÆMIA is always one of the chief sources of derangement of function, both locally and generally, and is a very common occurrence indeed in the organs of which we are now speaking. It may be arterial or acute, giving rise to positive inflammation; or it may be venous and capillary, inducing a subacute action or passive congestion, the latter being, by far, the more common of the two states. The causes may be either a primary irritability of the parts, or the presence of local irritants or obstruction to the local circulation. The acuter form of the disease will be unmistakable as to its character, though the locality may not be so readily diagnosed by the inexperienced observer. There will be severe pain in the parts, whether they be the ovaries or the uterus. The pain will be increased under pressure, and the constitutional excitement will be considerable, and more apt to be accompanied with nervousness and hysteria, than when the bowels or bladder are affected. If the disease be in the ovary, the pain will be referred to that quarter; and some degree of heat, and perhaps swelling, may be discovered, if not through the parietes of the abdomen, yet through the vagina or rectum. The pain will be deeper seated than if the gut were diseased, and will also extend more deeply into the back. If the uterus be affected, the pain will be over the pubis, and at the lowest part of the sacrum; and it will not only be increased by pressure in front, but by the gentlest motion given to the cervix by the finger, which will also feel the vagina very hot and dry. The stools, from the swelling of the organ, may be flattened, and will be passed with pain; and you will readily discriminate the disease from inflammation of the bladder, by the state of the relative discharges, and by the tenderness being less superficial. The symptoms of the chronic or passive forms of this malady, will be altogether the same as those of the acute, excepting that they will be less in degree, more dull and obscure, less apparent, or perhaps not at all apparent, except upon a careful examination. Thus the pains may be so distressing round the sacrum, the ilia, and down the thighs, that the woman herself at once reports them to you, as well as her profuse, or lessened, or suppressed catamenia, or her red or white discharges per vaginam. Here there will be little difficulty in the recognition of a chronic ovaritis or metritis, of which the leucorrhœal discharge is a constant accompaniment; but, on the other hand, the symptoms may be such as to give but a faint indication of what is going on, in fact, they may be more felt in the stomach, and in the general constitution, than in the part primarily affected, and hence the necessity of diligently inquiring into the condition of the ovaries and uterus, whenever you find a woman

complaining of a dyspepsia more obstinate than usual, or of a languor and debility, and general uneasiness not otherwise to be accounted for. In such a case you might go on treating the digestives, and the constitution at large, in vain, for any length of time, unless you addressed yourself to relieve the turgidity of those organs. Accordingly, upon due examination, you may find that there is dull pain, under deep and soft pressure, over the groins or pubes. You may also find some degree of leucorrhœal discharge, and a greater or lesser amount of tenderness or uneasiness upon moving the cervix uteri with the point of the finger. It must be thoroughly understood, however, that all these operations should be particularly delicate and gentle; for any rough fellow might otherwise manufacture all the features of a disease by dint of sufficient poking and jerking. The existence of leucorrhœa, as one of the earliest appreciable symptoms of the disease, should always be inquired into in female cases; and, if such symptom should not readily yield to the common astringent applications, then a more precise examination should be made, for it is then pretty sure to be dependent on a turgid state of the uterus or ovary, and not upon a mere vaginal catarrh. The disease most commonly exists at the os and cervix uteri, which, from its turgid condition, does undoubtedly produce a narrowing of the orifice, though not of a truly organic character, and hence the occasional obstruction to the catamenial flow, which would certainly never be removed by attempted physical dilatation, but rather increased. In the early stage there will be a full, soft, velvety feel around the os, and this may further lead, under impressions from foreign bodies, to desquamation, abrasion, or so-called ulceration of the epithelium. But the action may extend more deeply, and induce exudations of a more permanent kind, in the cellular tissues beneath, which, by their consolidation, may form an indurated mass, which, if neglected, may end in scirrhus, and ultimately, cancer. It is this consideration which constitutes the great necessity for a proper examination at the early stage of the complaint, in order that such terrible contingencies may be warded off. In some of the more serious manifestations of the disease, as exhibited in old indurations, cauliflower excrescences, and corroding ulcers, difficulties will sometimes arise in discriminating these from scirrhus or open cancer; but I shall enter into these questions in my next lecture, when I shall also speak of polypus, prolapsus, and ovarian dropey. In the mean time I shall merely indicate the treatment of ovarian and uterine hyperæmia.

First of all, it is desirable that leeches should be applied, and these should be proportioned to the strength of the patient, and the degree of the disease. We are not to be deterred from this course by the presence of any menorrhagia or uterine hæmorrhage, for that frequently depends upon an engorged state of the vessels, and ceases as soon as such engorgement is relieved, as will be illustrated to you in due time by sundry cases. The next step of the curative process will consist in the application of blisters either over the

sacrum, pubes, or groins, according to the seat of pain, and they must be of a size and frequency to meet the particular emergency; at the same time, if the action be severe, mercury may be required, either exhibited internally, or applied by poultice or friction over the morbid part. Along with these appliances, sedatives may require to be employed, such as morphia or aconite internally, or the belladonna plaster externally, following the blisters. If the nausea, or other dyspeptic symptoms be urgent, draughts of columba will be advisable, in conjunction with soda or magnesia, and hydrocyanic acid. When the symptoms of engorgement are subdued, local astringents may then be used, with good effect, but not before; and if decided ulceration exist, of an indolent character, such as cannot be subdued by the above means, nitrate of silver may be necessary, though I would wish to convey to you that, under the condition of much vascular turgescence, such applications as those of the speculum and nitrate of silver, are only likely to increase the mischief, and are not desirable till the vascular action and ulceration have assumed a sluggish and indolent form. If any very solid indurations exist, the potassa fusa may also be of great use, but I shall treat of that when we meet again. Let me only now conclude by observing, that all such inquiries and appliances are to be carried on with the greatest delicacy and regard to the patient's feelings, to whatever rank of life they may belong, but that they are not to be prefaced by foolish apologies, or by formally asking permission to do this or that. All examinations of the kind, when instituted by judicious men of a proper age, are entered upon as a mere matter-of-course duty, the same as in obstetric practice. The woman knowing her sufferings, and having confidence in her attendant, complies with what is requisite in silence; but any unnecessary apologetic requests will only cover her with a sense of shame, and expose you to ridicule, and, ten to one, end in a refusal. Thetact, required, however, in such matters, is perhaps natural, and not to be acquired, for good feelings will produce good manners—good beyond all the artifices of studied refinement.

#### ON THE

### DIAGNOSIS OF CHRONIC OVARIAN TUMOURS.

By E. J. TILT, M.D.,

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"Hydrops ovariorum ut plurimum steriles annosaeque mulieres occupat difficilius cognoscitur et vix sine scotio cadavere."—Boerhaave (*Aph.* 1733.)

(a) *Cysts of the Liver have been mistaken for Ovarian Cysts.*

NUMEROUS cases of this description might be recorded. Mr. Harvey, (*Lancet*, 1849, p. 183,) has drawn attention to a case of cyst of the liver, which was considered ovarian. An amber-coloured fluid was

withdrawn, and extirpation was contemplated, when inflammation set in, and the patient died. On opening the body, the cyst contained pus. In this case there was no jaundice, as sometimes occurs, to help the diagnosis. We know of several similar cases. In one, of cirrhosis of the liver, with extensive ascitic effusion, the abdominal swelling was so far considered ovarian by one of the ovariologists, who prides himself the most on the accuracy of his diagnosis, that he wanted to extirpate the tumour. Thus an ovarian tumour does sometimes assume varieties of form, sufficient to deceive the most experienced. An instance of this came very lately to our knowledge, where several who were consulted, denied altogether the ovarian origin of the tumour, attributing it to the liver, though, after death, it was proved to depend upon the ovary.

*How to avoid such errors.*—It will not be difficult to do so before the tumour has attained to a great size. It will be found descending from above downwards; and the pain, if any, is referred to the hypochondria, and not to the ovarian region, but sometimes there is no, or but little pain, in the beginning of such cysts; and we are seldom applied to before the diagnosis is complicated by their increased size. Then the patient may help us by affirming whether she previously suffered pain in the hypochondriac region, whether the tumour began in the side, whether jaundice had been one of the incidents in the patient's history. A cyst in the liver may be inferred by the distinct perception of the *fremissement* indicating hydatid bodies which are much more frequent in the liver than in the ovary. In cases of insurmountable difficulty, when the patient has not had jaundice, and is too dull to help one to unravel the intricacies of her case, the decision must be deferred. It must, however, be borne in mind, that hydatid cysts, (if left to themselves,) are in general fatal long before the tumour has attained anything like the enormous size other encysted tumours are capable of. The displacement of the liver has been noticed in some rare instances, and might at first sight be considered a morbid tumour in both sexes, or an ovarian tumour in women, but it could not be displaced without its absence from the right hypochondrium being made visible by the depression of the abdominal walls.

(c) *Cysts of the Spleen may be mistaken for Ovarian Tumours.*

*Case.*—I have seen, says M. Tavignot, (*Journal des Connaissances Med. Chir.*) a fibrous tumour of the spleen, thirty-five centimetres in length, extending to the brim of the pelvis, and which was taken to be an ovarian cyst. The tumour was evidently fluctuating, still on being punctured not a drop of liquid escaped. On opening the body the cyst was found full of hydatids of all sizes.

*Remarks.*—We know so little about the functions of the spleen, (and such cysts are so very rare,) that whenever a similar instance occur, it will doubtless be similarly mistaken. One great advantage of the plan we have proposed for the cure of ovarian dropsy, (treating it by the application of potass. fus. c. calce,) is, that in

case of an error of diagnosis, the treatment applies equally well to the cure of hydatid cysts of the liver and of the spleen. The case just related was most favourable for that plan of treatment. The hydatids might have been evacuated, the mother membrane peeled off, and a cure effected, as in numerous cases of hydatid cysts of the liver so treated, first by M. Recamier, and afterwards by many others, both at home and abroad. There are several well-authenticated instances of the enlarged spleen descending into the abdomen; and as its absence, unlike that of the liver, would not be immediately missed, there would be nothing to indicate the nature of the tumour, while if it occurred in a woman, as it most frequently does, this solid tumour, surrounded by intestines unconnected with the womb, might be thought ovarian, and with difficulty shown to be otherwise. Riolan saw four cases of the enlarged spleen, descending in the hypogastric region, and in two the spleen so adhered to the womb that it could not be removed from the dead body. Morgagni has published a similar instance observed by Maufredi; the spleen weighed three pounds, and was six inches square. In the case of Madame de Pozzi, the spleen for twenty-four years had occupied the hypogastric region, and the woman was safely delivered of three children. The disease has been taken for pregnancy, (Drelincourt.) Morgagni says he has only read of ten cases—six in women, two in men, and two not stated. They were in general painless.

(v) *Encysted Tumours of the Peritoneum may be mistaken for Ovarian Tumours.*

Notwithstanding the assertions of B. Bell, (in his "Surgical Lectures,") of Chopart and Desault, (*Traité des Maladies Chirurgicales*, Vol. 2, p. 348,) of Boyer, (*Traité des Maladies Chirurgicales*, Vol. 8, p. 346,) of Bricheteau, (Art. "Kyste du Die," en 60 Vol.,) encysted tumours of the peritoneum are very uncommon, otherwise these authors would have been able to describe the complaint. In the absence of such description, we shall condense a case, which well illustrates this singular disease; it was published by M. Fano, (*Union Med.*, Vol. 8, No. 106.)

*Case.*—Claude Blin, aged 48, entered the Hôpital du bon Secours, December 18, 1846. He stated that until the previous April he had enjoyed good health, but then he felt a small tumour in the left hypochondrium, when, as it increased in size, he entered for a short time in July, the Hôpital St. Louis. Here he vomited bile several times, the tumour increased until the December above named, when the circumference of the abdomen just above the umbilicus measured *eighty-six centimetres*, the abdomen being distended by a tumour, which formed a more considerable swelling on the left side. The tumour was irregularly round, and was dull on percussion on the left side, as high as eight centimetres above the crest of the ilium, and in the whole of the left iliac fossa. When grasped with both hands it gave an obscure sensation of fluctuation, and in some points, more particularly at the epigastrium, a *crackling*

sound. Dr. Moneret, in whose wards the patient was placed, determined to open the cyst by potassa fusa, and between the 25th of January and the 23rd of February, eight applications were made. The adhesions of the cyst to the abdominal walls being deemed sufficient, M. Denonvillier plunged a trocar into the eschar, and withdrew about twelve pints of an albuminous liquid, like coffee-grounds. An oval tumour could then be felt, its longest diameter inclining from the left hypochondrium to the right inguinal region. The following days the pulse rose. A mixture of foetid pus and gas came out on pressing the cyst.

March 8th.—Barley water was injected, and repeated daily into the cyst, with good effect. The patient was able to get about, and could take half his portion of food.

April 23rd, and following days.—Injections were made with wine, or weak brandy and water, to effect inflammatory adhesion of the sac. This did not give pain or fever to the patient.

27th.—The female sound did not penetrate easily. Efforts were made to pass it, and when tepid water was injected, the patient felt excruciating pain, and the liquid did not return, as usual, by the sound. The patient died at midnight, after symptoms of acute peritonitis, which nothing could alleviate.

*Post-mortem examination thirty-four hours after death.*—The pelvis contained a considerable portion of a sero-sanguinolent liquid, in which false membranes floated; the intestinal circuvolutions had an amaranthine colour, and patches of purulent matter were deposited where the injection was greatest. To the left of the abdomen the *gastro-colic* epiploon was lined by a red flesh-like substance, which extended to the adhesions formed all round the fistulous opening, and on passing the sound through the fistula, it became evident that the cyst had been ruptured during the patient's lifetime; all round the orifice of the fistula were solid adhesions, of about the size of a shilling, formed by the peritoneum, so thick as to look fibrous. The cyst was large enough to contain a man's fist, and was formed in the smaller cavity of the peritoneum; it was limited above and in front by the stomach and the transverse colon, laterally by the spleen and the descending portion of the colon, below by the *great epiploon*, and posteriorly by the vertebral column. The cyst itself was not cancerous, but of a cellular structure, and of considerable thickness; it was lined by a dark membrane, contained fragments of the same colour, and exhaled a foetid-odour. The other organs presented nothing unusual.

*Remarks.*—The form of the abdomen would have excluded all thoughts of ascites. The manner in which this tumour, notwithstanding its growth, left unimpeded all the functions of the body, might perhaps have prevented its being considered to be connected with the liver or the kidney, but certainly if it had occurred in a woman, it would have been set down as ovarian. The uterine sound is our only means of distinguishing such a tumour from an ovarian, and that not by positive

information but by negative signs. "I have found, (says Dr. Simpson) however, advantage from the negative information given in other ways by the bougie, even when the tumour was abdominal in its seat. An example will best illustrate my meaning. In a case sent to Edinburgh a few months ago, for the purpose of having some opium given in regard to its nature, an immense abdominal swelling that was present, and which had been supposed by some medical gentlemen who had seen the patient to be ovarian, was shewn not to be so by sufficient evidence of the following nature. The uterus was displaced obliquely backwards, and the fundus of the bladder was displaced to the right iliac region by the abdominal enlargement, circumstances which were easily ascertained by introducing the uterine sound into the cavities of both these organs. Further, the uterus, although displaced, was quite moveable, and when its fundus was turned by the bougie towards the site of either ovary, the abdominal tumour lifted up as high as possible towards the epigastrium. No obstruction was met with, nor was this great change upwards in the direction of the tumour found to produce any dragging effects upon the uterus, as held by the bougie or its connections, effects which, unless under the improbable supposition of a pedicle several inches long would have inevitably occurred if the diseased mass had originated in, or was connected with, the ovaries or uterine appendages. So far the evidence was negative, but so far important. I may add, that other characters of a more positive nature,—the history, the particular form, and consistence of the tumour, its position in point of substance as ascertained by percussion, &c., seemed to show, seeing that it was not ovarian, to be in all probability one of those hydatigenous tumours that sometimes form in the tissue of the omentum, and whose physical symptoms during life in many respects correspond with those of ovarian dropsy."

(c) *Can a Lumbar Abscess be mistaken for an Ovarian Tumour?*

We know of no case of this mistake, but when on the one hand we reflect on the obscurity and size of some of these abscesses, and remember on the other, that every species of voluminous swelling occurring in woman, has been ascribed to ovarian disease, we should not be surprised at the mistake, the more so as the swelling in both diseases generally occupies the pelvic region; but when these large collections of pus are the result of caries of the vertebrae, or some other bone, there is a deep-seated pain not met with in ovarian dropsy—an inability to walk, a certain amount of vertebral deviation and of acute symptoms so well known, that such a mistake cannot easily be made.

(d) *Various Diseased States of the Intestines may be Mistaken for Ovarian Dropsy.*

It seems strange at first, that a canal formed of such thin tunics should ever be able to represent large ovarian tumours, but when we remember that the canal may be partially obstructed, and its tunics are susceptible of

surprising distension; when we reflect how beautifully their great length is suspended around the small area of the mesentery, so that each fold is perfectly free, so long as its peritoneal covering remains sound, but may become glued to the adjoining folds when the peritoneum is inflamed we are no longer surprised to find that the various morbid states of the intestines have often embarrassed the most eminent, and led the inexperienced into deplorable errors. And here we must recal to the readers's recollection that the tumour may cap itself with the intestine, and on making a rectal examination, the walls of the rectum were felt so strongly pressed together, that the first impression is, that the tumour is intestinal, so much does it seem to rise from the intestinal surface.

(e) *Tympanitic Distensions of the Intestinal Canal have been mistaken for Ovarian Tumours.*

By referring to Dr. Atlee's table the reader will find that in six cases this strange mistake has subjected the patient to the operation of gastrotomy, and the operator to the annoying reflection of having made an egregious blunder. Mr. S. Lee says:—"I have been lately consulted by two patients who supposed, and who had been told, that they were labouring under dropsy. At first one was thought to be pregnant, but latterly dropsical. She certainly presented a peculiar appearance. The abdomen was very much distended, almost to the size of the full period of gestation, and her gait was that of a pregnant woman. On examination however, the uterus was found to be healthy, the abdomen greatly tympanitic. This tympanitis has now entirely disappeared, and the patient is as small as ever she was." Dr. Corfe also mentions having seen repeated instances of meteorismus simulating pregnancy, disappear after marriage and childbearing. When the accumulation of air gives rise to such an error of diagnosis, it is generally also accompanied by some temporary accumulation of faeces, or by an accumulation of fat in the mesentery and abdominal walls. Hysterical persons are most subject to it. The tympanitis may not necessarily be intestinal, for if the case of M. Josat, ("Thèse de la Tympanite, 1840,") be not an example of idiopathic peritoneal tympanites, in the rigorous expression of the term, it leaves no doubt as to the possibility of the production of gases in the peritoneal cavity from decomposition of substances effused in its cavity. Other cases are scarcely to be depended upon, for in the best authenticated, such as those mentioned by Combautier, a mass of hydatids was present in the peritoneal cavity; and that related by Dusseaux ("An. Jour. de Med. Chir. and Phar., tom. li., p. 308, 14, anno 1779) leaves one in doubt of the seat of the pneumatose, whether the intestines or the peritoneum; but whether in the one or the other is a mere object of scientific precision, for its diagnosis with ovarian tumours is equally easy.

*How can this error be prevented?*—Resonance on percussion may be considered almost an infallible sign because it is only in very rare and evident cases of ovarian disease, that air is introduced into or generated in an ovarian cyst. But in the re-



corded instances of tympanites being mistaken for ovarian tumours, the practitioner was aware of the evidence of tympanites, but he believed that in addition to the distension of the intestines by air there was also some morbid tumour to produce an extensive abdominal swelling. Before examination therefore, it is very important to empty the bowels by a brisk purgative, to give the patient a thorough cleansing out and flushing by Dr. Burns's injection tube, for diarrhoea may coexist with stercoral tumours; the liquid fæces have been known to pass through a tunnel made in the solid fœcal tumour, or else between the tumours and the mucous membrane of the intestine. A course of tonic medicine should be given to correct that state of the mucous membrane which causes the stomach to generate wind; ten grains of inspissated ox gall, given every night, has been known to produce the desired effect, and an abdominal bandage will also help the effects of medicine. If the patient be repeatedly examined during this course of treatment, all opportunity of mistake will be avoided. In the same way we have seen a supposed case of ovarian dropsy cured by repeated doses of castor oil. Valsalva and some other writers have seen the stomach so enlarged and distended as to come down within a short space of the pubes, but this could not lead to any error of diagnosis, for the variability of the dimensions of the tumour, its dull sound after repletion, and the extent of tympanitic sound when the stomach is without food, must prevent any mistake.

(1) *Cancerous and other Tumours of the Intestines might be mistaken for Ovarian Tumour.*

Thus Munro (secundus) removed from the colon of a woman an intestinal concretion weighing four pounds, and similar cases have been met with. Cancerous tumours of the intestines are unfortunately still more frequent, and their central position, and their being moveable and surrounded by intestines may lead to an erroneous view of the case.

*How to avoid Mistakes.*—The implication of the intestines by such tumours gives rise almost always to a frequency of gastro-intestinal symptoms which are not often met with in ovarian disease, vomiting or nausea, deranged digestion, colics, alternate constipation, and diarrhoea are met with, and if the tumour be of long standing, other suspicious tumours may be met with in other regions, and the patient may likewise present the yellowish hue peculiar to those who suffer from that constitutional disease; but in some cases it will still be difficult to distinguish the tumour from the hard irregular ovarian tumour.

(2) *Ovarian Tumours have been confounded with Hernia.*

*Case.*—A woman, 72 years of age, known to have umbilical hernia, was suddenly taken with abdominal pain and with frequent vomiting. There was also constipation and meteorismus, the pulse was frequent and small, and the features choleraic. As usual, the hernial tumour could not be reduced, but it was soft and

without pain. Many of those consulted proposed *le débridement*, but this was rejected by the majority. The next day the patient died, and on opening the body M. Goyrand found that she had died of acute peritonitis, caused by the rupture of an ovarian cyst, and the effusion of its contents into the peritoneal cavity. ("Vidal Patho. Ext., tom. iv., p. 580.") We have already related a still more interesting case, wherein a prolongation of the ovarian cyst descended into the crural space, and wherein alarming symptoms of intestinal obstruction would have justified the operation for hernia. Such case, by the peculiarity of the symptoms as well as by their extreme rarity, must always puzzle the most intelligent.

11, York Street, Portman Square,

[To be continued.]

## CASE OF CANCRUM ORIS.

WITH NECROSIS OF A LARGE PORTION OF THE INFERIOR MAXILLARY BONE, FOLLOWED BY RECOVERY.

By T. HERBERT BARKER, M.D., LOND.,

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JOSIAH HILL, of Cope, near Bedford, aged five years and a quarter, was recovering from typhus, which had attacked several members of the family, when a swelling of the right cheek made its appearance, rapidly increasing, and becoming red, hard, and shining. The swelling was the most prominent and tense in the lower part of the cheek, opposite the lower jaw; and the surrounding œdema extended to the nose, right eyelide, (which were closed,) and to the right ear. On examining the interior of the mouth, which was done with some difficulty, owing to the swelling, irregular and jagged ulceration of the cheek and gum was observed, at a point corresponding with the central hardness, and covered with a dark-coloured shreddy slough. On the third day a bright red spot appeared externally in the centre of the swelling, which speedily assumed a purplish hue, and the cuticle became raised by a sanious fluid underneath. At this period there was considerable fœtor of the breath, and a flow of offensive saliva from the mouth. The skin was hot, the pulse quick, thirst urgent, and the patient was delirious at night. The central livid spot increased rapidly in size, and on the sixth day was larger than a crownpiece, circular, and with a deep-red colour of the surface surrounding it. On the seventh day a line of demarcation could be detected, and a small quantity of fœtid discharge escaped from the slough, which gradually began to separate at its edges. The saliva, which had hitherto been pale, now became of a dirty-brown colour, and extremely fœtid, so that the room was scarcely tolerable. The slough gradually loosened, and came away on the sixteenth day, when a large surface of the inferior maxillary bone was found to be denuded, and of a brownish colour. The surrounding œdema gradually subsided, and the febrile symptoms gave way

to those of extreme exhaustion. The large opening through the cheek began to contract in a few days, and the edges to look cleaner, and to be covered with healthy granulations. An offensive discharge continued to flow from the mouth, as well as from the opening in the cheek. In five weeks from the commencement of the swelling, the opening through the cheek had contracted to the size of a shilling, through which the denuded bone was still visible. Soon after this period the patient directed my attention to a jagged edge of bone within the mouth, which appeared just to the right of the symphysis of the lower jaw-bone. The right half of the inferior maxillary bone appeared to be somewhat raised above its natural level, but was not very moveable. This jagged edge of bone became more prominent, and somewhat looser, from day to day; it caused some inconvenience to the tongue, prevented him from closing his mouth, and it was with some difficulty that he could be fed with a teaspoon. In eight weeks from the commencement of the disease it was sufficiently loose to enable me to extract the entire piece of bone. After the separation of the bone, the opening through the cheek gradually contracted in size, and cicatrized, leaving a deep depression, capable of admitting the end of a finger. The necrosed portion of bone is nearly two inches in length, and consists of so much of the body of the inferior maxillary bone as contained five of the temporary teeth on the right side. Two of the permanent teeth, (the canine and first molar,) may be observed, just projecting into the sockets of the temporary teeth. The necrosed portion separated from the living bone anteriorly, just external to the central incisor tooth, and posteriorly immediately behind the last temporary molar tooth, and in front of the ramus of the jaw.

The treatment pursued was the assiduous application of warm fomentations in the first instance, and, on the appearance of the gangrenous spot, of carrot poultices. After the separation of the slough, weak sulphate of zinc lotion was kept applied, by means of lint, covered with oiled-silk, and the edges were touched from time to time with the nitrate of silver. Quinine, and afterwards the carbonate of ammonia, were administered internally, and a liberal supply of strong beef-tea, mutton, broth, and wine, was allowed.

The present appearances of the patient, (five years after the separation of bone,) are the following:—

*Externally*, a deep cicatrized depression is observed, the site of the original slough; the angle of the jaw on the right side is observed to be an inch and a half nearer the symphysis than on the left side, which gives that side of the face a somewhat contracted and oblique appearance.

*Internally*, on the right side, only one tooth is observed—namely, the central incisor, which is somewhat below the level of the incisor of the left side; the space between this and the ramus of the jaw is occupied with a narrow line of new bone, which has been thrown out between the two points, and covered with a mucous surface. Mastication is performed efficiently on the left side.

*Remarks.*—This case corresponds with the second variety of cancrum oris described by Dr. Cuming in the fourth volume of the "Dublin Hospital Reports," and is interesting in consequence of the extent of the disease, and of the necrosis and separation of bone, followed by recovery. Dr. Cuming says, that in every instance that he had met with, this disease had occurred when the constitution had been debilitated by the existence of previous and protracted disease. Dr. Marshall Hall also states, in the fifteenth volume of the *Edinburgh Medical and Surgical Journal*, that in all the cases which had come to his knowledge, it had been preceded by fever, acute disorder of the digestive organs, typhus, inflammation of the lungs, variola, rubeola, or scarlatina, and regards it as a consequence of the exhaustion, debility, or irritation produced by previous disease.

In three other cases which have come under my notice, two occurred after typhus, and one as a sequela of scarlet fever. In every case the mucous membrane was the first attacked, the sloughy ulceration within the mouth having been observed before the external gangrenous spot made its appearance, thus confirming the views of Dr. Cuming, and of MM. Rilliet and Barthez, Baron, and Dr. West, referred to in the excellent "Lectures on the Diseases of Children" by the last author,

All the cases occurred at or about the same age; and two of them terminated fatally with low fever, diarrhoea, and exhaustion, before any line of separation of the gangrenous portion had formed. The other case of recovery was one in which the upper jaw was involved in the disease; and a portion of bone, containing a primary molar tooth, came away through the ulcer in the cheek, leaving a permanent and unsightly cicatrized depression.

In consequence of some resemblance of these cases to the ulceration and inflammation of the mouth produced by mercury, they have frequently been attributed to the administration of that drug; but from the number of cases which have occurred where mercury had not been given, there can be no doubt that there is not necessarily any connection between the two, and certainly this remedy had not been used in any form in the cases under my notice. It may be remarked, that cancrum oris is confined to one side of the face, whereas, from the use of mercury, the gums of both jaws are affected, as well as on both sides. The factor, too, produced by mercury, is very different from the highly-offensive and putrid odour of cancrum oris—a difference readily recognised by any one who has noticed the factor from both causes.

With regard to the treatment of cancrum oris I have nothing more to state, than that I am inclined rather to have recourse to fomentations, poultices, and the nitrate of silver, than to the strong acids which have been recommended by some practitioners. Internally the cordial and tonic plan of treatment is clearly indicated.

Bedford, September 8, 1852.

## CASE OF ABSCESS OF THE RIGHT OVARY

TERMINATING IN RUPTURE INTO THE PERITONEUM AND DEATH FROM PERITONITIS

By WILLIAM DAVIES, M.D., BATH.

*Read before the Bath and Bristol Branch of the Association, October 7, 1852*

JULIA REEVES, a prostitute, 21 years of age, was brought to the United Hospital, on the 10th of last September, and admitted an in-patient under my care. She stated that she was taken ill on the morning of the 7th with severe pain in the belly, attended with sickness and vomiting. She had rigors, followed by a hot skin and great thirst. There had been no action on the bowels since the day before her attack—that is to say, the 6th. The urine was very scanty and high-coloured. At the time of her admission her appearance indicated great suffering and distress; the countenance had a pinched anxious look, with considerable flushing of the cheeks; the pulse was frequent and feeble—110 to 120; the tongue was moist, and covered with a thick yellowish fur; the skin was cold and damp; the lower limbs, from the knees downwards, and the hands, of an icy coldness; the breathing was short, quick, and entirely thoracic. She lay on her back, with the body raised, and the limbs stretched out. The belly was tense, tympanitic, and not remarkably intolerant of pressure. There had been no sickness for two days previous to admission.

She was ordered half an ounce of castor oil and five minims of laudanum; an injection of thin gruel, with an ounce and a half of turpentine, to be thrown up two hours after the oil; the belly to be diligently steeped with hot flannels sprinkled with turpentine; warmth to be applied to the extremities, and small quantities of arrowroot to be given at short intervals. Directions were given that if the oil was rejected no further aperient was to be administered, but simply one grain of solid opium to be given every three hours. Should the bowels be relieved by the oil, the opium was to be given immediately thereafter.

I saw her again in the evening. The bowels had been freely moved after the injection, and she had taken one opiate pill. She expressed herself as feeling better; it was, however, quite obvious that she was worse. The countenance looked more pinched and sunken; the pulse was feeble, although some degree of warmth had been restored to the extremities. The opium, with the turpentine steeping, were ordered to be continued, with the arrowroot. There had been no sickness.

11th.—She had passed a tolerably comfortable night, though all the objective symptoms were more unfavourable. The same treatment was continued, with the addition of some wine, and afterwards brandy, in spite of which she sunk gradually during this day and the next, and died from asthenia, death beginning at the heart, on the evening of the 12th (Sunday).

The body was examined thirty-six hours after death. On laying open the cavity of the belly, the usual appearances of the most acute peritonitis were presented, gradually diminishing in intensity from below upwards. Each knuckle of intestine was agglutinated to its neighbour by recently-effused lymph, while the great omentum was glued down to the bowels by a thick layer of what looked like half-solidified honey. There were two or three pints of a puriform fluid with a quantity of flaky lymph floating through it in the cavity. On stripping the layers of lymph off the peritoneal covering of the bowels, the most intense capillary injection of the vessels was observed. The uterus and left ovary were healthy in structure, but the right ovary presented a ragged opening, leading to the irregular walls of an empty abscess, which had evacuated its contents into the sac of the peritoneum, and which had, no doubt, been the immediate cause of the fatal inflammation of that membrane. The organs within the chest were healthy. The head was not examined.\*

*Remarks.*—Abscess of the ovary is a somewhat rare affection, and when it does occur, nature is generally too wise and too careful to allow such an accident as the one I have detailed to happen. Most frequently the serous covering of the ovary becomes inflamed during the progress of the case, and adhesion takes place between it and some neighbouring part, by which, when the abscess does burst, the pus is prevented from making its way into the general peritoneal cavity.

As to the diagnosis in this case, it was very clear that we had one of two things to deal with—either peritoneal inflammation or obstruction of the bowels, most likely ileus. The history of the case, such as could be obtained, rather pointed towards the latter conclusion. There had been no action of the bowels during four days. The attack had commenced with much pain and vomiting. When first seen by me there was no remarkable tenderness on pressure, while there was great distention of the belly. Under these somewhat doubtful circumstances the castor oil and the enema were ordered, whereas, had I been sure that I had a case of unmixed peritonitis to contend against, I should have commenced the opium treatment at once, without any attempt to act on the bowels. Any form of blood-letting seemed out of the question; besides which, had there been more vital power, the period for the advantageous use of that remedy had, in a great measure, passed away, as indeed had all hope of a favourable termination from any kind of treatment.

October, 1852.

\* The uterus, with the diseased and healthy ovary attached, were exhibited to the meeting.

## Proceedings of Societies.

### SOUTH-WESTERN BRANCH.

#### THE DRAFT MEDICAL BILL.

##### REPORT OF THE COMMITTEE OF THE SOUTH-WESTERN BRANCH OF THE ASSOCIATION ON THE AMENDED DRAFT BILL.

At the annual meeting of the South-Western District Branch of the Provincial Medical and Surgical Association, held in Exeter on the 13th of August last, the amended Draft Bill, "To produce uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine," as printed in the *Journal* on the 12th May last, was very fully considered; and as many weighty objections to this measure were then entertained, it was resolved unanimously (especially as this Draft Bill had received the general approval of the annual meeting of the Association at Oxford) to appoint Dr. Pennell, Dr. Shapter, Mr. Barnes, Mr. James, Mr. Delagarde, and Mr. Pridham, a Committee by whom these objections should be duly set forth and submitted to the Central Council for its consideration.

In compliance with the above resolution the Committee begs respectfully to submit to the Central Council the following report.

That the 3rd clause of the Draft Bill is deemed objectionable, because in the appointment of the Medical Council for England no adequate representation of the provincial medical practitioners is ensured, since it neither directs the appointment of any provincial medical practitioners, nor, should such be appointed, (as perchance they might be amongst the number to be chosen by the Secretary of State, or by the College of Physicians, or College of Surgeons,) are the extraordinary expenses, necessarily consequent upon their attendance at the meetings of this body, provided for. The circumstances of medical men practising in the country districts of England widely differing from those of medical men practising in the metropolis, renders it essential to the good government of the profession at large that these former should, in some sort, be represented in the ruling body.

This clause is also objectionable from its entirely passing by all consideration of, and representation by, the Company of Apothecaries; such omission is neither courteous to this Company, which, as the great licensing body of the country, has striven, and most successfully, during many years, to elevate the professional character and social position of the medical profession, nor just to that large body of general practitioners who thence derive their credentials and legal right to practice.

That the 12th clause is objectionable from its not sufficiently securing the monies to be derived directly from the whole mass of the profession; these being, as the clause now stands, vested solely in the Council instead of in trustees thereto specially appointed, and separate from the Council and Examining Board.

This clause is also objectionable from its not suffi-

ciently defining the duties of the Treasurer, nor making provision for the periodical auditing and publishing of the accounts whereby the public may be informed of the monies received, whether by fees, or fines, and of the monies, whether by salaries, or otherwise, ordered to be paid.

That the 14th clause is objectionable, inasmuch as, while (together with Schedule B) it confers the name and title of a Licentiate in Medicine" and grants a "licence to practice medicine" with the express statement that the person so designated and so licensed is "duly qualified to practise medicine," both the title and the licence to practise are, by subsequent enactments of the Bill, (*vide c. xvii. with Schedule C.*) practically set aside.

That the 15th clause is objectionable, as well from its enforcing that of the "four years" to be applied to the study of medical and surgical science "at least three years shall be passed in some University or medical school," as from its omitting to direct previously to the commencing of this required collegiate education some time or form of studentship, together with a matriculation examination, whereby the possession of a previous sufficient elementary medical and general knowledge may be ensured.

This clause is also objectionable from its neither recognizing nor giving any special privilege to the extensive means of education afforded by provincial hospitals, with the exception of those few to which "medical schools" may be attached.

The effect of the above enactment and of these omissions cannot fail eventually greatly to retard the attainment of sound practical information, as well as to be prejudicial to the personal interests of the profession at large. Medical education will thus be virtually, if not actually, transferred to the "Universities," or "medical schools," to the subversion of that excellent and extensive means of practical medical instruction afforded by pupilage in provincial hospitals and apprenticeship under private practitioners, which has so long existed, and which has mainly contributed to form the useful and intelligent class of medical men now practising throughout the country. Doubtless "universities" and "medical schools" are most admirably adapted to convey information in medical science, but they must not be deemed the only sources whence early medical information is to be obtained, and if relied on solely, or even mainly, will fail to produce a useful and practically instructed class of medical men, trained to those habits of business which in the general private practice of this country are no less indispensable to the success of the practitioner than to the safety and satisfaction of the sick he has in charge.

There are also other evils likely to proceed from the exclusively university education. Youth will thus, on the one hand, be too early thrown amongst the excitements of large cities; and, on the other, the cost of this protracted course of a necessarily expensive education may prove so onerous as to render difficult an adequate supply to the country of medical practitioners, while these, having received an extended scientific education, and such as is well adapted, after subsequent practical experience, to form very accomplished physicians and surgeons, will generally be unwilling, or

even perhaps unable, to fulfil the more ordinary and casual requirements of the great mass of the population, and will, moreover, reasonably seek a sphere of utility in other than the more distant and less populous parts of the kingdom where practice is laborious and remuneration inconsiderable. The wants of the public being thus unprovided for, cannot but prove the means of developing a class of irregular and illegal practitioners. In fact, these disadvantages, and from the same cause, are at this very time, to a certain extent, being experienced in the country districts of England.

The 16th clause is objectionable by its withholding from the Council, at its triennial medical congress, all power of altering or modifying that enactment (of the 15th clause) whereby a candidate for the licence to practise shall have "applied himself to the study of medical and surgical science during a period of four years, and that during the aforesaid period the student has passed at least three years in some university or medical school;" it being more than probable (for reasons now stated) that this enactment will prove to be injurious to the interests both of the public and of the profession.

That the 17th clause is objectionable from its peremptorily obliging those who have been examined and licensed by the Council (under the 14th clause) to undergo, in order to registration, a further examination by the College of Physicians or by the College of Surgeons; especially as the Bill in no way provides that these bodies shall be satisfied with the "curriculum" prescribed by the Council as necessary to their own examination. Moreover, by forcibly obliging the "Licentiate in Medicine" to attach himself to one or other of these bodies, it subverts the usage of this country, which has established, both nominally and practically, three divisions of the medical faculty, viz., the general practitioner, the surgeon, and the physician.

This clause, besides rendering those previous clauses of the Bill relating to examination and the "licence to practise" of no practical utility, entirely sets aside that common-sense proposal developed in the Bill formerly framed and "brought in" by Sir James Graham, viz., that, after the completion of a certain course of instruction, and after an examination by a joint board of physicians and surgeons which should qualify for practice, the practitioner so qualified might, after further prescribed study, resort to the College of Physicians, or to the College of Surgeons, and so, after adequate examination, proceed to a higher grade in the profession.

Again, this clause is objectionable from its omitting in any way to allude to or to define the position of those who may in after years have medical degrees conferred on them by the English or other Universities. The degrees thus derived are treated by this proposed Bill, apparently as regards title, and certainly as regards qualification, as worthless; those holding them being actually disqualified from practice unless they shall be registered under this Bill, which can only be effected after an examination by the Council and by the Colleges of Physicians or Surgeons.

The most valid reasons should be assigned for thus obliging, on the one hand, the Bachelors and Doctors in Medicine to undergo these further examinations by

the Council and by the Colleges of Physicians or Surgeons, and, on the other, for withholding the privilege to practise from those whose competency the Council has itself, by its Examining Board, affirmed, and to whom its licence has accordingly been granted.

On reviewing the whole bearings of this clause, it cannot but be regarded as anomalous and unjust; and though its provisions may probably be a means of averting opposition to the Bill generally on the part of the College of Physicians or Surgeons, by guaranteeing to these bodies their present or an increased source of income, yet this will be done at the expense of the future candidates for practice.

That the 18th clause is objectionable, from its obliging medical practitioners annually to apply, and to pay for, the certificate.

That the 19th clause, wherein is directed that "one-half of the monies received on account of the certificates shall be applied to the formation of a Medical Provident Fund," is objectionable in principle, from its making the contributions to a charitable fund compulsory.

J. SHAPTER, M.D., CHAIRMAN,  
Physician to the Devon and Exeter Hospital.

RICHARD LEWIN PENNELL, M.D.,  
Consulting Physician to the Devon and Exeter Hospital.

SAMUEL BARNES, F.R.C.S.E.,  
Consulting Surgeon to the Devon and Exeter Hospital.

JOHN HADDY JAMES, VICE-PRESIDENT,  
F.R.C.S.E.,  
One of the Surgeons of the Devon and Exeter Hospital.

P. C. DE LA GARDE, F.R.C.S.E.,  
One of the Surgeons of the Devon and Exeter Hospital.

EDWARD P. PRIDHAM, F.R.C.S.E.,  
Consulting Surgeon to the Exeter Dispensary.

Exeter, October 28, 1852.

[It will be seen that the greater part of these objections have already been met by the alterations made in the Amended Bill, published in our last number.—  
ED. J.]

## EAST KENT & CANTERBURY MEDICAL SOCIETY.\*

*Cancer of the Pylorus, Peritoneum, Cæcum, Colon, Omentum, and Pleura.*—By Dr. GOOCH.

J. R., aged 60, was admitted into the Canterbury Hospital, February 7th, 1851, in a state of extreme wasting, having for two months rejected every meal, sometimes a few minutes after eating, at other times not for five or six hours. He had several times vomited copiously a fluid of the colour of coffee-grounds, and as frequently a colourless fluid, like that rejected in pyrosis, intensely acid. Severe pain in the stomach preceded each fit of vomiting. No tumour could be felt in the epigastrium. The abdomen was much retracted. He had a clean tongue, which was deeply fissured, but not red or glazed. There had been frequent slimy alvine discharges. The urine was

scanty, and sedimentous, but acid. Pulse 74, small and feeble. Heart-sounds natural. The countenance retained its natural deep-red colour, with no dingy sallowness about it.

He was treated by leeches, blisters, prussic acid, and creasote, with lime-water, at first with relief to the pain and vomiting, so that he could bear a little food; in a day or two, however, he relapsed, looked more worn in the face, and became at times a little delirious. After slight fluctuations of strength and gastric suffering, he died on the eighteenth day after his admission.

*Post-mortem appearances.*—The body emaciated, and devoid of fat. An irregular, puckered, indented cicatrix over the middle portion of the sternum, to which it was intimately connected; this was evidently the trace of old ulceration of bone which had healed. However, the bone under this cicatrix was enlarged, and its cancellous structure occupied by soft medullary substance, which could be readily turned out by the handle of the scalpel; some part of this substance presented a semitransparent appearance, and resembled beef-jelly in colour and consistence. A firm carcinomatous mass enveloped the pylorus, and matted together the surrounding tissues and neighbouring organs; the pancreas was imbedded in it, but was healthy. This morbid growth extended along the walls of the stomach for a couple of inches, and the surface, which slightly projected into the cavity of the stomach, was ulcerated over the greater part of its extent. A section of the disease exhibited the usual appearances of hard cancer. The cardiac portion of the stomach was so digested by the action of the gastric juice, that the coats gave way in lifting it from its position. A portion of the lower part of the duodenum adhered firmly to the pyloric end of the stomach, and it was found that the disease had advanced into the coats of the bowel. Firm cancerous tubercles, of various size, were scattered over the whole surface of the peritoneum; and in some places, especially around the organs in the pelvis, they were aggregated so as to form large masses, which adhered firmly to similar masses developed on other organs, so as to fix them closely together. And further, this diseased structure penetrated these organs from without, and could be traced in several stages invading their coats and tissues. The omentum was converted into a finely lobulated mass, which was puckered up, and adherent to the ascending colon; at the point of contact a deposit of cancer existed, which involved the entire thickness of the coats of the bowels. The solitary tubercles were flattened discs, vascular around their margins, and causing the neighbouring tissue to be somewhat contracted and puckered. A deposit of cancer was noticed at the ileo-cæcal valve, including the neighbouring portions of the ilium and cæcum. Several cancerous tubercles were formed on the pleural surface of the diaphragm and the contiguous surface of the lung. All the other organs were healthy.

*Softened Tubercle in a Fallopian Tube, communicating with the Vermiform Process of the Cæcum, and a softened Bronchial Gland Ulcerating into the Oesophagus and Right Bronchus, in the same subject.*

—By A. B. ANDREWS, Esq.

E. B., aged two years and a half, having dark hair and eyes, and long eyelashes, was quite healthy till September, 1849, when she was about a year old. She was then attacked with whooping cough, which was not severe, subsiding before winter; a cough, however, continued, and the child did not gain strength, remaining feeble and emaciated, with a relaxed state of bowels, which at times was considerably aggravated. In August, 1850, the diarrhoea became more severe, and symptoms of dysentery appeared:—constant straining, with frequent scanty mucous stools, streaked with blood; red blood alone occasionally passing. Under treatment these symptoms improved, but recurred and continued more or less until she died. She lost appetite, and became very emaciated. About a fortnight before death, she was attacked with vomiting, became exceedingly low, lying in bed, and not liking to be disturbed, or to have her head raised. The day before she died a quantity of blood flowed from her mouth. The cough was present during her whole illness, and her hand was frequently placed upon her right side and over her abdomen, apparently from pain in those parts. There was latterly a coloured discharge from the right ear. Two children of this family had died with disease of the bowels, one at fifteen months, the other at thirteen months.

The body was examined three days after death. The *post-mortem* rigidity was absent, the muscles of the abdomen having a slight greenish tinge. The body was greatly emaciated, the outline of the intestines being visible through the abdominal walls. Small, scrofulous tubercles, many of which presented a vascular appearance, were scattered over the surface of the peritoneum, of the parietes, and of the viscera. The small intestines were agglutinated together, and on their surfaces, and in the uniting medium at the situation of these adhesions, there were numerous small tubercles the size of hemp-seeds. Some of these could be readily detached from the lymph in which they were deposited. Several fine filamentous bands of lymph extended between various parts of the intestines; and in a few of these there were tubercles, looking like beads on a string. Both in the large and small intestines there were numerous scrofulous ulcers. The organs in the pelvis were found fixed together in the same manner as the intestines. The ovaries and the fallopian tubes were much enlarged, and were infiltrated with tuberculous deposit. The fallopian tubes were as large as quills, and were much distorted. The right fallopian tube had become adherent to the vermiform process of the cæcum, into which there was an ulcerated opening, communicating with the softened centre of the tuberculous deposit. The lungs were adherent to the chest, and presented numerous patches

of tuberculous deposit, and cavities, in various stages of progress. The bronchial glands were infiltrated with tubercles; and one larger than the rest had softened, and formed two fistulous passages, one opening into the œsophagus, the other into the right bronchus.

*Purpura of the Lungs in a Child affected with Hereditary Syphilis.*—By A. B. ANDREWS, Esq.

A male infant, six weeks old, weighing at its birth 10 lbs., two days after it was born had purulent ophthalmia, which continued for a month. About the second week an herpetic eruption appeared on the face; at the same time one of the thumbs was scratched near the nail, inflamed, and ulcerated, the nail being destroyed. The other thumb ulcerated without apparent cause, and the nail was also destroyed; the ends of both thumbs remained considerably enlarged. Before the eruption on the face disappeared the fauces and nares became inflamed; a slight discharge issued from the nose, the fauces were congested, and the child breathed entirely through the mouth. The child was very fretful and restless, and gradually dwindled to a mere skeleton.

The mother is a stout plethoric person, and very irregular in her habits, being little else than a prostitute, though married. She has had syphilis in its primary and secondary forms. She has had seven children, of whom only one survives. One child died rather suddenly with symptoms of disease of the head; the other children became gradually emaciated and died.

*Post-mortem examination.*—The body was very emaciated; the outline of the intestines was delineated on the surface of the abdomen. A few small purple spots were observed in the skin of the arms; none were observed elsewhere; and it was difficult to determine that they were not the remains of flea-bites. There was an absence of fat in all the tissues. The uvula, fauces, and posterior nares were purplish from congestion; this appearance terminated about the glottis. The mucous membrane was not softened or ulcerated. The heart was natural; the foramen ovale was patulous by a valvular slit at its margin, which would admit a large probe; the ductus arteriosus was corrugated and contracted, but pervious. The lungs (more especially the left) presented on their surfaces numerous spots of purpura, varying in size and form; some of them seemed limited to one lobule of the lung, whilst others occupied several; in many the colour diminished in shade towards the margin; the surface of the lung was neither raised nor depressed by these spots, which felt slightly firmer than the surrounding natural tissue of the lung. On making a section of the lung, the deeper tissue was found more extensively discoloured by blood, but still presented a more or less patchy appearance; in the posterior portion of the lower lobes, especially the left, it was difficult to determine that the appearances were not due to an early stage of pneumonia. The trachea and bronchi were natural. About the centres of the upper and lower borders of

the greater numbers of the ribs there were streaks of ecchymosis, some nearly an inch long, which being broad in the middle, tapered to the ends; those placed on the upper margins of the ribs were the largest. The abdominal organs were healthy, and no spots of purpura or ecchymosis were noticed anywhere else.

*A Foreign Body declared by a Patient to have become Lodged in the Trachea, and extensive Follicular (?) Ulceration of the Œsophagus discovered,—post-mortem.*—By A. B. ANDREWS, Esq.

R. B., aged 84, singular and irregular in his habits, said that twelve months before his death, which occurred on the 19th of March, 1851, that whilst eating some cherries from some cherry brandy, he accidentally swallowed a cherry-stone, which went into the windpipe. Although, from the absence of any peculiar symptoms, he was informed of the improbability of the occurrence, he always maintained his assertion. He experienced uneasy sensations about the throat, which he referred to the presence of the stone; and he often declared that he could feel it in certain parts of his throat. He had a cough, and for some period before his death he hawked up a purulent fluid. On February 19th he was attacked with erysipelas of the foot, from the effects of which he died. In fulfilment of his own request, his body was examined, in order to search for the cherry-stone.

The trachea, bronchi, and lungs were carefully examined: they were healthy, and contained no foreign body. Some long bands of adhesion existed between the pleural surfaces of the right lung. The œsophagus contained some thick muco-purulent fluids, and, from a point just below the termination of the pharynx, to the cardiac orifice of the stomach, was studded with numerous ulcers, most of which were small, had sharp, irregular, abrupt edges, and completely penetrated the mucous membrane; they appeared as if pieces of the membrane had been punched out. The larger ulcers seemed to be formed by the coalition of the smaller ones. The stomach was free from ulceration, but presented several isolated, irregular patches, of vascularity; so intense in some instances as to convey the idea that blood was effused under the mucous membrane. The man had been noted as a great beer drinker during life.

*Hydrocephalus, with Spina Bifida.*—By Mr. RIGDEN.

A female child was born, with the above deformities, April 18th, 1851, being the fourth child of its parents. All the other children had been born healthy, and well developed. The father, soon after his wife had conceived with this child, became afflicted with ascites, from diseased liver, and the mother throughout her pregnancy had been much disposed to dropsical effusion. Both parents are temperate in their habits, and are water-drinkers. The child, when born, though otherwise plump and well-developed, presented a large head, and a spina bifida, about the size of an egg, in the

lumbar region; it was not very prominent, and was covered with thin skin having no cuticle. There was paralysis of the bladder, and of the lower extremities. The child took the breast, and other nourishment, well, but continued to lose flesh, whilst the head increased considerably. The only change that occurred in the tumour of the loins, was an alteration in the appearance of the surface, so that it seemed to be covered with a more natural integument. When the child was about six week's old, a puncture was made with a common needle into the anterior and posterior fontanelles, and also into the sac of the spina bifida; about two ounces of serum escaped, with no apparent benefit to the child. The parents would not allow any other treatment to be pursued, and the child died at the age of ten weeks.

*Post-mortem examination.*—The bones of the head were separated by considerable intervals, and the entire head was soft and fluctuating. In removing the calvarium the brain was injured, and a large quantity of straw-coloured fluid escaped. The arachnoid appeared natural. There was no trace of the convolutions of the brain, which were flattened out into a uniform surface. The lateral ventricles were dilated into one large sac; a trace of the prominence of the corpora striata, and a still slighter one of the thalami optici, were all that could be distinguished of the objects usually seen. The membrane of this sac was much thickened, soft, puckered, and flocculent. The cerebral substance surrounding this sac was a quarter of an inch thick. The spina bifida occupied the whole lumbar region. There was a fissure in the posterior part of the spinal canal, which included the last dorsal and five lumbar vertebrae. The membranes of the cord were united into one layer, forming the pouch containing the fluid; and the nerve-trunks, which constituted the spinal cord, were spread out in the sides of the sac. There was no lumbar plexus found on dissecting into the psoas and quadratus lumborum muscles; but two or three filaments, which might have represented some of the cutaneous nerves of the abdomen, were found, and branches of the sympathetic nerves could be traced uniting with them at the point where they issued from the spinal column.

## BIRMINGHAM PATHOLOGICAL SOCIETY.

JULY 1ST, 1852.

GEORGE YATES, ESQ., IN THE CHAIR.

*A very Remarkable Series of symptoms of Disordered Circulation, and finally of Disorder of the Nervous System, from Degeneration of the Heart.*—By Dr. RUSSELL.

Miss P., aged about 60. I was called to her about February 9th, 1852. She had been seized with a very severe attack of dyspnoea just after she had gone to bed, before going to sleep. The weather was cold, and

she had no fire in her chamber, and had gone to bed without having her bed warmed, as was her custom. At the time I attributed the occurrence of the attack to this circumstance. I saw her in about half an hour afterwards. She was sitting upon the bed, leaning upon a friend, in great alarm, anxiety, and distress, breathing rapidly and with difficulty, but entirely free from anything like asthma; her breathing gave me the idea of air not passing through in sufficient quantity, or with sufficient rapidity. Her pulse was rapid, quite regular, and remarkably firm and resisting. Her extremities were cold; her face and fingers livid; the veins of her neck were distended with blood. She was perfectly sensible, and had no pain. Though her state was then so alarming, it had been much worse; she was then in process of recovery. The attack set in with severe palpitation, which lasted for five minutes. There was some crepitation at the back of the chest, but no sibilus nor other unhealthy sound. The attack subsided very gradually. She coughed several times, and expectorated mucus, with some blood. Next morning at ten she was coming down stairs, and was pretty well. The present was not the first of her attacks: the first one occurred last April; it came on without warning as she was walking in heavy rain and high winds. It was not very severe, though she was obliged to go into a house for a short time. The second was about three weeks after; it occurred (as did all the subsequent ones) while she was in bed. She was free from them during the summer; but they returned in November; and the first she then had was of great severity. The weather was very cold. After another less severe, there was none of importance until the present one. Her breathing, however, was easily affected; she could not meet the wind; and she found that her breathing was affected if she mounted the stairs before breakfast. She has been obliged to confine herself to the house from this circumstance for the last two months. In December I examined her chest carefully, but could not detect anything wrong. She was under the constant care of my father. She is of spare habit, of a nervous temperament, has a pale complexion, is easily apprehensive and depressed. She has no arcus senilis, but her right eye has an opaque white semilunar band, about a line and a half broad, at the upper and lower edge of the cornea. Her health has been good, excepting that a few years ago she ruptured some of the muscular fibres of one leg, which confined her to the house, I believe, nearly two years. On examining her chest, I found no extension of the ordinary cardiac dulness; the first sound of the heart was decidedly feeble and blunt, the second sound was ringing. Respiratory sounds were natural; the carotids, and especially the artery at the wrist, were remarkably tortuous.

February 12th.—Face beginning to lose its dusky tinge, the remains of the last attack. Her pulse was still quick; it had a remarkable degree of resisting power, which particularly attracted my attention, in contrast with her feeble and distressed state. Two blisters had been applied unsuccessfully; I now tried a



third. Sum. ter die.—R. Tinct. Ferri. Sesqui.-Chlor., gtt. v., to be gradually increased. Nutritious diet, two glasses of sherry, and a fire in the bedroom.

13th.—The third blister did not rise. Pulse unchanged; same lividity; she is very low and depressed. Continue medicine.

20th.—She has been slowly improving, and as she mends her pulse becomes softer. Eats and sleeps well.

24th.—Another attack last night. It came on with oppression; then a rattling in her throat, and violent retching to expel mucus. She expectorated a good deal of mucus. The fit subsided, with copious and frequent micturition, and large development of flatus. My friend, Mr. Simons, who saw her, described the fit as having been of the most alarming character; he thought she would have died. From the great strength of the pulse, and the very loaded veins, I had ventured to suggest a careful trial of venesection in another attack; this, however, Mr. Simons feared to attempt on the present occasion; and leeches to the root of the throat were found impracticable. This morning she is comfortable; no blueness. Continue the iron.

March 3rd.—Again an attack last night, of less severity, but of longer duration.

9th.—An attack last night. Lately she has been complaining of numbness in her hands. Her pulse still presents the remarkable firmness noticed before.

15th.—Again an attack last night. Every attack leaves her much depressed; and her state of depressed spirits and irritability has been a very troublesome symptom.

I made no particular notes until April 11th. She went on much as before; only able to creep up and down stairs; often obliged to sit up in the night for several hours, from short breath and apprehension of another attack. Appetite tolerable; bowels regular; the face is pale, often much worn, sometimes leaden. I found her urine light-coloured, loaded with pink lithates of natural specific gravity, slightly albuminous, but without any particular microscopic appearance. I have continued a tonic treatment, employing various agents, with ammonia and æther occasionally.

April 11th.—She has had an attack on each of the last three nights. For the last week or two her nights have been much disturbed; she has always had an attack every third night or oftener; and is beginning to suffer from want of sleep. She can scarce move up stairs; the day before I witnessed much distress with pallor and palpitation occasioned by mounting a small flight of stairs. She complains of short breath when swallowing food.

13th.—Last night was the fifth night in succession of the occurrence of an attack. She looks quite ghastly from want of sleep; she can scarcely lie down at all.

15th.—In a most distressing state. A pale anxious face, and great mental depression. Examination of chest and abdomen discovers nothing beyond what is stated above. I have feared to give her opium, from her tendency to lividity, and from the fact that a small dose early in her illness caused unpleasant symptoms. I now, however, began with a small opiate every night.

17th.—No improvement. Quite unable to lie down. She has begun to have oedema of the ankles.—R. Morphia Murialis, gr.  $\frac{1}{4}$ , h. s.

18th.—The morphia procured sleep, and she lay down while sleeping; but she is still in a wretched state. She says that the shortness of her breath prevents her from uttering many words in succession. She has not had another attack for four nights, since she begun the morphia.—R. Murph. Mur., gr.  $\frac{1}{4}$ , omni nocte.

24th.—The oedema has increased very rapidly. No return of her attacks. She has some sleep at night; though, when not under the influence of morphia, she cannot lie down. The aspect of her face has improved considerably.

30th.—Had no opiate last night; she could not lie down all night, and she had an attack whilst dressing. She now remains permanently up stairs. Oedema of the legs very great. Urine as before. In talking she has to pause continually for breath.

May 8th.—Last night she took no opiate, and she suffered from dyspnoea for two hours; her friends described it as panting; it was so bad that she thought herself dying. The opiates produce very unpleasant effects; they give her disturbed sleep, but render her quite delirious. She does the most extraordinary things in the night; and during the day their continued influence oppresses her very much.

16th.—In great distress for breath. She sits in a singular posture, with her head much bent forward, constantly panting. A severe attack of dyspnoea the last two nights. She has given up the morphia, on account of its very distressing effects. Her mental state now assumed a peculiar character, which I will describe in a future report.

18th.—She seems dying. There is much fullness of the veins, but lips not leaden. There is less oppression of the chest. For the last three days her inability to lie down has become peculiarly distressing. She sits up constantly, with her head quite bent upon her chest; she never raises her head when she speaks, and she is fed in this posture. Her neck is quite bowed by her strained position. Yesterday there was a good deal of distress in breathing. To-day Dr. Fletcher saw her with me: he detected nothing further in the state of her chest; he especially noticed the tortuous state of the carotids.

19th.—Sits in her chair night and day, her chin upon her chest. Much less leadenness of her face.

23rd.—She is in a state of extraordinary mental derangement. She has had no opiate since the 14th, on account of the extreme disorder it produced by night; but since the 14th she has been delirious each night, but generally rational by day, though disordered at times. She was, however, possessed with the idea, which she constantly maintained, that she was encircled by a galvanic wire; she several times spoke to me about it, and to-night asked me, with great solemnity, if I believed in galvanism. On the night of the 21st, however, she was violently maniacal; she was possessed with the idea that Dr. Fletcher and myself had engaged some one to destroy her. She shrieked out, drove the

servants away, and clung to her friend, with a face expressive of the wildest horror and affright; her entire behaviour is of the wildest description. She called down God's curses upon her persecutors, and exclaimed that the nurse had called in that horrid form to attack her. She had had less stimulants than usual in the evening, for she had told her friend that she was going mad, and made her promise not to give her brandy, of which she usually took a little three or four times a day, if faint. On the night of the 22nd she took a morphia pill (Morph. Acet., gr.  $\frac{1}{2}$ ); the night was passed in her chair, as were the two preceding ones. During the first part she was in a kind of lethargy; early in the morning she again awoke in high excitement, but now with a strongly religious turn; her mind was occupied with the spiritual world, and through the day she talked continually, and to a great extent coherently, on this subject, and in the evening was running on incessantly in a low voice to one or other of us, holding our hands until we removed them, and whispering in our ears, or writing coherently, though quite irrelevantly, upon paper. There is still a sense of danger in her wanderings. Her posture has undergone a remarkable change; from having been constantly bowed down forwards, she now sits erect when she speaks to us, and looks in our face. Her lips are red, her face pale and haggard, pupils small, eyes not congested, pulse not very feeble. She takes brandy occasionally.—Repeat Morphia.

May 24th.—Yesterday and to-day more quiet, though still deranged; last night her nurse induced her to go to bed; she lay flat all night, and does so now, without the least distress; some sleep in the night; face wild; breathing calm; pulse more feeble, 26; lies quite easy; mind still wanders; sinking,

27th.—No sleep last night; mind more collected; lies quietly; much diarrhoea; no opiate last night.

28th.—In consequence of the diarrhoea, the oedema of the leg which was extreme, has entirely disappeared in the last two days. The diminution began with a copious diuresis, which preceded the diarrhoea. She died on the 30th of May.

*Section-cadaveris 26 hours after death.*—(Edema entirely subsided from the leg; decomposition considerably advanced; emphysematous crackling beneath the skin. Some old and firm adhesions at the apex of each lung, two calcareous masses in the upper lobe of the right lung, each the size of a small hazel nut; they were imbedded in the pulmonary tissue, each surrounded by a thin membrane, from which there was some difficulty in separating them. The apex of the right lung was a little puckered, but there was no appearance of a cavity having healed, nor was there any sign of tubercular disease. In the left lung was one small calcareous concretion, about the size of the millet seed. The pulmonary tissue was very dark throughout, and the lower lobes of both lungs were so loaded with blood, and crepitated so imperfectly, that they seemed to be only prevented from sinking in water by the *post-mortem* emphysema. Bronchial tubes quite healthy. The heart was very much enlarged, but was much covered by the

lungs, which had advanced; it had also sunk so as to occupy a lower position in the chest than natural. The right auricle contained a good deal of blood; the right ventricle less; the left side was empty. The enlargement of the heart was caused principally by the left ventricle, which was partly hypertrophied and considerably dilated. The hypertrophy affected the wall and not particularly the *carnea* columnae. The left auricle was also very much dilated; the valves were all healthy. The tissue of the heart had a peculiar colour, which would be imitated by a copious admixture of yellow ochre with light red; it was exceedingly flabby, its state of commencing decomposition forbade an opinion of its consistency. The coronary arteries were in their usual numbers, they were much thinner than usual, and unusually capacious; their openings at the aorta were much thrown into folds. The aorta and its primary branches were dilated, this was especially evident in the carotids, which were much larger than usual, they did not present any appearance of tortuosity. In the abdominal aorta there were two or three patches of atheroma, and one or two large patches of complete calcareous degeneration. There was a sparing deposit of atheroma in one or two of the primary thoracic branches. The pulmonary artery was natural. The liver and kidneys were healthy; all the intestines were firmly bound together by cellular adhesions, evidently of very long standing; I could not learn that she had ever had an attack of inflammation of the bowels.

Members of her family have died of consumption, and a brother of diseased heart, it is stated.

The microscopic examinations were not satisfactory, owing to previous macerations and to the decomposition. The heart was placed at once in wood naphtha, and the examination was of necessity delayed for nearly a month. There was no trace of fat among the muscular fascides. The fascides themselves preserved their usual form unchanged; but there was a marked difference between the tissues of the right and left ventricle: of the left ventricle the fascides presented much of their usual appearance; the transverse striæ were not so universally distinct as natural, but this might be due to the action of the spirit. Of the right ventricle, although many of the fascides presented a healthy aspect, the larger proportion of them had their fibrous tissue much confused, and presented little of the transverse striæ. There was an abundance of small globules, with very dark outline; they affected a linear arrangement, each series paralleled the other; but in parts they were irregular, and without any definite direction, more or less completely filling portions of the sheath; between them the tissue presented no marked character. There was a good deal of debris surrounding the specimens. This appearance was less apparent at the apex than at the body of the organ. On account of the uncertainty arising from the heart having been previously macerated for so long, and of the fascides preserving their healthy form and size, and of the absence of fat, I hesitate to draw any inference from these appearances. The difference between the

two ventricles was very decided, and the examination was made with great care. I should have added that acetic acid rendered the structure very transparent, but did not reveal any new element. Supposing the right ventricle to have degenerated, the attacks would be explained by the occasional failure of the right side of the heart, embarrassing the lungs by not sending the usual supply of blood, and at the same time producing congestion in the systemic veins; the state of the large arteries would explain the hypertrophy, and the hypertrophied ventricle explains the peculiar firm pulse. The very remarkable state of insanity at the close of the case, was probably, in part, due to exhaustion from want of rest, aided, perhaps, by the condition of the heart. It is curious, however, that it came on with its chief severity after rest had been given by opiates for some time; it began on the suspension of the opiates, and was relieved again by their readministration. The perfect removal of the distressing posture she was obliged to assume, and the inability to lie down towards the last is very remarkable; certainly it was not due to the resumption of the opiates; and the cause of the inability to assume the recumbent position for so long a time before her death, is itself not explained by the *post-mortem* appearances.

### Correspondence.

#### ON THE RELATIVE VALUE OF MATERNAL AND FŒTAL LIFE.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—On reading your strictures on "Dr. Murphy's Lectures," and Mr. Edgar Sheppard's observations on *maternal and fœtal* life, I do not observe much difference between you, as to the *acknowledged importance* of the *former*, when put into competition with the latter, since each of you allow, that when it is *clearly ascertained* that the sacrifice of one must be made to save the life of the other, that of the *mother must be preferred*. Who then "holds the scales?" Can any practitioner doubt—has any ever doubted, on this point of practice? I boldly answer—No! I have been in very extensive midwifery practice for five-and-forty years; I have never found in the practice of other medical men, who have consulted me in such cases, any hesitation or doubt on the subject, and decidedly never had any in my own.

But you, Sir, seem to infer that such sacrifices may be made hastily, and that by the admission of the mother's life being the most valuable, the comparatively less important one of the unborn fœtus may be mercilessly sacrificed! *Credat Judeus* No, Sir. I aver that this is a gratuitous assumption: the members of the profession practising midwifery, are too deeply interested, too feelingly alive, too morally inclined, too humanely attached to the infantine life, ever to permit on any occasion, the sacrifice of that life, where their strenuous and earnest endeavours can prevent it. They

do hold the scales, and I hope *pseudo-philanthropy* with them, will ever kick the beam.

You say, also, that it is *not-right* to *destroy* the child, as soon as the mother's life is endangered, that the accoucheur is to *wait* till it really is, for the precarious chance of saving the child's life; and you justly say, "the law of God and man alike tells us, we shall not kill, and that a greater warrant is required, than the *mere accidental estimate* of the value of the life involved." Accidental estimate? No: sound logical deduction from well ascertained premises.

Wait not, when the mother's life is at all endangered, till you are satisfied that it will be sacrificed, before you rescue her by killing her child; if you *do*, and the mother dies, who then has disobeyed the law of God and man? To illustrate this, I report to you three cases that have very recently occurred to me in my practice here with my nephew, Mr. Robert N. Day, M.R.C.S., and L.A.C., at Harlow.

Mrs. H., aged 30, had been delivered of two children at the interval of a year between each, attended by two different gentlemen, and each time craniotomy had been performed, on account of the abnormal projection of the promontory of the sacrum; she was told by each medical attendant, that if she was ever again *enceinte*, it would be necessary, to insure her life, that her labour should be brought on at seven months. On being consulted, I obtained the particulars of her case from her former attendant, and agreed at the proper time to do the needful.

On the 19th of October last, I went with Mr. Day to her house, intending to dilate the os uteri with the compressed sponge tent and probe used for that purpose, but having easily found it over the pubes, I was able to dilate it with my finger, so as to admit the spring stilet, with which I punctured the membranes. In thirty-six hours labour began, but the os being rigid, I smeared it over with the extract of belladonna, mixed with lard, which had the desired effect of relaxing it in an hour, when I gave a dose of the essence of *secale cornutum*, and in another half hour the child was expelled and the case did well.

The second case occurred on the 21st of October last. Mr. Day sent for me to Mrs. B., aged 28, who had borne two children, she had been in labour twelve hours; the pains were severe but the head had not made any progress for more than six hours. There being much hæmorrhage I used the forceps at once, and speedily accomplished the delivery, saving both mother and child.

The third case was a very severe one. Mr. Day sent for me on the 6th of November instant, to a Mrs. C., aged 39, who had borne ten children, but had been injured in her back some eight months ago, and had not been able to move about during the last three months: she had been twenty-four hours in labour, and the head was firmly wedged at the brim of the pelvis, the last dorsal vertebra and the sacrum projecting so much, there was scarcely room for my two fingers to pass; after waiting some time, and the woman becoming much exhausted, I felt assured she would die, unless delivery was speedily accomplished. I failed in endeavouring to pass the vectis, and also the forceps from want of room, and the only alternative was craniotomy.

After using the perforator and passing the crotchet into the cranium, I was unable, though I had a firm hold, to move the head, and after breaking down the os frontis and parietalia, it required very considerable traction to bring it down, which was, however, safely accomplished, and the poor woman is doing well. I mention these cases, and I hope you will publish them, to show by the first that it is "*necessary in all cases*," where the pelvis is so small as to cause *any danger* from delivery at the *full period*, to bring on premature labour at *seven months*, though you say not! By the second case, where there is danger to both mother and child by procrastination, to advise no time to be lost, but at once to save both by the early use of the forceps. By the third case, to *insist upon the fact* that it is *necessary to destroy the child* by craniotomy, to save the mother's life, and this is *not murder*, but if it is *not* done and the mother *dies in consequence*, if it is not murder, it is culpable homicide!

I am, Sir, yours truly,

WM. COLLYNS, M.R.C.S.

Harlow, Nov. 11, 1852.

#### THE AMENDED DRAFT BILL.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—The appearance of the "Amended Draft of the proposed Medical Bill" in the pages of the last number of the *Journal*, and your invitation for communications respecting it, reminds me of having hitherto neglected to direct your attention to a monstrous abuse peculiar to the medical profession, for which it does not, in my estimation, provide a sufficient remedy. I allude to the practice of charging high prices for medicines as a remuneration for professional services. Clause 23, indeed, empowers registered persons to recover reasonable charges for advice, visits, and medicines, and Clause 24 prohibits any other person from doing so; and this is all very proper and desirable, and would seem necessarily to lead to a discontinuance of the old system; but why leave to chance that which might so readily be reduced to certainty—why not *prohibit* a practice that is in every respect so objectionable? If medical men *will*, or *must*, supply medicines to their patients, being empowered by law to recover for professional services, it surely can be no hardship to require them to supply those medicines at the druggist's price; there need not be *two* prices for the same thing, and if the druggist's price is to be regarded as the fair market price, I would have such to be the only price recognized by law. And suppose it should result that medical men, when properly paid for their professional services as a separate item, should be able to supply medicines for *less* than the druggists' present charge, it may be no loss to the public to discover that their friends the druggists have hitherto made more free with their pockets than fair dealing could in all cases justify. There is no doubt that medicines may be supplied for less than the generality of chemists and druggists now charge for them, and that medical men may be able to supply them at a very low

price without any disadvantage to themselves, when properly paid for their professional services. I would not advocate the supply of medicines gratuitously, but in common honesty they should be supplied at a reasonable profit, and not as heretofore, at double, treble, five, or ten times as much as they are worth. A few additional words in Clause 23 would accomplish my purpose, and at once effectually annihilate one of the greatest evils the profession has hitherto had to deal with. You may possibly argue that the clause as it stands is calculated *ultimately* to do this. I admit that such ought to be its effect, but am unwilling that so important a result should be left to chance. Besides, there would be this advantage likely to arise from the prohibition—it would clearly demonstrate to the public the *necessity* for the change of system, and by placing our professional services in their proper and legitimate position, tend much to enhance the *status* of the profession in public estimation. And if it be objected that the profession will soon cease, after the passing of this Bill, to supply medicines to their patients altogether, I meet the objection by the assurance, that in small country towns and rural districts this will be found for the most part impracticable.

There is another point unprovided for in the Bill, and that is, quackery—quackery in the ranks of the profession: but Sir James Graham, who so unwisely distinguished himself as the patron of quacks and quackery, has, I suppose, rendered these gentry all but invulnerable; they must therefore of necessity, on the present occasion, go free, or be dealt with in a different way. It does, however, appear to be a good opportunity lost, not to invest the Medical Council of Clause 3 with *power* to decide what is legitimate in practice and what is not, and to punish those who are guilty of thus offending, by suspending their licence to practise, and by erasing their names from the registry. Such authority might, too, occasionally prove of great importance in the department of forensic medicine. I offer this latter suggestion, however, with considerable diffidence; and begging the Council of the Association to accept my thanks as one of the medical community for the pains they have taken to bring this long subject of agitation to a satisfactory conclusion, and with every desire to see the consummation of our wishes effected,

I am Sir, yours, &c.,

JAMES COLE.

Bewdley, Nov. 16, 1852.

#### THE CASE OF MR. COX.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR—My attention has been arrested by your report of the "Proceedings" of the "Bath and Bristol Branch" in relation to Mr. Cox, to whom, as well as the other gentlemen who spoke on the occasion, I am a stranger. "To err is human." It is admitted that a surgeon's claims for remuneration are, within reasonable limits, discretionary. A demand made under excitement caused by the misconduct of a patient for services meant at first to be gratuitous, is an offence so venial,

especially when acknowledged with regret, that if the Council wipe it from the tablet of their memory they will not damage "the honour of the Association" half so much as by persisting with affected liberality, but *severity* of intention, in an ill-sustained charge of fraud. The sentiments expressed by Dr. Symonds are entirely my own. Indeed, I may go farther: for though I am not disposed to extenuate the indiscretion of Mr. Cox, I deem him entitled to sympathy, since he has suffered from the groundless assertion that gonorrhoea and syphilis cannot coexist. Several times in my practice has this complication occurred. Last year a gentleman consulted me for a sharp attack of the former: the glans penis could not be fully exposed, chancres remained for some time undetected, and, in due course, secondary symptoms supervened. I doubt not that many of my professional brethren can adduce similar cases, and will acquit Mr. Cox of the graver portion of the charge. In relation to the rest, who shall cast the first stone at him?

I remain, Sir, your obedient Servant,  
M.D., F.R.C.S.

SIR,—The Report of the Council will inform your readers that Mr. Cox has *withdrawn* from the Provincial Medical and Surgical Association. This step on his part, in the opinion of the Council, rendered further investigation unnecessary, and therefore we were not called upon to say anything on the subject.

In taking leave of this unpleasant affair, we beg to put before the profession the following statements, to the *truth* of which we pledge ourselves.

We went to the trial of Bourn v. Cox reluctant witnesses, without any previous communication with each other, or with the plaintiff, and without the slightest intimation as to what would be the nature of the questions proposed to us. We did *not* assert that syphilis and gonorrhoea could not possibly coexist. We *know* that the Jury were not influenced in their decision by any medical opinions about the coexistence of syphilis and gonorrhoea.

FREDERICK FIELD,  
JOHN S. BARTRUM,  
CHAS. ALEX. HARRIES,  
EDWIN SKEATE,  
EDMUND L. BAGSHAW.

Bath, Nov, 16, 1852.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—In the report of the Meeting at Bristol in your last *Journal*, p. 589, I have just read with inexpressible surprise the following words of Mr. John Barrett:—"As to the operations, a young man whom he (Mr. Barrett) saw at the Court, named Biggs, he believed had stated that Bourn had admitted to him that the bougie had been passed." In answer to this I have only to declare *most positively and distinctly*, that Mr. John Barrett's statement has not the *slightest foundation in truth*, and is, indeed, exactly contrary to fact, as the only remark I made to Mr. B. was, "that having had a conversation with Bourn relative to his

disease, and *he having omitted all mention of the use of the bougie*, I believed (as I still do) that it had never been employed."

Leaving your readers to judge whether Mr. B.'s statement *could* have arisen from mistake, or whether it had any purpose in view, and relying on your well known impartiality to insert this letter in your next publication.

I remain, Sir, yours very obediently,  
ROBERT BIGGS.

Charing Cross Hospital, Nov. 18, 1852.

### AN URGENT CASE OF DISTRESS.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—Under the high sanction of the name of the Treasurer of your Medical Benevolent Fund, I venture earnestly to entreat permission, through the medium of your journal, to appeal to every lady, whose husband is a member of the Provincial Medical and Surgical Association, to co-operate with me in endeavouring to further the cause of benevolence on behalf of the unfortunate widow lady whose case was advertised in your last journal.

I am sure that the heart of every wife and mother must have responded to that touching appeal, and that each one has been ready to exclaim,—"What can I do?" I would humbly beg an indulgent ear to a suggestion which this feeling has prompted in my own mind,—that if each lady were to contribute twelve postage stamps, the sum, though small individually, yet collectively would form a considerable addition to the fund which is now being raised for the benefit of the poor widow and her destitute family, and we should each have the satisfaction of feeling, that by casting in our mite we had assisted towards relieving one of our afflicted sisters from that heavy weight of woe which, from my personal knowledge, is now crushing her to the earth.

The answers of those ladies who may kindly approve of my suggestion, will be most thankfully received by Mrs. D. POWIS, Cookham, Maidenhead; Mrs. T. B. WINTER, 28, Montpelier Road, Brighton; Mrs. NEWNHAM, Farnham, Surrey.

I am, Sir, your obedient servant,  
CAROLINE NEWNHAM.

Farnham, November 12, 1852.

## Foreign Department.

### GERMANY.

THE CHEMICAL CONSTITUTION OF COD-LIVER OIL.

WINCKLER has published his investigations on this subject in a recent number of "*Buchner's Repertorium*." He has ascertained that cod-liver oil presents certain peculiarities of composition which distinguish it from any other fatty remedial agents. When saponified by *potash* it becomes disintegrated into oleic and margaric

acids and oxide of propyle; but when saponified by oxide of lead, it separates into the two aforesaid acids, and propylic acid; no glycerin (hydrated oxide of glycyle) being set free in either case. Hence, in cod-liver oil the glycyle is replaced by propyle, which consists of six atoms of carbon and seven of hydrogen. Hence cod-liver oil is the only officinal oil which can form propylamine with ammonia, and as ammonia is contained in certain of the animal juices, this compound is probably formed in them. Winckler has actually detected it both in the sweat and urine. [We may observe that Wertheim has ascertained that the brine in which herrings have been pickled contains very considerable quantities of propylamine; and that Dessaignes has found it in *chenopodium vulgare*—a plant which resembles pickled herrings in smell, and formerly was in great reputation for diseases of the female generative organs. Very probably this compound exists in the secretion of the vaginal mucous membrane.]—*Schmidt's Jahrbücher* Bd. 75, No. 2.

NEW PRESCRIPTIONS FROM THE PHARMACOPŒIA  
FENNICA—(Ed. 2nda, Helsingfors).

1. *Adeps Benzoinatus*.—Let one pound of prepared lard be melted with two drachms of gum benzoin, and the mixture be strained. The gum benzoin prevents the lard from becoming rancid.

2. *Emplastrum Ammoniaco-scilliticum*.—Let forty parts of gum ammoniac be mixed with eight pints of vinegar of squills, and evaporated to the consistence of a plaster.

3. *Emplastrum Saponaceo-plumbicum*.—Let ten ounces of shavings of Castile soap be dissolved in forty-five ounces of olive oil; add nine ounces of white lead (the carbonate,) and a pound and a half of red lead (the red oxide); heat the mixture over a fire till it is perfectly dissolved, and assumes a brown colour; then add an ounce and a half of Venice turpentine.

4. *Emulsio Guaiaci, seu Mistura Antiarthritica Bergeri*.—Let two drachms of powdered gum arabic, four drachms of guaiacum resin, and an ounce and a half of white sugar, be dissolved in nine ounces of peppermint water.

5. *Emulsio Salina*.—Let three drachms of tartrate of potash be dissolved in one pint of milk of almonds.

6. *Hydras Magneticus in Aqua*.—Let three pounds of sulphate of magnesia be precipitated by a solution of potash, and sufficient water be added to the washed precipitate to increase its weight to seven pounds.

7. *Liquor Sulfatis Ferrici*.—Let eight ounces of sulphate of iron be mixed with an ounce and a half of sulphuric acid and eight ounces of water, and be oxidized with nitric acid; let water be then added till the mixture weighs two pounds. From two drachms of this liquor, three drachms of water, and seven drachms of the preceding *hydras magneticus*, we may at once obtain the hydratid peroxide of iron used in cases of poisoning by arsenic.

8. *Syrupus Hydrargyri*.—Let one drachm of metallic mercury be triturated with three drachms of gum arabic, three of sugar, and two of rose-water,

till all metallic globules have disappeared, and then add four ounces of common sugar. Useful in the syphilis of children.

9. *Syrupus Oryzococi*.—Prepared from the fresh juice of the berries of *vaccinium oxycoccus*.—*Schmidt's Jahrb.*, Bd. 75, No. 2.

ON THE NERVES OF THE HEART.

Dr. Cloetta has carefully dissected the nerves in the human heart, and in the hearts of calves and oxen, and his results, in a great measure, confirm the statements of Dr. Robert Lee.

In the mammalia there lies between the pulmonary artery and the aorta a large nervous plexus, from which numerous branches pass to the auricles and ventricles, some running superficially, and others in comparatively thick cords entering the septum. On the auricles and on the auriculo-ventricular septa the nerves form plexuses, and ganglia are present. The superficial nerves may be very distinctly perceived in the hearts of oxen and calves, but are best seen in the heart of the foetal calf; they present little regularity either in their number or in their course. In the calf they form a distinct net-work; in man they are extremely difficult to demonstrate. In the ox and in the calf the superficial nerves present a number of flattened dilatations at the points where they traverse vessels; and these seem (according to Cloetta) to be the structures which Lee regards as ganglia; a microscopic examination shows, however, that they contain no ganglionic cells. The left ventricle is richer in nerves than the right; Cloetta was unable, from the want of any very good specimens, to determine whether in the human hypertrophied heart the nerves grow in the same ratio with the muscular substance. He could often perceive the nerves of the endocardium with the naked eye. He was unable to find the fascia cordis, which according to Lee, must be removed before the nerves are dissected.—*Cloetta in Verhandl. d. Med.-Phys. Ges. zu Würzburg*, vol. iii., No. 1.

ON OPIANINE, A NEW BASE IN OPIUM.

A Vienna apothecary was recently preparing morphia from a specimen of Egyptian opium; with the morphia which he obtained there was mixed another alkaloid, which he supposed to be narcotine, but which Dr. Hinterberger discovered to be a new base, and named *opianine*. It crystallizes in long, colourless, transparent, glistening needles. It contains sixty-six atoms of carbon, thirty-six of hydrogen, two of nitrogen, and twenty-one of oxygen. It is insoluble in water, and only very slightly soluble in boiling alcohol, from which it crystallizes on cooling. In its narcotic action it appears strongly to resemble morphia. A parallel experiment was tried with two kittens (each six months old). To one was given two grains of pure morphia, and to the other an equal quantity of opianine. In the course of eight minutes both kittens presented the following symptoms:—The pupils were very much dilated, the eyes were fixed, the tails were drawn

inwards, and there was foaming at the mouth; afterwards they walked unsteadily, trembled, and vomited, uttered occasional cries, and there was paralysis of the hind legs; they finally lay down, could no longer be roused, and were insensible to the action of caustic ammonia. In the course of a day they both recovered. —*Hinterberger, Sitz.-Bericht der Wien. Akad., der Wissensch. Bd. 7, No. 3.*

## Provincial Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 24, 1852.

It was our intention to have made some further comments upon the amended Draft Bill in the present number of the *Journal*, but we have been prevented doing so owing to the severe illness of the Secretary of the Committee (Mr. GEORGE HASTINGS) immediately on his return from Scotland. We may, however, state, that that gentleman, with Mr. NUNNLEY, has had several very satisfactory interviews with Deputations from the Scotch medical bodies, who have agreed to carry out the scheme by the framing of clauses on a similar principle to those already adopted by the Association for this country. We trust that the Deputation appointed to confer with the Council of the College of Surgeons in London, may be equally successful.

ALTHOUGH we have not received the official Report of the Council of the Bath and Bristol Branch of the Association, we understand that Mr. Cox has withdrawn from the Association, and has thus, of course, stopped all further investigation into his conduct. We have already expressed our sentiments upon this painful subject so fully, that there is no necessity to do more than express the hope, that by a rigid course of upright professional conduct, he may regain that *status* which he has now—we hope for a time only—lost. Whilst on this subject we beg to draw attention to the letter of Mr. COLE, published at page 622, which certainly, if attended to, would obviate much of the odium which the public now sprinkle upon us with an unsparing hand. If the profession could only agree upon a scale of charges suited to the varying aspects of medical life, this might—though not easily, be avoided.

OUR correspondent, Mr. COLLYNS, must pardon us for suggesting that his letter does not at all meet the point in dispute between Mr. SHEPPARD and ourselves. It is not that we differ as to the propriety of saving the mother's life, by the sacrifice of the child, but that we are not agreed as to the precise time at which interference is necessary. We fully agree as to the soundness of Mr. COLLYNS's practice, but in all of his cases everything was done to save the child which could be done, and therefore they are not in point. If Mr. COLLYNS, in his second case, had perforated the head, we should say that he would have acted most improperly; as it was, he did what all would advise, and saved both mother and child. The subject is worn threadbare, and we therefore refrain from any further observations upon it, especially as our space is limited by the necessity for accommodating our numerous correspondents before the removal of the *Journal* to London.

## Medical Intelligence.

(From our own Correspondent.)

LONDON, Nov. 22, 1852.

I must mention the accident, which occurred at the Zoological Gardens through the folly of one of the keepers who, being intoxicated, began playing with the Indian Cobra di Capello. He was bitten by it on the nose, and dying about an hour afterwards, it has led to the deluging the daily press with letters laying down a plan of treatment to be adopted in such cases, in some of which the method pursued is rather sharply criticised, the writers not having taken into due consideration the state the man was in when he arrived at the hospital. From the account furnished in the columns of the *Medical Times*, it is evident that he was past all hope of recovery, the time having been allowed to elapse in the gardens, during which an attempt ought to have been made, without an endeavour to counteract the animal's poison. The proper plan, if the person is seen soon after the accident, is to cut out the bitten part if possible, to cauterise it, apply cupping glasses, or to suck it, as recommended by the coroner, as the poison may with safety be taken into the stomach; but if that be practised it behoves the operator to make sure that he has *neither cracks, fissures, nor broken surface on his lips*, for if he has, he will assuredly transfer the poison from the victim to himself. The application of *eau de luce* (an old preparation of ammonia and amber), with sal volatile, brandy, or other stimuli given internally, and keeping the person walking about, will generally prove successful; but if the time when this should be done is thrown away, and the patient is not seen till he is in the state that Gurling was, when admitted, then artificial respiration,

and the treatment used in the hospital, with perhaps the forming an atmosphere of ammonia around him, give the only chance for life, and a very poor one it is. Arsenic has been recommended as a curative agent, to be given in large doses; but its action on the system is much too slow to be effectual in cases where death follows in an hour or two. The celebrated Tanjore pill contains a notable quantity of that mineral. Sir E. Home mentions a case of a man bitten by a rattlesnake, who survived the injuries some fifteen or sixteen days, dying afterwards from the effects of diffuse inflammation in the part bitten. To cause a fatal result it is absolutely necessary that the poison be introduced into the blood; if applied to an unbroken surface, or taken into the stomach, it is effete.

An opinion has prevailed that serpents brought from a warm climate lose a great deal of the energy of their poison in the more temperate countries, but this and other cases prove that opinion to be erroneous.

Sad news have arrived from Germany. What Justus Liebig is to chemistry, was Nees von Esenbach to botany and natural history, and yet how different is their fate. The one, in the prime of life, courted by all men who love science, in the enjoyment of a high reputation, and of a lucrative professorship at Munich's famous University, and rich withal. The other, in almost extreme old age, deprived of his professorship for his political proceedings, without property of any kind, save his invaluable herbarium, and dying of starvation in a place no better than a cow-shed in the suburbs of Breslau. The following is the account given of the present condition of this Prince—*facie princeps*—in natural history:—

The *Wiener Zeitung* publishes an appeal on behalf of Nees von Esenbach, one of the most learned German naturalists, who, having lost his professorship on account of the part he took in the political troubles of 1848-49, is now living in the most extreme destitution and misery in Breslau. His deprivations are not comparative; he is literally threatened with death from old age and hunger. The paper states that the Professor, who is in his 76th year, lives in a low suburb of Breslau, in a miserable den that can hardly be called a room, over a cow-stall. His extensive library has been sold to pay his debts, and a large collection of plants, which in some branches is described as unequalled, he has in vain endeavoured to dispose of. It is his only property, and, after the trifle it may realize has been exhausted, there is nothing before the grey-haired *savant* but starvation.

But surely the literary and scientific world, albeit not itself rich, will never permit so sad a fate to overtake the rash politician, the learned, the talented *savant*? Is there no Mæcenas of the present day willing to part with a little of his wealth to rescue Von Esenbach from the horrors of death by starvation? The old man was not idle while his powers of mind could be fruitful. A more valuable or excellent work than his great one in folio, on botany, has never been presented to the world, and now is the time that his services could best be acknowledged. Poor Hancock, of Essequibo, himself an admirable botanist, and a clever and learned physician, after having been plundered by swindlers in

his old age of all he possessed, died sadly in this metropolis of disease, induced by poverty and want in its direst form. Let us not have to record the name of another great botanist as "starved to death!" If Germany will do nothing for one of her greatest sons, let England shame her by rendering efficient and timely aid. Such is our earnest hope and aspiration.

A strange affair took place a few days ago, near the Edgware Road, which has been recorded in the papers under the heading "Perils of a Surgeon." It might as well have been designated "Brutal Freaks of a Madman." A surgeon and his assistant, while engaged, by order of the Coroner, in making the *post-mortem* examination of a female suicide, was attacked by the husband, who, after seizing portions of the body, exhibited them to a mob he had collected outside the house, and after denouncing the medical men as his wife's murderer, called on those assembled to aid him in obtaining vengeance. He then rushed back to the room, tore the clothes from their backs, and made several violent attempts to cut their throats, in avoiding which the surgeon's hands were greatly mangled. The mob finally turned them out of the house. The sole remedy the medical men seem likely to get, is compensation for the destruction of their clothing, the husband being also bound over to keep the peace. Now, this is not enough; the medical men were engaged in the performance of a public duty, ordered by a competent authority, and are as much entitled to protection, while so occupied, as are the police. The fellow should have been taken before the Magistrates, by whom, doubtless, he would have been severely punished, if he were not sent for trial to the Central Criminal Court, for the attempt to commit murder. It was at the best a most gross case of assault. The victim was Mr. Obre, the criminal a carpenter, named Jones.

A singular ceremony took place a few days since at Islington. Mr. Nobbs, who for twenty-five years has been the surgeon, priest, and governor of Pitcairn's Island, in the Pacific, was admitted to holy orders by the Bishop of Sierra Leone, under letters dimissory from the Bishop of London. Pitcairn's Island, supposed to be the original of Byron's poem, "The Island," was first inhabited by the mutineers of the *Bounty* in 1789, and, after many scenes of horror and bloodshed, fell under the dominion of Adams, one of the mutineers, who ruled its population wisely, and well. Mr. Nobbs, who was acquainted with Adams, afterwards became their governor, their medical attendant, and, as already stated, their priest, marrying, baptising, and burying as such, although not ordained to the office. After having fulfilled these duties for a long period of time, he was sent by Rear-Admiral Moresley to Valparaiso, and has travelled thence to England for ordination. It is supposed that in a few weeks he will be received as a priest, and will then return to his happy, virtuous, and simple-hearted subjects. The whole affair, from the first setting sail of the *Bounty*, the brutal misconduct of Lieutenant Bligh to Christian and the others of his crew, the proceedings of the mutineers, the capture, shipwreck, and drowning of some of them, the punishment of others, and the



escape of a few with South Sea Islanders into the wide and wild expanse of the waters, the subsequent discovery of the survivors and their descendants on Pitcairn's Island, the bloody scenes there enacted, the subsequent penitence and beneficial rule of old Adams the mutineer, with the simple, affectionate, and earnest conduct of the inhabitants, and their submission to their pastor and surgeon, constitute one of those romantic chapters in history, which clearly prove that truth is indeed stranger than fiction. That a surgeon should have ruled sway for so long a time, is not so wondrous. Other examples might be adduced, and indeed the foundation of our Indian power is clearly referrible to the influence of an English surgeon over a native prince; but all the circumstances connected with the island are deeply tinged with romance, not the least of which is the filling of the patriarchal office, (for such it is in this instance,) by one who was to the inhabitants at once their ruler, surgeon, priest, and friend. Such a man does, indeed, set an example to the rulers of the earth, and at the same time, causes us to feel proud of our profession, and of his association with it.

During the last few years several inquests have been held on the bodies of persons deceased, who had been previously attended by homœopathic practitioners. In one instance, a married woman died from inflammation of the brain; the physician who attended her, formerly an allopathic lecturer, abstained totally from bleeding, and did not even give a dose of castor-oil, although the bowels were obstinately confined. We do not remember what verdict was recorded in that case, nor in that of a solicitor residing near Tottenham Court Road, who died from some chest affection, while under the care of a well-known homœopath. The principal feature in that case was the total and continued abstinence from food enforced by the disciple of Hahneman. In a third instance, a case of cholera near Camden Town, a similar abstinence, rigidly enforced by the homœopath, who, by-the-by, was the patient's brother, led the Jury, under the direction of Mr. Membury Wakley, the then Deputy-Coroner, to return a verdict of manslaughter, which, however, was set aside at the Central Criminal Court, if our memory mislead us not. Recently an inquest was held by the Coroner himself in Gloucester Place, Bedford Newtown, on the body of a female, 60 years of age, in consequence of a certificate of death as follows:—"Margaret Sedgwick died from inflammation of the lungs, peritoneum, and the liver; and her death resulted from, I believe, the neglect of the homœopathic attendant, and the general nullity of treatment." After hearing evidence, the Jury returned the following sensible verdict:—"Deceased died from inflammation of the lungs; but we are not competent to judge of the medical treatment." In all these cases the disease was acute, and of great severity; in all such cases homœopathy must fail; it is only when rest, a well-regulated diet, and the other means unconnected with real medical treatment, are sufficient for a cure or for relief, that "the general nullity of the treatment" can obtain a credit for usefulness to which it is not in reality entitled. In cases such as those we have mentioned, and in all of a similar nature, Hahneman himself would prove

utterly useless, unless he abandoned his absurd dogmata, and had recourse to the measures placed in our hands by the advance of science.

Disease appears to be extending amongst the products of vegetation. The potato plant and the vine have been for several years subject to a blight which has annually proved to be very destructive; during the present year, the vineyards have suffered more than on any previous occasion, even to their utter destruction in some places. The chestnut and walnut trees in many districts on the Continent have also been included in the visitation. The corn in Canada is the subject of an extensive blight; and here the onion and the apple have suffered. The latest intelligence we have, now represents the pear-tree as participating in this almost universal disease and destruction of vegetation. The malady has shown itself principally among the variety designated the winter pear, and known as the "green bury." Externally the rind is shrunken and depressed in many places; internally the fruit is full of brown spots, which soon cause rottenness. The appearance presented closely resembles that of a diseased potato; the malady is very destructive, and very rapid in its effects. The failure of the apple is very extensive; the crop, it is said, will not be equal to one half that of previous years. What can be the cause of all this, and where is it to end? Famine, and fever, the result of famine, must be the final result of such an extensive destruction of the means by which we live, and it is full time that the most careful and energetic investigations should be made to ascertain the causes of this blight, and also to find out the means by which its progress may be arrested, if within the power of man.

There is a report current that the homœopaths are about to obtain a triumph in Berlin: the celebrated university in that city, the diplomas of which have hitherto ranked among the highest in Germany, equalled perhaps only by those granted by the university of Munich, is, it is said, to be dishonoured by the establishment of a chair of homœopathic medicine. It is to be hoped that the other professors, at least all those connected with medicine, will show their indignation at the insult, by at once resigning their professorships, and that the falling off in the number of the students in medicine will show the authorities how injudicious such a step must be. They could hardly have adopted any other proceeding so likely to lower the value of their diplomas. After this the degree of M.D. (University Berlin) will be considered not only of no value, but absolutely a degradation. Meanwhile we have long had something of the same kind in the University of Edinburgh. When will that far-famed school of medicine be purged of its homœopath? How, indeed, can the professors reconcile it to their consciences to be co-lecturers with a man, who must hold the opinion that the dogmata they teach are so erroneous, that if carried out they must tend to the destruction of life. And how can he retain his professorship, holding one doctrine and teaching another, or at all events, teaching those, who are imbibing from his colleagues doctrines essentially different and distinct from those he practises. They

are as opposed to each other as oil and vinegar, and cannot amalgamate. If these worthies must have an university and a school of medicine, they should have one of their own. At all events, while a homœopath retains a seat among the professors in the University of Edinburgh, and another is about to obtain a similar berth in the University of Berlin, the dogmata of homœopathy obtain a *quasi legal status* which they ought not to possess, and which the teachers and practitioners of legitimate medicine should exert themselves most strenuously to overthrow.

#### UNIVERSITY OF ST. ANDREWS.

List of gentlemen who had the degree of Doctor of Medicine conferred upon them, Oct. 22, 1852:—Thomas Allen, M.R.C.S., & L.A.C., London; Samuel Blackmore, M.R.C.S., & L.A.C., London; Leonard Buckell, M.R.C.S., & L.A.C., Chichester; Gustavus Matthews Burton, M.R.C.S., Lancashire; John Courtley, M.R.C.S., & L.A.C., Yorkshire; Maurice Davis, M.R.C.S., & L.A.C., King's Coll., London; Joseph Meldor Dempsey, L.A.C., London; James William Duffy, M.R.C.S., Chili, S. America; Charles Anthony Floyer, M.R.C.S., & L.A.C., Camberwell, Surrey; George Fayer, M.R.C.S., & L.A.C., Essex; Robert Anstruther Goodsir, Fifeshire; Richard Hassall, M.R.C.S., & L.A.C., Ext. Lic. Coll. Phys., Surrey; Arthur Newstead Holmes, M.R.C.S., & L.A.C., Yorkshire; Frederick Lewins, M.R.C.S. Ed., Borvie, Kincardineshire; Frederick John Lowes, M.R.C.S., & L.A.C., Gosport; Francis Nottidge Macnamara, M.R.C.S., King's Coll., London; Albert Massey, M.R.C.S., & L.A.C., Camberwell, Surrey; William O'Connor, M.R.C.S., & L.A.C., London; Patrick Panton, M.R.C.S., & Extr. Lic. Coll. Phys., Turriff, N. B.; John Dungate F. Parsons, M.R.C.S., & L.A.C., Gloucestershire; J. Henry Shorthouse, M.R.C.S., & L.A.C., Surrey; Charles Taylor, M.R.C.S., & L.A.C., Camberwell, Surrey; Charles Jean Tourrette, M.R.C.S., Mauritius; John Turnbull, M.R.C.S., East Lothian; Henry Watts, L.A.C., Staffordshire; William Wightman, M.R.C.S., & L.A.C.; Yorkshire; Simon Armstrong Willis, Lic. Fac. Phys. & Surg., Glasgow, Fermaugh, Ireland. Mr. Joseph Ewart, of Guy's Hospital, passed the requisite examinations, but in consequence of an informality in his certificates, his degree was temporarily deferred.

#### UNIVERSITY OF LONDON.

##### M.B. SECOND EXAMINATION, 1852.

*First Division.*—Thomas Bridgwater, King's College; Thomas Armstrong Cammack, University College; Thomas King Hornidge, St. George's Hospital; Robt. Coane Roberts Jordan, King's College; Joseph Lister, B.A., University College; Thomas Littleton, University College; Frederick William Pavy, Guy's Hospital; Thomas Morley Rooke, G.y's Hospital; John Henry Trouncer, University College.

*Second Division.*—William Thomas Gaye, University College; Henry Parfitt, King's College; Bernard Rice,

St. Bartholomew's Hospital; Elias Jones Roberts, Richmond Hospital, Dublin.

In accordance with the recent regulation of the Senate, that the examinations shall be conducted "by demonstration from preparations, and by requiring the candidates to report on cases of actual patients,"—

The examiners in physiology required the candidates to name and describe microscopic specimens, illustrating important points in physiological anatomy.

In Surgery, the candidates were examined by demonstrations from dry and wet preparations, illustrative of various surgical diseases and accidents, and of their treatment.

The examiners in Medicine required the candidates to examine patients in the wards of a metropolitan hospital, and afterwards to report in writing on the cases, and also to examine microscopically various specimens of morbid products.

#### ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Friday, November 5th:—Jean Valleton de Boissiere, Trinidad; George Bulleid, Oakhampton, Devon; James Ekin, London; George Richmond Ferris, London; Christian August Flemmer, Horsor, Denmark; Thomas Foster, Newcastle-upon-Tyne; Henry James Franka, Whittlesey, Isle of Ely; George Britton Halford, London; Benjamin Kerr, Cowes, Isle of Wight; George Kirkhouse, Merthyr Tydvil; William Knox, Castle Combe, Wilts; Angus Macmillan, Hull; Harry May, Burslem, Staffordshire; John Ray Philip, Canada; William Renwick, Boulogne-sur-Mer; William Saville, Wakefield, Yorkshire; George Spicer, Hammersmith; Sanderson William Mathew Walker, St. Michael's, Azores.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, November 4th:—William Edward Musson, Birkholme, Lincolnshire; George Richard Pratt Walker, Kent.

Gentlemen admitted on Thursday, Nov. 11th:—Henry Lane, Stratford-on-Avon; John Turle, Richmond Villa, Holloway.

#### OBITUARY.

November 11th, at Bedford, Daniel Ball, Esq., M.R.C.S., and formerly of Cranfield, in the same county. His sufferings were most protracted and extreme, but his end was peaceful. This case excited a great amount of sympathy last year through the medium of the medical journals.

#### TO CORRESPONDENTS.

*As we already have more communications in hand than we shall be able to insert, we must beg our correspondents to forward them in future to DR. CORMACK, unless they require immediate attention.*

Communications have been received from Dr. R. Hall, An O.d Subscriber, Dr. Merei, Dr. H. Johnson, Dr. E. Copeman, Mr. Nunneley.

URGENT CASE OF DISTRESS.

**THE** Widow of a Medical Man, late of Norfolk, was left with Six Children, in great distress, by the death of her husband three years since, after a protracted period of ill-health, from disease of the heart, which incapacitated him from the active duties of his profession, as well as prevented his making a provision for his Family by Life Assurance; since that time the Widow has been struggling to maintain herself and Family by her own efforts, aided by the kindness of near friends, and is at this moment engaged in fitting herself for a National Schoolmistress, at the Cheltenham Training School; but having exhausted all her resources with failing health and increasing difficulties, she is compelled to make this APPEAL to a generous Public, who have always been disposed to listen to the cry of the Widow and the Orphan, and to whom she looks with confidence in the hour of her entire destitution. The case will be vouched for, and any inquiries answered by the Rev. Francis Close, Cheltenham; Rev. Wm. Browne, Aldeby, Beccles; the Rev. — Bromby, Principal of the Training School, Cheltenham; and the Rev. L. P. Hill, Westminster. Subscriptions most thankfully received by Herries, Farquhar, and Co., St. James's Street; T. Hatchard, Esq., 187, Piccadilly; John Churchill, Esq., 46, Princes Street, Soho; Dr. Bernard, M.D., and C. T. Cooke, Esq., Cheltenham; Frederick Rose, Esq., Mattishall, near Dereham; W. Newnham, Esq., Farnham; and the other Gentlemen who have kindly undertaken to answer inquiries.

*Subscriptions already received.*

	£.	s.	d.
The Hight Hon. and Rev. Lord Bayning	20	0	0
Her Grace the Dowager Duchess of Beaufort	7	0	0
Right Hon. Lady Calthorpe, Perry Hall...	5	0	0
Sir Walter Farquhar, Bart. ...	2	0	0
Lady Mary Farquhar ...	1	0	0
Sir Charles Clarke, Bart., M.D. ...	2	2	0
Sir David Leighton ...	1	0	0
Golding Bird, Esq., M.D., Russell Square	5	0	0
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LECTURES  
ON THE  
DISEASES OF CHILDREN,

DELIVERED IN THE

Chatham Street School of Medicine, Manchester.

BY DR. MEREI,

*Fellow of the Hungarian Academy, late Professor of the History of Medicine at the University of Pesth, Clinical Professor of the Diseases of Children, and Director of the Children's Hospital at Pesth; Fellow of the Imperial Society of Vienna, etc.*

LECTURE XVI.

*Treatment of febrile rheumatism in its various forms.*

*General remarks regarding the first and principal febrile symptoms. Rheumatism of the head may be rheumatgia or inflammatory rheumatism. Indications regarding the head:—leeches, cold fomentations, a full dose of calomel, dry covering, mustard poultices, blisters; effects of, and difficulty with, opium; rheumatism of the stomach; absolute abstinence from medicine necessary. Indications in acute stages of rheumatism:—leeches, warm narcotic fomentations, and mild evacuating injections; in smaller degrees, small opiate injections. The precautions necessary. Obscure symptoms of rheumatism of the stomach, which is easily aggravated by medicine. Rheumatism of the intestines and liver, the most frequent amongst rheumatic local affections in childhood; its general characters—of pain and stools. Expectant conduct, if diarrhoea supervenes upon a recent fever. Alleviating qualities of the bilious kind. Symptomatological comparison between simple bilious diarrhoea and that which arises from rheumatism of the liver; different and opposite treatment of both. In simple bilious diarrhoea, no opium, no direct checking, but emetics or castor oil. In children in these cases, ipecacuanha is in general to be preferred to tartarized antimony, with the exception of the acutest articular form. Occasional combination of the acute bilious dyscrasy with rheumatic fever; treatment. Rheumatic bilious diarrhoea—characters and treatment;—the inflammatory form—characters and treatment. Character and changes in the fever connected with the sero-bilious form—issues, complications. The whitish serous diarrhoea—symptoms and dangerous character; death from it; analogy with cholera; pathological uncertainty. Treatment:—minute doses of calomel; energetic external means. Brownish, and other dirty-looking serous stools. The yellow diarrhoea. Catarrhal diarrhoea; its connexion with rheumatism. Peritoneal rheumatism. Recapitulation and general principles of the treatment of febrile rheumatic diarrhoea. Few internal remedies; faults in practice in this respect. Imperfection of our knowledge of diarrhoea of children, and their importance.*

GENTLEMEN,—In the treatment of rheumatic fever and local affections connected therewith, I beg to remind you first of those general directions exposed in former lectures, concerning any fever in its commencement before a special character has come forth. Heat and pulse, head and abdomen, attract our attention first in many instances, as in other fevers. You ought not to be too active at the onset, but wait twelve or twenty-

four hours before you take a decided step; even then it will require close and clever examination—in the well-known manner—to unravel, in the speechless child, how far the head-symptoms may be attributed to fever itself, how far to gastric disorder, or to local rheumatism.

*Rheumatism of the head*, as you know, may be rheumatgia, or may take on the inflammatory character. Let me now suppose there are evident symptoms of pain in the head, that you have found out the painful spot, and that the plaintive moaning and drooping down of the head have not diminished, although the bowels have been freely moved. If these be the symptoms during the first day or two, whilst fever runs high, or increases, then prudence commands you to apply leeches and cold fomentations afterwards. Besides, you may order one full dose of calomel, and not many small ones. If the fever and heaviness of the head be less, the signs of rheumatgia, on the contrary, severe and evident, then you will do better by applying a mustard poultice to the neck, and then covering the head, or its affected side, with a large piece of thin oiled silk. Thus local perspiration, and by it relief, may be effected, whilst cold fomentations might have increased the pain.

Opium is exceedingly beneficial in the latter instances, only that the diagnosis must come to a decided result before you could use this powerful remedy. Lively expression of pain, with restlessness, total absence of soporons oppression, are sufficient reasons to recognise the fever as rheumatic; these are essential conditions for its use. I have been blamed, in a German periodical, some years ago, for this, as they said, hazardous practice—opium, in a head affection of a child. I think, myself, it is difficult for the young practitioner to take, with security, so important a therapeutic step; but had I now, as I had at that time, a choice of cases before me in a hospital, and skilful sub-physicians to watch carefully the symptoms, I would not hesitate to show you, occasionally, a case, which I might regard as mere rheumatgia of the head, in spite of the fever, and the beneficial effects of opium therein; the fever, of course, must not be too high, and the doses only moderate, or small ones. I prescribe Dover's powder in this case, from a quarter to one grain, to children from six months to two or three years' old.

If, by the means indicated, sufficient improvement is not effected on the second or third day, the most promising remedy will always be, a large blister on the neck, as soon as the degree of fever is no longer too high for its use. The state of the abdomen claims not less consideration than the head. Besides the management of the stomach and bowels, by an emetic or purgative, indicated in the case of bilious or gastric derangement in any kind of fever, and already pointed out in previous lectures, there is in the rheumatic sometimes an encouraging or even urgent indication for some strong remedies—like quinine and opium—which, in order to produce the intended good effect, require a healthy condition of the stomach.

*Rheumatism of the stomach*, if ascertained by the signs indicated in my last lecture, excludes every medi-

cine, be it intended for the stomach itself, or to act, through it, upon some other part.

As to treatment of the rheumatic stomach itself, there is nothing more essential than to abstain from medicine. One single drop, or grain—unless it be of a homoeopathic or imaginary kind—will be sufficient to increase the disturbance. The irritability and intolerance of the rheumatic stomach in children exceeds all belief. I have seen two drops of aqua laurocerasi excite sickness; and a few teaspoonfuls of cold water will occasionally have the same effect.

Let us suppose the child to have been affected for only one day with frequent vomiting, tense, tender, and hot epigastrium, in connexion with high fever,—let the child be so much affected that it cannot hold up its head; it moans heavily, with shut, or half-shut eyes; the pulse is about 150 to 170; costiveness, not relieved by castor oil injections. In this case, be it gastritis, or merely rheumatism threatening with it, you must apply leeches, then warm fomentations of a poppy-head decoction, and injections of *small quantities* of warm rice-water, every four hours, with some fresh almond oil. In the absence of those (apparently, at least,) inflammatory symptoms, but with signs of severe pain present, I adopt a different treatment; I recommend a small injection of warm water, with two teaspoonfuls or more of table oil, and half that quantity of sugar; not to be pushed too far up into the rectum, whilst the stomach is to be kept under hot fomentations of the above narcotic properties. When the injection comes away, then it will be seen whether a second of the kind be advisable. Thus, after a sufficient evacuation of intestinal secretions had been effected, I order an injection of one or two ounces of warm rice-water, with a proportionately full dose of tincture of opium, to be repeated after a few hours, if required, or sooner, if a part of it comes away, valuing in this case the quantity which might have remained in the bowels. Do not neglect the importance, in every case, of opiate-injections, if you wish to get an efficient effect without dangerous narcotism. These measures may be repeatedly assisted by one or two leeches; and if all be without effect, as soon as the degree of fever allows it, a blister must be applied—the sovereign local remedy of every form of rheumatism.

According to my experience, acute rheumatism of the stomach, not a frequent affection of children, very seldom takes the real inflammatory character; it generally remains within the limits of rheumatic irritation or rheumatism, and in the majority of cases I saw, was connected with intestinal rheumatism, or that of the liver.

The seat of the affection may be in the muscular or serous coat, or in both together; it seems impossible to establish in the living child a pathological and diagnostic distinction between both. The mucous membrane is consensually irritated, and thrown into functional disorder. In inflammatory degrees, of course, it must share, more or less, in this process too.

In some instances the affection in a child affords very obscure symptoms; we observe no salient pain, no

tenseness of the epigastrium, only the patient is exceedingly restless, thirsty, with occasional appearance of, or continued sickness, and vomiting every small quantity of milk, water, or medicine, which it swallows. There we have to choose (according to appearance) between the emetic or the total abstinence from medicine, and great suffering and mischief ensues, if unhappily you fall into the error of administering the former when the latter is required. I can assure you, however, I have seen in these instances, great inconvenience also from what may be called bland medicine. In rheumatic irritability, as well as in the nervous affection of the stomach, there is no kind of internal medicine which is bland—everything is irritating. A practitioner who is not aware of this, changes his prescription, and changes again, under the continuous increase of uneasiness, sickness, and exhaustion of the patient.

*Intestinal rheumatism* is, on the average, a little less painful, and more manageable, as far as regards our treatment of it by the mouth and stomach, but still the sufferings of the child are occasionally very great; sometimes it is connected with consensual irritation of the stomach. There is always some expression of uneasiness or pain referrible to the belly, which generally appears bloated, or tense, but from time to time the child bursts into loud painful moaning or crying, under which he draws up, and stretches, his legs alternately, or if not too much depressed by the fever, turns from one side to the other, all signs indicating a more salient attack of pain, and this lasts generally until a strepitous discharge of serosity follows, and appeases the little sufferer for some time, but not so completely as in cases of flatulent or spasmodic pain. The presence and character of fever, besides, assists us in settling the diagnosis. Vomiting is also an occasional symptom, be it from consensual or material disturbance of the stomach. Intestinal rheumatism, with diarrhoea, is a frequent, perhaps the most frequent, form of rheumatism in the early period of life. The seat of irritation, of which diarrhoea is the consequence, may be either in the serous or muscular coat, or in both together, and in acute cases partake more or less of the inflammatory character. In the great majority of cases of rheumatic diarrhoea in this sense, the emitted serosity is thin, mixed with more or less of mucus and bile, and of either a yellowish, whitish, or greenish appearance, according to the predominance of either of those elements.

There is nothing more essential in children's practice, particularly with patients of tender age, than to be for a time inactive observers in recent cases of fever, followed by diarrhoea. In many cases that sudden outbreak of diarrhoea, with or without sickness, will decrease and cease by itself in a day or two. In many instances it will prove beneficial, diminishing fever or pain, when it must not be checked, though the attack is likely to produce an alarming appearance of pallor and languor in the countenance; but you must consider and value not only one or two symptoms, but the whole in their relation.

The alleviating quality of diarrhoea in fevers of every kind, is frequently exhibited by stools containing an

abundance of bile, and my remarks on this—thus far, refer to the rheumatic as well as to any other form of fever. But there may be a great proportion of bile both in the motions produced by rheumatic irritation, when it extended from the intestines to the liver, and in those which are simply bilious. To discern both of these conditions is of great importance. In the former case it would be a fault to attempt checking it by different means, in the latter, not only this, but if not an emetic, at least a dose or two of castor oil may be required. And again, in what we may call the rheumatico-bilious diarrhoea any purgative is improper, and the emetic generally causes a most vehement irritation with pain, hyperæmia and overpurging.

Those who are accustomed or careful to look at these matters more minutely than it was the custom heretofore will at once perceive the importance of the point in question. How to value and manage diarrhoea which supervened upon, or commenced along with, rheumatic fever, in a tender and speechless child, is indeed a question both extensive and difficult enough to realize. I may begin, however, with a few practical hints, in addition to what I said on intestinal rheumatism in the last lecture.

On the average, in bilious diarrhoea of rheumatic origin, the child shows more expressive signs of pain, than in the simple bilious form, (see Lecture XIII., and the belly is more puffed up around the navel and downwards, be it rheumatism of the intestines, peritoneum, or liver. In the latter case, their seat of pain being in the serous envelope, as soon as we exert pressure over the right hypochondrium, the abdominal muscles contract and prevent pressure of our fingers upon the liver, which, if we attempt to do, causes the child at once signal pain. In the bilious state there may be pain, but this is not so severe; there may be fulness or tension of the right hypochondrium, but it is not so great; there may be also a quantity of serum mixed with the bilious discharges, but it is much less than in the rheumatic. Besides these manifestations, I may add, if the character of diarrhoea is so decidedly and strongly bilious as to require instead of checking, an emetic or castor oil, at this stage of it, the fever will be less remittent, and the child, on being lifted up, manifests more decided signs of a heavy head or even oppressive drowsiness. The bilious diarrhoea, if unconnected with rheumatism of the liver, but arising from a certain chemical change in the blood, frequently met with in acute fevers, particularly in summer time, presents neither so much pain as to call for the use of opiates, nor so much loss of liquids as to justify the idea of directly checking it. It supervenes occasionally upon the rheumatic fever, in its more acute degrees, with severe local affections, just as it does in ague, pneumonia, measles, or scarlet fever, commonly within the first two days, when we frequently see after its appearance, a diminution of the leading symptoms; and in this case we neither leave it to itself, or promote gently the evacuation of bile by castor oil; or, if the head of the child appears oppressed, and we find the region of the liver uncommonly full, but no pain under

pressure, we prescribe an emetic. I take it for granted in recommending this, that there is no sign of abdominal rheumatism present, because this would entirely forbid the use of an emetic. In general I may say, if in the course of rheumatic fever in a child, with however slight indication of abdominal pain, an emetic seems to be required, prudence commands us to use ipecacuanha in lieu of tartarized antimony, with the only exception of the acute articular form, by which, besides the joints, also the heart is threatened, and in the first stage of which the more decided effect of tartarized antimony may be desirable. In some instances, (rare in young children, during the hot part of summer or autumn, as we had it here in Manchester this year—1852,) the acute bilious dyscrasy of the blood (over carbonisation) complicates rheumatic fever, and may also cause bilious vomiting or diarrhoea. In this case the treatment must be modified, more or less, according to the principles expressed in Lecture XIII.

But there is a rheumatico-bilious diarrhoea different from the former, when rheumatism of the intestines acts upon the liver, or rheumatism has even its seat in the liver, and thus the secretion of bile becomes increased. It consists of a greenish serosity, but not so dark a green as the former. Pain and other symptoms proper to this state I have already mentioned. There may be evacuated a great quantity of serum by frequent stools, but if the marking green colour and a certain density of the liquid show a great amount of bile, and at the same time a high degree of heat of the skin and heaviness of the head are present, in this case, in spite of the rheumatic character of the diarrhoea, of the severity of pain, and loss of liquids, opium, in whatever form, and however mildly acting, is counter-indicated, and other means must be resorted to, which are the following:—According to the degree and character of the pain and fever, leeches, and afterwards warm poultices must be applied; internally, simply tepid rice-water. No opium, no calomel.

The less we find to be the proportion of bile to that of serosity, and the more the degree of pain to that of the fever and the heaviness of the head, the more the case approaches that kind of rheumatic diarrhoea, in which opium becomes indicated, and in which sinapisms or blisters have an excellent effect. But it will be in its place to call more especially your attention to the

*Inflammatory rheumatic diarrhoea*, or, in other words, to that form of diarrhoea which is the effect and sign of inflammatory abdominal rheumatism, which we may regard as the first degree of serous enteritis. This character of rheumatic diarrhoea will appear, if it has to come, within the first few days of an acute febrile onset of abdominal rheumatism; tension, and pain, will be so severe as to depress considerably the power of the child. There will be great tension and heat of the belly without remission, the child will lie rather quietly on his back, emit most painful sounds and cry, though sometimes languidly, under our pressing on the belly. In this form, vomiting is also one of the most obvious forms and the stomach may be more or less affected in it, along with the small intestines. Acute rheumatism

may pass into acute enteritis, in which the quantity of serosity becomes less and less, but still continues thin, of a greenish brown or reddish brown colour. Vomiting of muco-bilious liquids frequently takes place, with evidently painful exertions of the child. On close inspection by the eye or microscope, we find in the majority, blood mixed with the sero-bilious or sero-mucous liquid. The seat of this form appears to be most frequently in the lower half of the intestinal tube, in a more or less extensive tract of the serous and muscular coat. In higher degrees, the inflammatory process very soon spreads to the mucous membrane, which, in addition to the serosity, causes the excretion of thick mucous or croupous pieces, with or without spots of blood, in general under severe tenesmus. In fact, tenesmus is infinitely a more characteristic symptom proper to the irritation or inflammation of the mucous than of the serous membrane. But this belongs not to the present purpose. I wished only to mention the first step of inflammation, when arising from acute rheumatism. The treatment is obvious:—leeches, in sufficient number, and warm linseed poultices; to appease the thirst, and at the same time the best internal remedy, is thin tepid rice-water, and similar injections, but only small, pushed up slowly in a gentle manner, and to be repeated according to their effects twice, thrice, or four times a day. All these are little things, but of consequence in children's practice. They must not be too thick nor too much in quantity at once, in order to avoid the evacuator movements of the intestines. Besides this, from a scruple to a drachm of the strong mercurial ointment may be rubbed in on the belly at once, but not to be repeated (if repetition should be required) before the third day. If the stomach of the child presents no trace of irritation, we may assist this treatment by from  $\frac{1}{12}$  to  $\frac{1}{16}$  of a grain of calomel every four hours (for the age from six months to two or three years), with only from two to four grains of sugar, to each dose; and if there be no counter-indication, (i. e., no signs of extensive biliosity, and the head not too much oppressed) from  $\frac{1}{12}$  to  $\frac{1}{4}$  of a grain of Dover's powder. The complication of gastric rheumatism, however, excludes the use of both.

As to the fever connected with the mentioned varieties of sero-bilious diarrhoea. It may be in some cases very high in the commencement, but unless the intestinal rheumatism passes into enteritis, it soon becomes remittent, and in ratio to the quantity of emitted liquid, the temperature of the skin abates, but the frequency of the pulse increases more or less.

The inflammation from rheumatic diarrhoea is not so frequent in infants and children as the former described, and less so its transition into decided enteritis, although in febrile cases, as soon as intestinal pain becomes salient, leeches are the favourite remedy. But they are more so, I am sure, than required.

The transition into chronic intestinal rheumatism, is not a frequent issue of this form. According to what I have seen, children seldom die from the sero-bilious diarrhoea, except when the rheumatism gives rise to in-

flammation, of which we find well known traces in the dead body. In some cases the emitted liquids assume other colours and properties, of which I will speak by-and-by.

The complication of peritoneal rheumatism with all the various forms of the intestinal and sero-bilious diarrhoea, is an occasional occurrence. I will mention in its place some particulars concerning it. Rheumatism of the stomach is rarely connected with it. We know already the symptoms. Now, I will draw your attention to another acute form of diarrhoea. The less the proportion of bile in the evacuation, the more they assume a whitish colour, and in some cases they are quite white, with a variable quantity of spurious mucosity.

The *whitish rheumatic* diarrhoea presents, of course, like the other, the general characters of rheumatic pain, of sudden and strepitous evacuations, after which the pain becomes less. It is generally very abundant, and differs, according to my experience, from the bilious or sero-bilious, in as far as under the influence of these, in many instances, we perceive a diminution of the fever; this is not the case with the whitish serosity, it lessens the heat of the skin, but without lessening or even augmenting the frequency of the pulse; more than any other it has an evident exhausting effect. It contains occasionally, a striking quantity of albumen. Fainting and vomiting sometimes precede the motions, without local affections of the stomach. It has nothing of the bilious, and not a decided inflammatory character. In fact the pain is on the average more remittent than in the sero-bilious kind, and the languor, in proportion, is more alarming. In some cases pain is excessively severe, I have not been able to come to a satisfactory conclusion on its nature, but assuredly many a child dies from it. I have seen it in Manchester the same as elsewhere. Sometimes after having been profuse it lessens, but the skin and pulse at once show that it is exhaustion of the vital power which causes its decrease or collapse.

This is the only form of febrile rheumatism which, under my own observation, has caused death in a direct way, and without complication. And I have seen, on *post-mortem* inspection in cases where death has occurred in consequence of this, all very young children, where the intestines were white and anæmic, but the liver and spleen tinged with dark venous blood; and like what I have observed in some instances of cholera in children, great quantities of rice-water-like liquids have been evacuated.

The years 1844 and 1845 were the most fruitful in rheumatism at Pesth, and (as I mentioned in my Hungarian work,) hundreds of cases of acute rheumatism were entered at that time in our case-book, amongst which were many with the diarrhoea in question. Simultaneously I have seen many cases also of summer cholera in children, but there was no Asiatic cholera in the country at the time. The fact is, that whilst many of the above-mentioned cases, from the form of fever and character of the pains, were evidently rheumatic, others—partly by the simultaneous serous vomiting, low tem-



perature, piercing cries, and such movements as though they suffered from spasms in the legs—approached more or less completely the form of cholera.

The question arises,—Are such cases rheumatism of the spinal cord? I dare not answer. The fact is, that in many of these cases the belly, between one evacuation and another, resists moderate pressure; and blisters on the belly prove little efficacious. In some fatal cases of acute whitish diarrhoea, with high fever in the commencement, a slower course of exhaustion took place—a transition into what I called (in the 13th and 14th Lectures,) the secondary asthenic stage of fever, but with a longer course—above a week, or even two or three; and in these we find here and there, besides various accidental complications, congestions, or partial inflammations of the serous or mucous coats, follicular erosions and swelling of the mesenteric glands, but nothing characteristic of the rheumatic origin and nature of the disease, nor of any other.

As soon as I perceive abundant whitish motions, in a menacing degree, no fever deters me from applying a large mustard poultice on the belly, and after its removal then to the back, about the dorsal part of the spine. The condition of the skin in this form of fever even requires its being irritated, the more so in proportion to its lower temperature. On both legs I order hot linseed poultices, with or without the addition of  $\frac{1}{8}$  to  $\frac{1}{12}$  part of mustard powder, to promote energetically active perspiration, after the manner of the French physicians. Internally, every three hours, from  $\frac{1}{6}$  to  $\frac{1}{12}$  of a grain of calomel, and if there be salient pain and the head not too heavy, or oppressed, from  $\frac{1}{12}$  to  $\frac{1}{4}$  of a grain of Dover's powder, each dose of it. If the stools become more and more greenish, this I generally found to be a good sign, but alone it is seldom enough, if at the same time we do not succeed in procuring perspiration. The affected children are very thirsty, and they want liquid food. Besides the milk of the breast, of which not too much ought to be given at once, or in elder ones only, a very thin, tepid decoction of rice, is the best beverage for these cases.

To promote perspiration by internal remedies, can only be attempted within the first day or two. Dover's powders must at once be left off as soon as we see the belly become more tense and the child restless, throwing its head and hand from one spot to the other. Amongst the sudorifics (besides Dover's powder) I can only recommend a light infusion of lime-tree flowers. There is often an excessive intolerance of both the stomach, and the blood-vessels for every medicine. This we must have regard to more than ever in these cases of children's practice, and be studious at the same time to supply by external means.

I beg to remind you of what I said of sponging in the asthenic stage (Lecture XIII.) Besides that, I have to remark, that in cases of the well-characterized rice-water diarrhoea, approaching cholera in its appearance, I have had some good results from energetical blistering along the spine, and rubbing vigorously the whole anterior surface of the body with a mixture of three

parts of water and one of diluted hydrochloric acid, until the skin becomes reddened; after which the child must be covered well over, and the mentioned sudorific leg poultices, and similar means upon the belly, may be applied, to draw away the morbid irritation from within, and promote a beneficial cutaneous crisis.

The complication of peritoneal rheumatism I did not notice with this form. In the majority of cases the tension and pain under pressure of the belly, are less than in the sero-bilious diarrhoea. The belly may even be soft for a while after the evacuation; but this does not exclude severe attacks of pain.

In general these are severe and serious instances of practice. The day before we saw the child restless, the pulse about 150 to 160, the skin hot, each discharge preceded by vehement expression of pain, whitish, but with a green or yellow hue; now it lies quietly on its back, the pulse 180 or more, the temperature lower, the countenance pale and sunken, the oculozygomatic imprinted, and the eyes dull-looking, as if it were affection of the brain; the expression of pain before the motions becomes less, but languid moaning more continuous, accompanied by occasional languid movements of the head and limbs; the quality of the stools changes; it is now of uncoloured serosity, or brownish and exceedingly offensive; the belly less tense than at the commencement. The child presents an alarming aspect. The parents are ready to try everything; but very few remedies can be even tried without damage; though the majority of practitioners yield but too easily to the temptation of multiplied applications. *Complications* seldom do occur in this form.

Under whatever circumstances, and upon whatever ground, profuse white serous diarrhoea may depend, it increases continually the over-carbonization of blood, and not seldom beyond the control of science.

Injections themselves, such as are intended to appease, are frequently but an irritating agency; and internal remedies of any kind may augment the disturbance. I have seen but few children recover from this state; and even in these it was more by external than internal treatment. Minute doses of calomel, if they effect no favourable change within a day or two, their continuance is but a nuisance.

As to the rheumatic character of the form in question, though in the beginning it may have been clearly expressed by the mentioned form and type of fever and abdominal pains, if the serous diarrhoea be profuse, even articular rheumatism or swelling, when present at first, will soon vanish.

The bilio-serous diarrhoea is by far more manageable than this, and has in many instances even a beneficial effect upon the rheumatic fever; when it becomes dangerous, in general it is when it assumes, more or less, the whitish aspect, or some other troublesome colour.

The *brownish serous diarrhoea*, dirty-looking, and of an intense ammoniacal smell, or other badly-coloured liquids, do not commonly appear with the onset of rheumatic fever in children, but rather make their appearance during its course.

*Yellow diarrhoea, i. e.*, more abundant serosity mixed with the usual excrements of infants, though occasionally connected with febrile abdominal rheumatism, is in general not serious, and more manageable than any other. If too abundant, say five or six times a day, and assuming more the sero-mucous or sero-bilious aspect, it may be checked, more or less gradually, according to the degree of fever or rheumatism connected with it, by warm poultices, or sinapisms and Dover's powder. The decoction of *jalap*, more active than warm rice-water, and a real benefit in the obvious catarrhal diarrhoea of children, is little efficacious in the greenish or whitish forms, but will be found useful in the yellow.

*Catarrhal diarrhoea*, a discharge of almost pure mucosity, more or less united with the yellowish elements, does not frequently complicate intestinal rheumatism, except when this passes into inflammation, when the serum becomes less, and thick mucus appears in the stools, with more or less simple catarrhal diarrhoea, and is by far less connected with pain than the sero-bilious.

*Peritoneal rheumatism*, of which I forgot to make mention in the last lecture, in its fixed form has about the same objective symptoms in a child as intestinal rheumatism; it acts also upon the intestinal secretion, and produces sero-bilious diarrhoea. I have not been able to discover any other diagnostical distinctions than this. In fixed peritoneal rheumatism the tension of the belly is more conspicuous and continued, and pressure by far less tolerated. Intestinal rheumatism may occasionally be connected with it; but it seems to me impossible to point out diagnostical signs for this case; nor is there great practical interest in the distinction. The treatment is entirely the same as that which I mentioned for the sero-bilious diarrhoea.

A moderate degree of peritoneal rheumatism is scarcely distinguishable from the intestinal; the inflammatory, on the contrary, is more easily recognized, by the more palpable degree of tension, superficial tenderness, and heat. The treatment is obvious:—leeches, the strong mercurial ointment, poultices, minute doses of calomel, and moderate ones of Dover's powders, form the whole therapeutical measures.

I will now briefly recapitulate the treatment of recent acute and febrile abdominal rheumatism connected herewith. First, in mild cases, the internal treatment ought to be either omitted or confined to some moderate doses of Dover's powder, with *jalap*, and hot poultices on the belly.

The management of the bilious, sero-bilious, or white (in connexion with fever), has been minutely indicated. I cannot repress the repeated caution against the use of many remedies, almost promiscuously and at random applied in diarrhoea of children.

In any kind of febrile rheumatic diarrhoea, I know only of two *directly* useful substances—opium and calomel. The latter being useful in the serous diarrhoea, with *retention* of the bilious elements, *i. e.*, in the whitish serous evacuations, is not available in the opposite condition,—in serosity overcharged with bile.

And in this point the superficiality with calomel is obvious. It is indicated in every form, the most opposite. It is the most flexible remedy. Sir Astley Cooper, whose memory stands high in my estimation, used to say of it, it "regulates" the abdominal secretions and functions. In the present day, I believe, such ideas and expressions are too vague, and in opposition to the consciousness of our *non scire*, and the established spirit of modern inquiry, as to be admissible any more.

The emetic and castor-oil act indirectly, but in appropriate cases (biliosity) efficaciously, against the diarrhoea. I have mentioned their indications, as well as of leeches, poultices, and other external means.

Great mischief, of every day's occurrence in children's practice, is done, in rheumatic diarrhoea, by a number of other remedies. If opium does not soothe, then follows the chalk mixture, or even calumbo, with or without magnesia, and the like. Some of these remedies may be useful in some stages of the catarrhal diarrhoea, but none of them is good in the forms in question. A great principle it is when we treat intestinal rheumatism by opiates to act, at the same time, by every possible means upon the skin.

There are cases not uncommonly met with which improve merely by external treatment after all internal attempts have failed, or been injurious. In spite of the difficulties in diarrhoea of children, by close investigation it is possible to find out the real indications. Biliosify, active or passive congestion in the liver, irritation of its serous coat, and serous mucus inflammations, are the most obvious conditions, and most important to be found out.

I feel the great imperfection of what I have exposed, or attempted to illustrate to-day. I have been severed too soon from a fertile field for inquiry. I shall receive, however, with thanks, every correction of my views. Diarrhoea of children in general is not treated of as it ought to be in works however valuable; and in practice treated superficially. This, nobody will deny: therefore I thought I ought to devote proportionally more time and care to this than to other subjects minutely and laudably exposed in contemporary works. I have—unitedly with my distinguished subordinates—in the Children's Hospital of Pesth, paid great attention to the *clinical* observation of diarrhoea in children, but how far have we been from a satisfactory degree of knowledge of so obvious a derangement, and so dangerous in infancy; I should feel happy, therefore, if my observations answered the mere purpose of giving an impulse here and there to further *practical* inquiry in that direction. Certainly the treatment of diarrhoea in children is of great consequence to human life and professional honour. Next, on some special relations between acute rheumatic fever and diarrhoea in the tender age.

CASES OF  
HEPATITIS, DYSENTERY, AND DIARRHOEA,  
WITH REMARKS.

By W. T. BLACK,

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CASE I.

THE case of hepatitis occurred in a female, Mrs. M., of a plethoric habit of body, who had been subject to similar attacks while resident in India. The first symptoms inducing a call for medical aid, appeared on June the 11th, 1852, and were of a decided character. They reached their intensity on the 14th, notwithstanding the remedies used; the urine was scanty, thick, bilious coloured; fever high; breathing oppressed; and considerable pain in right hypochondrium. A smart dose of jalep and calomel was then given, which gave much relief, and sweating now took place, which considerably lessened the fever, and may have been caused by the depressing effect of the purgative allowing the diaphoretics previously administered to act easier upon the skin. The purge was repeated the next day, and gave further relief to the local symptoms, and the sweating still continued to keep down the fever. The mouth now showed the effects of mercury, an ointment containing which had been used to dress a blister applied to the side. The intense symptoms now abated, and gradually declined under the use of saline drinks and purgative pills, but the stomach could not bear antimonial medicines since the aggravation of the disease on the 14th, and the patient continued to feel much weakness. From some cause a relapse of the complaint began on the 25th, and the next day had reached as great intensity as ever, with the addition of dyspnoea, and sense of oppression and weight around the the region of the liver; and the bowels became again costive and the perspiration ceased. A large dose of compound jalap powder gave relief to the local symptoms, its action being kept up by a purgative and saline mixture, and perspiration again appeared to subdue the fever. No attempt was made to affect the system with mercury this time, as its action did not even prevent the relapse. The bowels were now kept freely open by colocynth and calomel pills at night, and salines during the day, and as the morbid action seemed to subside, so these means were gradually reduced in strength, and though much constitutional anxiety continued, yet by the middle of July she was quite convalescent. No tonics were given and no addition of stimulating regimen, merely attention being given to keeping the bowels regularly open, so as to allow of nature effecting a healthy reduction of the vascularity of the liver, and a restoration of its normal secretion.

CASE II.

The case of bilious diarrhoea occurred in a bastard man, (Privulf,) of strong and healthy appearance, and the first symptoms of engorgement of the liver and

portal system showed itself by complaint of great pain in the loins and side, which were relieved by a Dover's powder at night, and a dose of salts next morning, which caused the evacuation of a large quantity of bile by stool. On the 7th of July they appeared again under the form of nausea, pain and soreness of the belly, loss of appetite and a very white coated tongue. After the exhibition of an emetic, the evacuation of bile manifested itself, and bilious diarrhoea supervened, and continued more or less for several days, sometimes with increase of pain, generally spasmodic, but always attended with soreness of belly. Compound chalk powder and opium pills at night gave most relief. The diarrhoea gradually declined, and the patient by the 10th, was convalescent.

CASE III.

Heathfield's case showed a combination of dysentery and biliousness, the engorged portal circulation seeking relief by either one mode or the other, according to circumstances. He had been five or six days ill before applying for medical aid. The symptoms were dysenteric, with a very white coated tongue, thirst, nausea, &c. June 27th and 28th he had given him two doses of rhubarb, calomel, and nitrate of potass, which relieved the abdominal symptoms very much, and operated gently, no more blood being passed. An attack of abdominal pain occurred next night, which was relieved by opium. On the 30th the bowels were natural, but nausea was complained of, with loss of appetite continuing, and white tongue, the first and last symptom obtaining alleviation from sedlitz powders. On July 2nd, as debility and anorexia seemed now the leading symptoms, decoction of cinchona was ordered, under which he improved, but it caused costiveness and flatulence, which rhubarb and soda relieved. He became convalescent by the 5th of July.

CASE IV.

Almost similar symptoms attended Mrs. W's. case, but rather less intense, and more chronic, which first came under notice June 19th. Biliousness had been present some days, with abdominal pain and white tongue. Colocynth and calomel pills were first given, and then salts, but on the 22nd dysenteric purging appeared with increase of abdominal pain. Pills of calomel and opium were given, without any effect in checking the sanguineous purging, but the tongue was now cleaner, and compound chalk powder was tried instead, and with success. On the 24th the stomach became disordered and bilious, and the tongue white, which a dose of rhubarb and soda mitigated, but did not open the bowels, which was required to be effected with the administration of rhubarb and calomel. As there still seemed a tendency to dysenteric purging when the bowels were moved but likening mucus instead of blood, compound chalk mixture was again given. Powders of small doses of calomel, opium, ipecacuanha, and gum, were next given, to act as an alterative and restore a proper state of the intestinal secretions and

their evacuations, which succeeded. On July 11th a relapse of dysenteric symptoms appeared with abdominal pain, which was relieved by opium pills, followed next morning by a dose of rhubarb and calomel; and on the 13th, as biliousness of the stomach again appeared, a dose of rhubarb and soda was given to relieve it, and convalescence seemed to be established. Subsequently the mouth became sore, and on the 17th of July a severe attack of pain in the belly, with shivering and fever supervened, with costiveness, which was subdued by pediluvium fomentation, followed next day by doses of sedlitz powders, which operated freely, and relief to all the symptoms took place. Soreness of the mouth, and a continued tendency to salivation, however, manifested itself, otherwise the patient is convalescent.

#### CASE V.

Pure dysentery marked the next case, in Mr. S., who reported himself sick June 23rd, though he had been suffering for a week previous. The symptoms were sanguineous purging, with its accompaniments, and attended by few constitutional symptoms, except loss of appetite. A powder of rhubarb and calomel was given, and relieved for a time all the symptoms, and as he considered himself able to undertake duty he was not put under any medical restraint. Up to the 6th of July he had four of these doses, but the bloody motions generally returned with straining, a day or two after the taking a powder, but the accessory symptoms had now subsided, the appetite had returned, and the tongue became clean. He was now kept to his room, and pills of calomel and opium regularly administered according to the recurrence of bloody stools, which were finally checked and then allowed to become natural, and by the 15th he was convalescent. No affection of the mouth took place. The compound calomel powder so useful in the former case, was tried in this before the pills, but found ineffectual, and the latter were beneficial here, but inoperative in Mr. W's. case.

#### CASE VI.

The last case was a decided one of dysentery, and occurred in an European named Jennings, a groom, who had been ill with it occasionally for a month before, and had usually found relief from doses of rhubarb and calomel, but did not attend regularly. On the 7th of July the symptoms were so intense, that he was taken into hospital. Pills of calomel and opium, beneficial in the last case, were here of no avail, and seemed to increase the symptoms. Opium in pill was tried, to relieve the abdominal pain, but without success; also compound chalk powder, but with no better effect. Two grains of calomel and one grain of opium, in powder, were now given every four hours, and relief at the end of twenty-four hours was experienced. There was no fever and the tongue was not very much coated, and half the above dose was tried, with some cinchona added, but the symptoms again returned as bad as ever. The full dose was again put in requisition every six

hours, with good effect, and after twenty-four hours lessened one quarter, without allowing any return of the severe dysenteric symptoms. On the 12th a blister to the abdomen removed all pain, and an injection of warm water was administered that night, with further relief. There was now mercurial foetor of the breath, approaching to salivation, but no affection of the gums. On the 13th, as I considered the amendment produced was not commensurate with the large and repeated doses of calomel, an alteration in the treatment was ventured upon. A large dose of Dover's powder, a pediluvium, and other accessory means were enforced, to produce profuse perspiration that night, and followed next morning by a purgative dose of rhubarb and soda. On the 14th, great relief was experienced and the balance of the circulation and distribution of nervous fluid seemed to have become more naturally established, the stools were now changed and took on the form of diarrhœa. Small doses of Dover's powder and hydrarg. were given night and morning, with the best effect, and compound chalk powder, should diarrhœa be troublesome, in the intervals. The stools became gradually more natural, more fecal and bilious, and the appetite much improved, and on the 20th of July he was convalescent.

*Remarks.*—All these six cases will be seen to have occurred in the course of one month, leading to the supposition that similar exciting causes for the diseases were present in each case, or that a single endemic cause prevailed, as they all happened in the same locality at Shiloh. The diseases all implicated the same system of organs—two being developed at one extremity of the intestinal tube, another at the other, three being intermediate. In the case of hepatitis, the hyperæmia of the liver was immediately relieved by strong purgatives, diminishing thereby the fluid contents of the portal system. The hyperæmia of the general circulation or fever, was relieved by the production of profuse sweating. The calibres of the vessels, both local and general, were thus allowed an opportunity to exercise their natural resiliency, and return to a natural size. The pressure on the secreting cells of the liver by the enlarged blood-vessels, is coincident with arrest and nonelimination of secretion, which takes place easier when that was removed. The same would occur in the general circulation. As heat is commensurate with an increase of fibrin in the blood, so is there an increase of fibrin in inflammation and fever. Fibrin is also considered as an excrementitious form of albumen, so that the object of medicine would be to endeavour to get this superabundance eliminated from the system. Its retention in the circulation leads to its deposit in organs predisposed, and in some cases with an impediment to their functions. This elimination of the fibrin can be accomplished by increasing the secretory powers of the different organs. As during inflammation little or no secretion is formed, so the biliary matter, not being liberated from the blood, would accumulate in the circulation, its more essential organic constituents would remain unformed, or in the state of fibrin, and the

colouring matter would appear to tinge the countenance, and flow off by the urine.

That the inflammation of the serous surface ever takes place, independent of any diseased action in the substance of the liver in ordinary cases of so-called hepatitis, would, I think, admit of a doubt. Pneumonia may exist independent of pleurisy, though hepatitis and congestion of the liver could not exist long without involving the serous covering, because morbid effusions have easier egress into the vacant air-cells of the former. Mercury seemed to have no ultimately beneficial effect, as a relapse of the complaint occurred after the affection of the mouth by the mineral, and during its continuance. The same effect towards the relief of the disease was induced in the relapse by medicines containing none of that ingredient, and the cure was permanent, without the mouth being again affected. On theoretical grounds, even mercury would be inconsistent with subduing increased action of the liver, unless on the principle of *similia similibus curantur*. Antimony during the height of the disease proved hostile to the stomach, causing vomiting when given either in the fluid or solid form to induce diaphoresis.

In the bilious diarrhœa most probably there exists hyperæmia of the portal circulation, the vessels of the liver not being in a diseased state at all, and therefore do not give way to dilatation; and this is rendered probable, from the paucity of bile existing in the latent state. The treatment of bilious diarrhœa under the above supposition, must evidently be palliative; the hyperæmia has found a vent, and ought not to be unduly checked. The increased quantity of bile flowing off ought to be shielded from injuring the coats of the intestines in its passage through them. Symptoms will announce if it produces morbid effects on the mucous membranes, by the occurrence of soreness if the mucous membrane has been bared of epithelium, and of pain when the exposed subjacent tissue of muscular fibre is thrown into unnatural spasm. Remedies appropriate to these conditions would require to be exhibited to afford relief, as anodynes to diminish sensibility, and to allay the susceptibility of the nervous fibrillæ. Any matter, as peculiar aliments, tending to increase the contents of the portal blood, should, of course, be avoided, such as admit of absorption by the lacteals being preferable to such as enter the veins. The allaying of the force of the disease would be safer than checking quickly its symptoms. An overloaded portal circulation may also cause its hyperæmia to relieve itself indirectly by the effusion of its overloaded contents from the thinner mucous membranes, as from the colon, producing a form of dysentery. The more depending and enlarged portion of its circulation would suffer first, as in the rectum and sigmoid flexure. The circulation in the colon may be presumed at all times less active than that of the small intestines, as it takes less share in digestion and absorption of aliment; it could not, therefore, relieve itself so easily as the upper parts, from having less activity—local activity of circulation having little to do with the force of the heart.

Want of this property, it is well known, also in a morbid sense, leads to congestion. The epithelial lining of the colon is less liable naturally to change than that of the stomach and small intestines. Should a course of diet, as an animal one, be in use, still less would the shedding and reproduction of epithelium exist, than in cases where a vegetable diet was usual. The chief current, and the strongest of the portal circulation, must be in the afferent and efferent vessels of the stomach and small intestines, that of the colon being tributary to, and more sluggish than, this great stream. Should the portal circulation become hyperæmiated, then would this congestion of the colic vessels be increased, and give a tendency to effusion. This morbid event might be either sudden, when a strong external cause was applied, or gradual, and only show itself when the pressure of the blood had reached a maximum, which would be indicated by such a symptom as a sense of expression in the abdomen. The gradual loss of blood would thus tend to prevent the accession of fever, which would have greater cause to arise when the disease was brought on suddenly before the engorged portal blood had found any relief by effusion. Inflammation would, in a sudden case, be more likely to arise also from the same cause, and be followed sooner and easier by destruction of parts, and arrest of the natural functions, which would be less likely to take place so rapidly, or to that extent and intensity, in a protracted case. Effusion of blood in these cases acts as a naturally local abstraction of blood. When the symptoms have once commenced, the nervous action of the intestinal canal is thrown out of its balance, and becomes concentrated on the diseased part, hence irregularity of peristaltic action, and want of action in the small intestines evidenced in the absence of fecal evacuation, and these of a vitiated character. As the portal circulation has now got a vent for its contents, less bile is formed, which would also arise from the loss of harmony in the action of the abdominal sympathetic nervous power. Hence medicines having the power to increase the bile, would divert the morbid effusion of portal blood, and such as tend to allay spasm would allow of the restoration of the nervous balance. Medicines also which increased the secretions and peristaltic motion of the small intestines, would be beneficial on both suppositions; but such as would increase the bile, and act like the latter, would be supposed to afford greater relief to the overburdened portal circulation, and transfer the normal current of blood, as it exists naturally in a greater amount to the small intestines.

As amylaceous articles of diet seem to be more fitted for nutriment in these cases than animal or albuminous vegetable substances, one may conjecture their peculiar fitness arises from their assimilation requiring a greater activity in the secretory powers of all the salivary system of glands than in those of the liver; and besides, from their absorption in the shape of sugar, not adding to the increase of the fibrinous elements of the portal blood.

Mercury in some form seems to exert a curative effect in dysentery, some constitutions bearing calomel, some

agreeing with hydrargyrum cum creta, &c., better. This effect does not appear to be in every case coincident with the establishment of an affection of the entire system, as evidenced in the gums, though witnessed apparently in one of the above cases. In Mr. S. no constitutional affection from the mineral supervened. The influence must then have been entirely confined to the abdominal organs concerned, and could not have passed through the liver; or, if so, must have returned with the bile, upon which secretion perhaps, after all, the necessary effect has to be produced. In other cases I have witnessed the same, and besides, have seen the mouth affected, and still the progress and violence of the disease not checked materially. The case of Mr. S. got well by checking the complaint, that of another by the supervention of a diarrhoea, either from the transference of increased action to the small intestines, or the transmutation of the dysenteric morbid processes in the colon into those of the saline affection. The occurrence of perspiration in Jennings's case was the turn of the disease, the balance of the circulation and nervous fluid seemed to be restored by it at a critical period, so that the organs essential to a restoration of health had become supplied again with a due share of each, the complaint was thus robbed of its means for carrying on the war, and health had an opportunity of resuming its empire. Whether had the affection of the system with the mercury conducted also to this end? That the mineral in the form of calomel had entered the blood, seemed to be established by increase of the saliva, and mercurial foetor of the breath, yet the dysenteric symptoms did not very materially change for the better. I am inclined, on the whole, to consider from these cases, and from others previously under treatment, that its curative effect is local, and confined to the organs concerned in the disease in the abdomen. It may be sedative, as when calomel is combined with opium, as in Mr. S.'s case, it is slightly stimulating to the biliary and intestinal secretions, so as to restore the balance of the portal circulation. In the case of Mrs. W. and Heathfield, checking the dysenteric symptoms by simple opium, seemed to occasion biliousness of stomach, inferring that the portal blood desired to relieve itself by that channel instead, and when medicines were given to correct the latter symptoms, they did not appear to bring a return of the dysenteric symptoms. Calomel and opium in Mr. S.'s case evidently acted accumulatively, and together with rest, allowed a natural redistribution of the portal circulation and nervous fluid. The difference of the effect produced by different medicines, in these cases, seemed to have no clearer cause than constitutional peculiarity, and the cause of the difference in treatment arose from the difference in circumstances at the time, and the necessity of counteracting symptoms as they arose. The benefit subsequently shown, must have been derived in these cases of dysentery, from the previous exhibition of purgative doses of rhubarb and calomel, which took off the oppression of the portal circulation by increasing the flow of bile, thus relieving it of its load, and in an early case no doubt would be sufficient to afford nature

an opportunity to restore a healthy state of the economy of the large intestines. The diarrhoea produced in Jennings's case, was apparently of yellow bile, such being the colour of the motions, and this seems generally the colour which the subsequent diarrhoea, under the influence of mercurials, takes on. What difference, then, chemically speaking, exists between yellow and dark-coloured bile? Secretion of dark bile, I fancy, is produced in cases of hepatitis, by purgative doses of mercurials. About the same time as these cases above narrated took place, shewing hyperæmia of the portal circulation, other slight ones happened in other people, as biliousness of stomach, where colocynth and blue pill or calomel, followed by sedlitz or salts, effected cures. The causes of this general indisposition it would be almost futile to endeavour to enter upon; it might be put down to increased diet of meat from scarcity of vegetables at this time of the year; it might be from cold, but that would be just as liable to affect any other system of organs, without a predisposition. Heat is out of the question: so is moisture, as the season is otherwise distinguished, being very dry.

The diet is more vegetable in this country in summer and autumn than in winter and spring, though abdominal complaints prevail more in the latter period than in the former, while in England the prevalence occurs in the autumn, when there is more vegetable food. In this country exclusive animal diet is supposed to be the internal cause of these complaints; in England, a superabundance of vegetable food.

An increased vegetable diet would tend to increase the secretory powers of the intestinal canal, and this carried to excess would lead to such an amount as easily turn into inflammation under proper exciting causes, and the disease would be active. The warmth and dryness of the air here would keep up perspiration in ordinary times, while the coolness and moisture of that of Britain would tend to check and cause revulsion of the general fluids to the mucous membranes generally of the body. A diminished vegetable diet or a correspondingly increased animal one, would demand less than ordinary powers from the mucous membranes, as animal and albuminous vegetable food likewise, becomes easily absorbed direct from the stomach, except fat. The intestines, especially the large ones, would have less call upon them to furnish secretion, and the previous afflux of blood to which they had been accustomed in the summer and autumn, would have no vent on the mucous membrane, the volume of the portal circulation being still maintained. The same under the use of an albuminous diet. The portal blood would thus go to the liver, not much changed, as organic changes take place in it for the production of secretion, and would therefore be of a different constitution than otherwise, and there would also be less call for biliary secretions; so from want of local organic activity the portal circulation would become surcharged with unchanged venous blood, less adapted, at the same time, for the purposes of the liver. Its effusion through the thin membranes of the colon, nature may take as one way of relieving itself, and hence the dysentery be induced. In the

former state of disease the hyperæmia would be active, and probably more arterial, here congestive and venous, as the nature of the evacuated blood demonstrates.

As in the pure cases of dysentery, the overcharged portal circulation finds relief by the direct effusion of its contents, and that taking place at a limited and specified extent of the intestinal canal, so engorgement of the liver and vessels of the upper primæ viæ would occur, less than where this direct uncomplicated effusion did not take place, as in the intermediate cases of Privulv, Heathfield, and Mrs. W. In these the congestion of the portal vessels seemed more general, as there was evidently a tendency to disorder of the upper primæ as well as the lower bowels. The implication of the former being further shown by the earlier and deeper white coating imparted to the tongue, irrespective of the symptoms. The tongue, in this pure dysentery, does not seem to become affected till later in the disease, continuing tolerably clean at the commencement, and then results from the effects of local inflammation taking place in the colon, and the subsequent disorder of the whole primæ viæ. This condition of the tongue in the former cases may be conjectured to result from an arrest of the shedding and reproduction of the epithelial lining of its mucous membrane, an event common to it, and that of the stomach, &c. The old epithelium remains attached, none being fresh formed underneath, which would also occur amongst the numerous mucous glands of similar localities, hence checked secretion and congestive states of the capillaries of the mucous membranes are coincident. The removal of such a state of matters would be the restoration of secretion and of the current of blood to a healthy activity.

### ON SAVINE.

By EDWARD COPEMAN, M.D.

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*Read at the August meeting of the Norwich Pathological Society.*

THE late trial of Mr. Pascoe, a member of the medical profession, for the crime of procuring abortion, excited, as you all know, considerable interest, and, for a time, no little sympathy, on the part of his professional brethren. It has been since but too surely proved that, whatever might at first have been the opinion as to the justice of the sentence, his crime was of a deep dye, and deserved the punishment awarded. But the medical evidence on which he seemed to have been condemned is still open to criticism, and it is with the belief that practical good may result from a consideration of the principal point involved in it,—namely, the propriety, or otherwise, of employing savine as a legitimate medicinal agent, that I now venture to occupy a few minutes of your time with the subject. I do not remember the exact statements made at the trial by the medical witness; but the purport of his evidence was to impress upon the Jury that savine was now never given by medical practitioners for truly

medical purposes; that it was a dangerous medicine; and that, when used, it was in all probability employed with some sinister intent. It, therefore, becomes a proper medico-legal question whether or not savine can and ought to be employed as a medical agent; for the evidence I have referred to was listened to by the Judge, and probably believed by most of those who heard it; and it is important that no wrong impression on the matter should rest on the minds of Judges and Juries in future investigations of the kind.

Savine is an evergreen shrub, belonging to the natural family *coniferae*; and its active qualities appear to reside chiefly in an essential oil of much the same constitution as oil of turpentine. All authorities represent it as a drug possessing considerable power upon the uterine organs; but some describe it as an exceedingly useful and efficient emmenagogue, whilst others speak of it as a dangerous and poisonous medicine. "Savine and its essential oil are emmenagogues; the fresh plant is too frequently employed by the peasantry as an abortifacient, but cannot be employed for this purpose without seriously endangering the life of the mother." (Phillip's Translation, Pharm. Lond., 1851.)—"It is, perhaps, the most powerful uterine stimulant of the materia medica, and is occasionally administered in amenorrhœa, though always requiring the utmost caution, lest it induce inflammatory action." (Brande's Manual of Pharmacy.)—"Savine is a powerful stimulant to the uterine organs, and is employed as an emmenagogue with much benefit in amenorrhœa and chlorosis depending on torpor or deficient action of the uterine system. In consequence, however, of its poisonous properties it should be used with caution; its employment is contraindicated where there is the least tendency to irritation or inflammation of the uterus or any of the pelvic viscera." (Neligan on Medicines.)—Nevin and Pereira recommend it as the most effective of all emmenagogues. I will not, however, occupy your time by further quotations, but proceed to the relation of my own recent experience of the drug.

### CASE I.

Amelia Woods, about 18 years of age, was admitted as an out-patient at the hospital on the 4th of October, 1851, for chlorosis and amenorrhœa; of a pallid unhealthy complexion, weak circulation, and inclined to be fat. I ordered her a course of steel; but as her attendance was irregular, and she seemed to derive no benefit from the treatment, I admitted her into the house on the 13th of December, and gave her for a time steel and aloetic medicines. These failing, on the 20th of January, 1852, I ordered a mixture composed of Ol. Sabinæ, gtt. iv.; Mucil. Acac., oz. j.; Mist. Camph., oz. iij.; a fourth part twice a day. On the 24th six drops of the oil were put into the mixture; on the 25th, eight; and on the 30th, ten; which dose—namely, five drops daily—she continued to take until the 4th of February, on which day menstruation commenced and lasted four days, in natural quantity. No uncomfortable effect from the medicine was ever com-

plained of. She was discharged *cured*, and has remained well up to the present time.

### CASE II.

Ann Ragg, a stout, plethoric-looking woman, of, I believe, 21 years of age, who had never menstruated but once, was admitted by my colleague, Mr. Norgate, March 20, 1852, for an ulcer on the leg of some standing. After a month's treatment the ulcer showed but little disposition to heal; and under the impression that it depended upon disorder of the general health, Mr. Norgate transferred the case to me.

On the 26th of April, after having tried steel and aloetic purgatives ineffectually, I prescribed Ol. Sabinæ, gttss. viij; Mucil. Acac., oz. j.; Mist. Camph., oz. iij. M. Capt. quartam part., bis die. On the 3rd of May twelve drops were put into the mixture; on the 8th, sixteen; 10th, twenty; 15th, twenty-four; 19th, twenty-eight; 20th, thirty; 24th, thirty-four; 29th, forty; viz., ten drops twice a day. I began to despair of its doing any good, and thought of discharging her; but as her health had in no way suffered, and her leg was somewhat improved, I ordered, on the 1st of June, forty-four drops; on the 7th, forty-eight; on the 10th, fifty-two; viz., thirteen drops twice a day; and on the 11th the nurse told me the catamenia had appeared that morning. She was unwell, in a natural way, as to duration and quantity, and was soon after discharged cured, the ulcer being, I believe, also healed. This woman had the appearance of full health, cheeks full of colour, and body generally in good plight; but she suffered not the slightest ill effect, or indeed any appreciable effect, save that of the occurrence of menstruation, from the savine even in doses much larger than were stated at Mr. Pascoe's trial to be dangerous to life.

### CASE III.

Sarah Ann Fisher, aged 15 years. Admitted an out-patient, March 20, 1852, complaining of palpitation and general weakness, with anæmic *bruit*, and amenorrhœa. General appearance that of anæmia, with inclination to fatness, with languid circulation and costive bowels. Ordered aperients and compound steel pills.

April 14th.—No better. Capt. Mist. Ferri. c. Omitt. Pil.

28th.—Has complained of headache since taking the mixture. Mist. Ammon. Gent. Omitt. Mist. Ferri.

May 5th.—Still no improvement, and I advised her to get an in-door recommendation, giving her, meanwhile, Decoct. Cinch. instead of other medicine.

22nd.—She was this day received into the hospital, and menstruation took place a day or two afterwards. I gave her no medicine until June 1st, and then only some æther and gentian for her stomach, intending to wait to see what would take place when she ought next to be unwell. She suffered less from palpitation, and seemed in better health.

June 7th.—She complained of uneasiness in her head and stomach, and of feeling very weak. The

bowels were also very costive.—R. Pil. Col. Rhei, Haust. Mag. Sulph. Steel pills.

25th.—Much the same.—R. Pil. Al. Rhei, Decoct. Cinch.

28th.—Pain in the back to day, but has not yet been unwell. Hip bath.

30th.—Same state.—Ordered croton oil, and Mist. Ferri Comp. instead of pills.

July 15th.—As menstruation had not yet taken place, I began the Ol. Sabinæ, in doses of a drop, twice a day. On the 17th the dose was increased to two drops, on the 19th to three, on the 20th to four, on the 22nd to five. Complaints of weakness, but less of pain in the head and stomach, and says her general health is much better. On the 25th she took six drops, bis die. On the 28th she took seven drops. In the night she had pain in the body, and seemed not so well, but I think it was occasioned by some opening medicine taken the day before, which had acted rather powerfully. On the 31st she took eight drops twice a day, on the 2nd of August nine drops; says she feels rather sick after taking it. Not thinking, however, from the absence of pain in the stomach, that her sickness was produced by the savine, I continued it, giving her on the 9th twelve drops twice a day, but on the 11th she told me she felt sick after every dose, and looked more out of health, so I thought it right to discontinue the medicine for a time, and made her an out-patient, no effect upon the uterus having been obtained from the use of the savine in this instance.

In the hospital I have employed savine only in these three cases at present, but they are sufficient to prove two important facts respecting the drug,—*first*, that it may be given with perfect safety in larger doses than those given in Mr. Pascoe's case;\* and *secondly*, that, as it succeeded in two out of the three cases, it *ought* to be employed in obstinate cases of amenorrhœa, especially when other more usual methods of treatment have failed.

## MY NOTE BOOK.

(No. I.)

By HENRY JOHNSON, M.D., EDIN.,

SENIOR PHYSICIAN TO THE SALOP INFIRMARY.

### SILICIOUS DEPOSIT IN THE URINE, SUPPOSED TO BE FROM THE USE OF NEW SPONGE.

SILICIC acid is a well-known constituent of natural urine,† and of urinary calculi;‡ and it is always found in urinary concretions derived from brutes, according to Wurser and Lapaigue.§ But although, on the authority of these names, the occurrence of siler in urinary deposits and concretions may be deemed possible,

\* Mr. Pascoe gave four drops and a half three times a day.

† Berzelius.

‡ Rayer and Dr. Yellowby.

§ Urinary Deposits, by Dr. G. Bird, p. 213. 1844.



this event is at any rate extremely rare, and, unless under peculiar circumstances, would be ascribed to accident, fraud, or mistake. I have, however, seen it, where the parties were far above all suspicion of any intention to deceive, and where the patient was too young and *girlish* to be the subject of that morbid *pruritus*, which probably leads to the *voluntary* introduction of foreign substances per vaginam.

As every case is of importance which proves a fact, or points out an obvious source of error, I think the following history is worth recording:—

In 1850 I was desired to examine a small portion of white powder, which I understood was a deposit from urine; it had all the chemical characters of *silex*, and scratched glass with facility. I was informed, that notwithstanding every precaution having been taken to avoid error, more or less of this powder had been found at the bottom of the utensil for about a fortnight. I afterwards saw the patient. She was 11 years old, of spare habit, but tall for her age, and by no means strong. She was subject to sickness and anorexia; the bowels were torpid; the tongue was not clean; the catamenia had never appeared. At the time of my seeing her the silicious deposit had ceased. The urine was pale, had a specific gravity, verging from 1011 to 1031, there was a light mucous cloud in it, and it contained some prismatic crystals of triple phosphate, and on another occasion urate of ammonia and a large quantity of urea. The most distressing symptom was a constant desire to pass water, by day and by night, so that she could not rest, and if the desire was not speedily gratified, the urine escaped involuntarily.

There appeared to be no organic disease present in this case, and the patient ultimately got well without any remarkable symptom, or treatment. I feel quite satisfied that there was here no endeavour to impose upon her medical attendants, either on the part of the patient or her friends. The silicious deposit I have no doubt arose from the use of a *new sponge*. A silicious powder (quartz) is always found in sponge when new, and I have since seen a large quantity of this sort of dust, which had fallen out upon the shelf in a chemist's shop where these articles were kept. It is nearly pure *silex*, because sponges are prepared for sale by being soaked in dilute muriatic acid, which removes calcareous particles, and leaves such as are silicious.

## Hospital Reports.

### ESSEX AND COLCHESTER HOSPITAL.

CASE ADMITTED UNDER THE CARE OF P. MARTIN DUNCAN, M.D., LOND., F.G.S., PHYSICIAN TO THE HOSPITAL.

#### *Disease of the Kidneys, accompanied by Severe Cerebral Disturbance; Cure.*

A. P., a man about 46 years of age, of sober habits, had had good health until September, 1851, when he

began to suffer from wandering pains in his limbs, from loss of appetite, and general *malaise*. During the course of a week or two he began to lose flesh, became pale, and suddenly lost the power of motion in the right arm and leg. The sensation in these extremities remained intact, and in a day or two the mouth was drawn to the right. Headache then supervened, but gradually, under the judicious treatment of Mr. Pete, of Manningtree, this symptom lost its intensity, the paralysis slowly disappeared, and by Christmas he was able to walk; and soon after to return to his avocations.

On the 29th of April, 1852, he was admitted into the Essex and Colchester Hospital, under my care, with amaurosis of three days' standing. He informed me that early in March he began to lose flesh, to become pale, to lose his appetite, and to have some difficulty in walking in the evening, on account of slight oedema round the ankles. About a week ago his face, became puffy, and his eyelids particularly so. His sight on the 26th began to fail him, and on the morning of the 27th he found himself perfectly blind.

*Present state.*—April 29th.—A P. is a middle-sized well-made man, rather exsanguine and flabby in his muscular development; has perfect power of locomotion; has a tolerable mental capacity, but is perfectly amaurotic. There is oedema of the eyelids, conjunctivæ, face, scrotum, penis, and inferior extremities. The irides are perfectly paralysed, no stimulus affects them; no light is distinguished through the greatly-dilated pupils. He does not squint; there is no cataract, glaucoma, or evidence of any kind of organic disease in the eyes. He has no headache, and had none before his sight failed him; neither has he any subjective vision. Hearing, taste, smell, and general sensation, are intact, and he disclaims loss of memory and mental inaptitude of any kind. There is no unusual heat of scalp; the general surface, however, is rather harsh. The tongue is flabby, and rather foul; appetite gone; thirst slight. The lungs present nothing abnormal. The heart and liver, after careful examination, appear healthy. There are no enlarged superficial veins over the abdomen, which, although somewhat large, still appears to be simply oedematous in its parietes. He has no fulness over the renal regions, and has not, nor has he ever had, pain there. Percussion and careful manipulation fail to discover enlargement of either kidney. He has never suffered from vomiting, or from pain along the course of the ureters. He says that his urine has never been scanty nor high coloured, but that, as a rule, it is plentiful, and pale. The bowels are rather constipated; pulse 112, with a singular jerk; urine just passed—specific gravity 1012, acid; smoky-looking sediment; supernatant fluid clear, and straw-coloured; nitric acid rendered the urine slightly turbid: heat more so; a magnifying power of 200 diameters discovered many blood-corpuscles; numerous fibrinous casts of the tubuli uriniferi, some of which were transparent, and others rendered more or less opaque by the adhesion of blood-cells and epithelium; a few epithelium cells and crystals of uric acid.

Having again carefully inquired into the patient's previous history, and having satisfied myself that he had never had ague or purpura, that the kidney symptoms had never been sufficiently prominent to annoy him, that he had no tinnitus aurium or pain in the head, I determined that a subacute nephritis was the origin of the head symptoms. The drain of albumen, and the amount of blood daily passed with the urine, naturally induced a depraved condition of the circulating fluid, and gave rise to dropsy. There was no heart disease; there were no evidences of meningeal or cerebral inflammation. The idea of there being effusion in the ventricles, or at the base of the brain, could not be supported by the symptoms noticed above. My impression was, that owing to the influence of deteriorated blood upon certain parts of the brain in the usual nutritive processes, their functions were not carried out. Why the nervous energy of the irides and optic nerves, and their expansion, should alone suffer, it is hard to say; as is also the reason why there was no strabismus or paralysis of nerves whose origin or course is near to that of those affected.

The man's pallor, and jerking pulse, indicated a considerable amount of bloodlessness, and rather inclined one to the belief that the nephritis was to be checked by the reverse of antiphlogistic remedies. The small quantity of epithelium found in the urine determined that the attack was not of long standing; and the absence of fat globules contraindicated the notion of the incurability of the disease; but the peculiar casts of the tubes, with epithelium attached to them, proved that more than passive hæmaturia was to be feared.

At first the swollen condition of the eyelids and conjunctiva struck me, and an idea suggested itself, that effusion in the orbit might, by its pressure, produce the amaurosis, but there was no prominence of the eyeballs, and their muscles were not paralysed. The prognosis was favourable. The skin around the eyelids was punctured. Middle diet was ordered, and the following prescription:—*R. Tinct. Ferri Sesquichlor., m. xv.; Mist. Camph. oz. iss., fiat haustus quartis horis sumend.*

April 30th.—Oedema of the face very considerable; amaurosis perfect; no headache; no sleep; much serum has flowed from the punctures; pulse 112, jerking.—Repeat the punctures and medicine.

May 1st.—The punctures have given exit to much serum; conjunctivæ not so puffy; irides motionless; bowels open yesterday; has not slept since his admission; the little heat of scalp formerly noticed has gone; urine more plentiful, specific gravity 1012, smoky, contained many blood-globules, casts, and numerous fragments of epithelium cells; the brain symptoms are stationary, but there is evidently a change for the better in the renal symptoms; the desquamation from the tubuli uriniferi, (as evinced by the quantity of fragments of epithelium in the urine,) which invariably succeeds to the acuter stages of any inflammatory action in the kidneys, has commenced.

2nd.—He is better to day; oedema less, and he can just distinguish light from darkness; the irides

contract slightly on the sudden application of light. He slept last night. The urine is plentiful, very cloudy, and contains a great deal of epithelium, but few blood corpuscles, and is only slightly albuminous. Pulse 112; tongue cleaner; urine—specific gravity 1012.—Pergat.

3rd.—Has had pain in the loins during the night; urine scanty and high coloured, and highly lithic; oedema nearly gone. He can distinguish figures when close to him; pulse 96; bowels open.

I consider that the alteration in the renal symptoms was due to the sudden congestion of the kidneys, which might have its origin in the reparative process, consequent upon the desquamation of the epithelium cells, in the attempt to perfect a new series. The brain symptoms appeared somewhat better.—Pergat. Dry cup him over the loins.

4th.—During the night, without any previous headache or unconsciousness, the left side of his face became paralysed; sensation still remains. He complains of acute pain along the course of the frontal nerve of the left side. He sees better, there is no strabismus; the tongue is protruded in a right line; there is no deafness nor pain on pressing along the course of the left portio dura. He had no sleep last night; urine clearer; bowels open once yesterday; pulse 112. Deeming the paralysis and pain to be caused by the same influences as those which caused the amaurosis, I continued the iron, and to relieve the pain, ordered leeches to the left forehead.—*Evening.* Sees better; paralysis much the same; motion of extremities perfect; pain relieved by the leeches.

5th.—Amaurosis nearly gone; oedema perfectly so; the irides act naturally; the paralysis still remains; the urine is free from blood corpuscles and contains a few epithelium cells and casts.—Pergat.

6th.—Much the same.

7th.—The paralysis is certainly less; frontal pain gone; urine plentiful—1018, contains fragments of epithelium cells, but neither blood corpuscles nor casts; pallor of face considerable; appetite improved.

11th.—The mouth is scarcely at all drawn to the right; he can shut his left eye well, in fact the paralysis is rapidly disappearing, whilst his colour is returning; his appetite and strength are improving; urine normal.—Pergat.

He progressed for three weeks, became strong, got his colour again, and was discharged in the last week of June, cured.

In this case the treatment was confined to the exhibition of a remedy, which is believed to have a regenerating influence upon the blood corpuscles primarily, and upon the liquor sanguinis, secondarily; it is evident that had the diagnosis been incorrect, that had the amaurosis and paralysis depended upon any other cause than that I have suggested, this constant supply of iron to the blood, would have been exceedingly pernicious, indeed quite as much so, as would have been the exhibition of mercurials or antiphlogistics of any kind after the real nature of the case had become evident.

The concurrence of the renal and cerebral symptoms was singular. When the urine became freer from blood corpuscles and casts, the amaurosis gradually decreased, when an attack of congestion of the kidneys supervened, facial paralysis occurred, and with the return of the urine to its normal state, gradually vanished. We must admit that idiosyncrasy must have had much to do with the facility with which our patient's brain became affected, for it is by no means common to find such severe brain symptoms with the earlier stages of a sub-acute nephritis. The possibility of paralysis occurring without actual cerebral lesion, or pressure, or solution of continuity at some point in the course of the nerve in fault, is a matter of experience. A man, Bacon by name, came into the hospital under my care, with the lower extremities oedematous, the urine highly albuminous, and containing fatty epithelium, and became suddenly paralysed in the left arm and leg; sensation remained. The face was not affected. I examined him carefully several times during the day; the loss of power over the limbs was perfect. In fifty-six hours he had recovered the power of movement to a certain extent. He died from pericarditis some few days after the paralysis had left him. I examined the brain and upper part of the spinal cord most carefully, without finding the least evidence of there being, or having been, sufficient disease to explain the occurrence of so considerable a paralysis. The corpora striata and grey substance generally, were paler than usual. The kidneys were far advanced in Bright's disease. We constantly see the functions of the superficies of the brain partly arrested or perverted, by the action of blood poisons, and the two cases I have recorded appear to demonstrate that other parts of the brain are within the influence of morbid matters in the circulating fluid.

and only a state of uneasiness at the stomach, with debility and emaciation, remained. He presented no other marked symptoms, but gradually declined. He became greatly emaciated, and died.

May 23rd.—His wife informs me that he has had these symptoms for several years; he has been emaciating for at least six years, and has been subject to severe gastralgia for ten. He has never had much appetite in the morning; but he has always been in the habit of getting an appetite by working in the garden, not going to work till ten. He was at one time a very stout well-made man. He has been always temperate in his habits. During my attendance he had frequently very obstinate constipation. He had also some cough, with tenacious expectoration.

*Sectio-cadaveris, forty-eight hours after death.*—Some rather recent lymph upon the right lung. The apex of the left lung was more dense than natural; its general appearance was natural, excepting that it was riddled by small branching cavities, which gave it a worm-eaten aspect; there was no appearance of the deposit of any flesh material in the tissue; throughout the lungs were many small firm masses of a white colour, which, when pressed, exuded a matter like thick lymph; the general tissue of the lungs was healthy; but from the secretion there flowed an abundance of dirty serum. The right lung was much in the same state as the left; at the apex the tissue was softening. There was no sign of a tubercle in any part. The other organs were perfectly healthy, excepting the lumbar glands; these were much enlarged, and formed firm tumours, adhering to one another merely by cellular tissue, upon the vertebral column. Some were intimately connected with the pancreas; and they formed a series of nodules around the aorta, lying between it and the vena cava, which they partially surrounded, but were not sufficiently adherent to compress either vessel; the primary branches of the aorta were also surrounded by them; the largest collection formed by them ran along the left side of the aorta down to its bifurcation, in one dense large mass. The mesenteric glands were healthy. The spleen contained a number of firm, small, white bodies, about the size of a millet seed.

## Proceedings of Societies.

### BIRMINGHAM PATHOLOGICAL SOCIETY.\*

JULY 1st, 1852.

GEORGE YATES, ESQ., IN THE CHAIR.

*Cancer of the Lumbar Glands, fatal apparently by Pressure upon the Thoracic Duct.*—By Dr. RUSSELL.

THOMAS FLETCHER, aged 46, brass-worker, married, died to-day, May 23, 1852. He has been under my care at the dispensary since, and for a considerable time previously under Mr. Welch. He had no symptoms clearly defining his disease; what symptoms he presented admitted of being referred to mere indigestion, except for their persistence, and from their being united with slowly-progressive emaciation. He had pain in the epigastrium, particularly by food; sometimes nausea, seldom vomiting. The pain did not persist,

*Constriction of the Rectum by extensive thickening of the Submucous Cellular Tissue, and Infiltration into the surrounding parts.*—By Dr. RUSSELL.

Mr. Owen, aged about 64, brush-maker. On the 12th of February, 1852, I was called to meet Mr. Simons to visit this patient. Mr. Simons had been in attendance upon him about three weeks. He first sent for him complaining of diarrhoea, with straining and bearing-down; but after a day or two Mr. Simons found, by directing his stools to be saved, that in eight or ten stools he passed scarce any amount of feces. The irritation in the rectum continued very urgent and troublesome. The patient absolutely refused to permit any examination of the rectum, nor would he allow of an enema. Mr. Simons was, therefore, reduced to the necessity of opening the bowels by medicine, and of

\* Continued from page 621.

giving opistes. The medicines, however, acted very imperfectly, and the patient's strength seemed sinking. One day he quite alarmed Mr. Simons by his collapsed state. I found him somewhat easier; there was no sign of fever, or of any disease. He was a spare, wiry man, with a rather florid complexion. He would not admit of any examination of the rectum. With much difficulty I induced him to suffer an enema. This was thrown up effectually, and was repeated; and on the next day but one I was shown a pot nearly filled with foetid stool, containing abundant scybulous lumps. I learn from Mr. Simons that the relief was temporary; that the enema required frequent repetition, and the distress in the rectum continued. A constricted state of the rectum was discovered by the finger passed into the gut. The bowels acted every third day; a considerable quantity of faecal matter being passed in very long masses, about the thickness of a tobacco-pipe. He had discharges of mucus from the rectum, frequently voluntary, to the amount of perhaps two table-spoonfuls three times a day. He sank very gradually, became extremely emaciated, and died June 21st. Before his illness began he suffered from constipation for about eight or ten months; never prominently. He never complained of uneasiness until the period of his illness. He never had piles. When I saw him he would not admit that he had been constipated at all.

*Sectio-cadaveris.*—Body much emaciated. The abdomen only was examined, and all its contents were quite healthy, excepting the rectum. The intestines having been removed, the sigmoid flexure and the commencement of the rectum was seen to be drawn firmly into a close S-like fold, lying upon the promontory of the sacrum. The rectum was removed from the body. It presented externally its usual appearance, but felt exceedingly dense and firm when pressed by the finger. All the surrounding cellular tissue below the pelvic fasciae was densely infiltrated, so as to form a hard mass, closely surrounding the rectum. The vesiculæ seminales lay in front of this mass; the right one partly covered, and compressed by infiltration into its surrounding tissue. The ureters were free from it. This firm mass had not compressed the rectum beyond its ordinary capacity, when not distended, below the reflection of the pelvic fasciae; but at this point the thickened fascia compressed the intestine, forming a constriction which would only allow of the passage of the little finger. The infiltration had extended up the meso-rectum, greatly thickening and contracting that fold, binding the intestine closely to the sacrum, and by its contraction producing the double fold mentioned above. The small fatty appendages of the rectum were very firm, but presented their usual appearances. The sub-mucous cellular tissue of the rectum was greatly thickened; it presented a semi-transparent aspect, and just the appearance of the non-malignant stricture of the pylorus; just above the anus it was more than half an inch thick. In ascending hence the thickness gradually and uniformly lessened, and ceased altogether at about the commencement of the rectum. The thickness of the mucous membrane, and the infiltrated state

of the surrounding parts, was perfectly uniform entirely, without any of the nodular condition of cancer or any of its irregularity. The mucous membrane was natural, except that it was bound down by the thickening of the submucous cellular tissue; its natural size remained, being rendered permanent by the infiltration. The glandular apparatus of the abdomen was perfectly healthy.

*A very Remarkable Case of Fatal Haemoptysis of Eight Weeks' duration, produced apparently by Bleeding into a Dilated Bronchus, which contained a Large Pulmonary Calculus. The Lung gave way, and caused Pneumothorax.*—By Dr. RUSSELL.

Mary Simons, aged 41, married. I first visited her on Saturday, March 20th, 1852. She has been under Mr. Welch since, with very severe hæmoptysis. The hæmoptysis began quite suddenly, just a fortnight before my visit on the Saturday evening. She had not been well during the day, but had been unusually exerting herself in cleaning. She went out of the house in a fit of coughing, and brought up a large quantity of pure blood. During Mr. Fletcher's attendance the expectoration of blood continued, generally tinged with mucus; he saw a pot filled in great part with pure fluid blood. She had had an attack of hæmoptysis thirteen or fourteen years ago, whilst in America, but I could not learn anything of importance respecting it. She had always been delicate, and subject to sickness. Her diet of necessity was of the very plainest material. She had not menstruated for two years. She was a pasty-looking woman; her family consumptive. Unfortunately I did not preserve notes of her case. At my visit I examined her chest; I could not trace any signs of disease in her lungs, nor could I discover from what part the blood was expectorated. The quantity of expectoration had at that time diminished; but to the period of her death (May 8th), it never ceased. During the first ten days it became less, but then suddenly increased to an alarming extent on March 30th, and during two days she expectorated several pots nearly filled with mucus, intermixed with a large quantity of dark blood. The quantity again lessened, but in a few days again renewed itself, and she did not again leave her bed. Excepting in the instances of the copious expectoration of blood and mucus the expectoration was peculiar, consisting of mucus intimately mixed with dark blood, and closely resembling treacle, only that it was more viscid. A small spitting-cup was generally filled by the patient during the course of the day. During the last week its quantity much diminished, and the colour became much paler; and the last two days the matter was described as being like cheese, and very offensive. The general symptoms were those of hæmorrhage, but with a good deal of what appeared like hysteria. Her stomach was exceedingly irritable, so that she took scarcely any food, and rejected her medicine. The retching often occurred without any provocative, and increased the expectoration considerably. Twice this

irritability of stomach followed the use of the acetate of lead, which also produced very troublesome constipation—a state which created much difficulty in the treatment. During the last ten days she suffered much from severe pain in the right shoulder, and upwards, over the entire right chest, which was partially relieved by a blister. I could not ascertain the state of her chest by examination for some time after her state assumed so serious an aspect, on account of the violent retching and eructation excited the moment she sat up. At one examination, a day or two after her first relapse, I still found the breathing natural on both sides; but within three weeks of her death, I found entire absence of breathing in the front of the right side; and at the only effectual examination of the posterior region behind also, in the left the breathing was puerile. She never suffered much from cough. Her death was rather sudden on May 8th. She had a complete hæmorrhagic aspect. Urine was free from albumen.

*Sectio-cadaveris sixty hours after death.—Chest:* The only part examined, except the stomach, which was pale, but otherwise healthy. Left lung perfectly healthy; it had extended itself behind the sternum, as had been indicated during life; it was perfectly free from tubercle. Some diffuent gruel-like mucus oozed from the small tubes, and was also found in some quantity in the large tubes. The right lung was collapsed upon the spine. The chest was less than half filled with sanious purulent fluid, resembling raspberry cream. The pleuræ were coated with a thick false membrane, removed with much difficulty, leaving the pleura quite clear and shining; its deep layer was semi-transparent, the superficial layer white and opaque, and had more of the character of having been deposited from the fluid poured into the chest. There was no difficulty in removing the lung entire; it had no adhesions of any resisting power; and after it had been removed we found in the chest masses of what seemed soft friable fibrin, of the colour of the fluid in which they were immersed. In front of the lung, near the base of the middle lobe, there was a fissure near an inch in length, and when the finger was introduced into this fissure, it came in contact with a rough stone-like body, lying near the root of the lung. This we found to be a hard body of exceedingly irregular figure, rather more than half an inch in its long diameter ( $7/12^{\text{th}}$ ); its surface very rough; it was hollow, and as if worm-eaten; its appearance was between that of a piece of necrosed bone and a piece of mortar, very light. It lay in a cavity connected with one of the primary subdivisions of the right bronchus, and was embedded in pulmonary tissue, just at the root of the lung. The bronchus ended abruptly at this cavity, and its cartilaginous rings, ragged and uneven, projected into it, as though divided at the spot. The cavity was empty of fluid, nor could I detect any communication between it and a blood-vessel; the pulmonary artery lay close behind it, and one small branch given off from the artery was separated from the cavity by so delicate a membrane that the end of a probe could be seen through it quite distinctly. In another of the primary

subdivisions of the same bronchus, was a second concretion, exactly like the last, only smaller; it quite filled up the cavity of the tube, which was a little dilated at the spot, but the walls of the tube were entire. The concretion was situated at about two inches from the origin of the tube. A third concretion was embedded in the pulmonary tissue, without having any communication with a bronchial tube; it lay close to the last-mentioned calculus, but differed from it in being moist and soft, therein resembling mortar. The pulmonary tissue was healthy; it did not contain a single tubercle. The lung did not admit of being inflated, and a slice from it sank in water.

## METROPOLITAN COUNTIES BRANCH.

THIS Branch held its preliminary meeting at 37, Great Queen Street, Lincoln's Inn Fields, November 26, 1852, Dr. FORBES in the chair. Among the members present were—Dr. Tuke, Chiswick; Dr. Cormack, Putney; Dr. Ogier Ward, Kensington; Dr. Conolly, Hanwell; H. Hanks, Esq., Albert Square; G. Bury, Esq., Whetstone; C. T. Carter, Esq., Hadley; B. W. Richardson, Esq., Mortlake; Dr. Howard, Weymouth Street; E. Ray, Esq., Dulwich; J. B. Brown, Esq., Connaught Square; J. Propert, Esq., 6, New Cavendish Street; Thomas Hunt, Esq., 23, Alfred Place, Bedford Square; Henry Thompson, Esq., M.B., 16, Wimpole Street, Cavendish Square, &c., &c.

Dr. FORBES having opened the proceedings, called upon Dr. Ogier Ward, who was appointed Secretary *pro tem.*, to explain the objects of the meeting.

The SECRETARY then stated, that a closer union of the members of the Association, residing in and around London, having always appeared to him to be desirable for the welfare of the Association, he had adopted, with alacrity, the suggestion of forming a branch for this purpose, and having communicated with Sir Charles Hastings and Mr. Sheppard, he was happy to find that the proposal met with their fullest sanction and approbation; he therefore had addressed circulars to all the members residing in Middlesex and the immediate vicinity of London, and had received so many replies in favour of the plan, that he had been induced to persevere, and had requested the attendance and co-operation of the members on the present occasion. The Secretary added, that he had observed with much interest the formation of medico-ethical associations in various parts of the kingdom, and that the establishment of a similar society in connection with this Branch, was one of the objects he hoped to see carried out at no distant period.

The following resolution was then carried unanimously:—

“That the members of the Provincial Medical and Surgical Association now present do, in accordance with the laws of the Association, form themselves into a district branch, under the name of the Metropolitan Counties Branch, and that the limits of this Branch do comprise the county of Middlesex, and such parts of Essex, Kent, Surrey, and the adjoining counties, as are not included in any existing branch.”

In proposing this resolution, Dr. CORMACK mentioned that he had forwarded to the Central Council, for admission, the names of above sixty gentlemen who were anxious to join the Association, and he believed that many other members had met with great success in their attempts to benefit the Association, by increasing the number of its members.

The "Rules for District Branches" having been read, and some modifications introduced into them, it was resolved,—

"That the rules just read for the district branches, with the modifications introduced in conformity with the laws of the General Association, be adopted, and submitted for the approval of the Central Council."

The next proposition, for the *ad interim* management of the Branch was to the following effect,—

"That a Provisional Committee of six members, and the Secretary, be appointed to conduct the affairs of this Branch till the general meeting."

In discussing this resolution, a question arose,—whether the members of another branch present at this meeting, were entitled to vote on the proceedings, or whether they must disconnect themselves from the branch to which they have been hitherto attached,—in short, whether a member can belong to several branches at the same time. This point was referred to the Central Council for its decision.

A Provisional Committee of the following six gentlemen, with the Secretary, was then appointed:—Dr. Forbes, Dr. Sibson, Dr. Cormack, B. W. Richardson, Esq., J. Probert, Esq., J. Bowling, Esq.

The first general meeting of the Branch was then fixed to be held not later than Tuesday, January 11th, 1853, at a place, and time, to be settled by the Committee, and the meeting then separated, after a hearty and unanimous vote of thanks to the President, Dr. Forbes.

The alterations in the "Rules for District Branches" referred to, are the following:—

3rd Rule. After majority, insert "*present*."

4th. "*An*" honorary secretary, and "*not less than six, nor more than fifteen*" members in addition, &c.

5th. After held "*at least once*"—and, at such place as "*a general meeting of the*" members; also, and "*that extraordinary meetings may at any time be called by the Council of the branch by a notice published in the Journal ten days before such meeting.*"

8th. Add, "*and that not more than two-thirds of the Council be re-elected.*"

9th. That the members dine together at the annual meeting.

## EPIDEMIOLOGICAL SOCIETY.

THE opening meeting of the third session which, was very fully attended, was held at the house of the Royal Medical and Chirurgical Society on the evening of Monday, the 1st instant, when a very eloquent address was delivered by Dr. Babington, the President of the Society, concluding with an account of the pro-

gress of the various Committees of the Society in the investigation of the subjects respectively entrusted to them. As but a faint idea of Dr. Babington's admirable address could be formed from a mere abstract of its contents, we shall, on a future occasion, present it entire to our readers.

Dr. BABINGTON next read a paper by Dr. SWAINE, "On an Epidemic 'Suetto Miliare,' in the Hérault," of which the following is an abstract:—

Dr. Swaine begins by defining 'suetto miliare,' as an epidemic fever of a remittent type and a typhoid form, attended by profuse sweating, and for the most part with an extensive eruption of miliary vesicles.

Dr. S. stated that he believed that the disease in its present form had been known on the Continent before the commencement of the eighteenth century, and accurately described by Bellot during the fourth decennium of last century. It had recurred from time to time in various parts of France, always selecting damp, poverty-stricken and ill-drained localities for its visitation. In 1821, the centre of France became a prey to its ravages; and that patient and acute observer, M. Rayet, was then commissioned by his Government to investigate and report upon the disease. This report was most comprehensive, and most welcome. Unfortunately, however, it appeared under the banner of Broussais-isme, which deprives it of a portion of its value at the present day. It was not until 1851 that the Hérault became visited by this pestilence. It first broke out in a village situate on the declivity of a hill, sheltered by mountains more or less elevated from all but the south wind, which reaches it with the malaria of a marsh district on its wings. The village is dirty and viciously drained, the refuse of many small distilleries contributing to its insalubrity. The inhabitants are poor and prejudiced. Here the disease appeared spontaneously in the early spring. Many were attacked, and a few died. To the end of this village rises a lofty volcanic plateau, twelve miles long and two broad. Over this range the disease seemed to make a leap, attacking secondly with great and deadly violence a village lying at the other end of the plateau.

Although without any regular order in its march, the epidemic afterwards attacked in succession all the villages and towns situated around the base of the said plateau (les causses), and in fact seemed to confine itself almost entirely to one hydrographic basin, the bed of the river Hérault, and of certain of its tributaries.

No facts are recorded which render it very probable that the disease is propagated by contagion. It is, however, stated that it sometimes passed from village to village in the teeth of the prevailing winds. The people, however, and even the rural practitioners, mostly believed in contagion; and it required nothing less than a scenic display on the part of a Government Commissioner to reassure the panic-stricken inhabitants of the affected district on this point.

The etiology of the disease remains obscure. A specific telluric influence must be supposed to be superadded to the general miasmatic tendency of the affected communes. The epidemic generally sets in in early spring, when the peasantry, male and female, are engaged in laborious field-work under a broiling sun, and often with a piercing wind blowing upon them from the snow

mountains of the Cévennes; whilst the sweating method of treatment is at all times, and for the cure of nearly all diseases, carried to its utmost limits. The nature of the disease is, if possible, still more obscure. French physicians have uniformly applied the pathological theories current in their own day to the explanation of this disease. Dr. Swaine felt more inclined to adopt Prout's view of analogous fevers attended with profuse sweating, namely, that an excessive quantity of lactic acid is generated within the system and excreted by diaphoresis. The almost exclusively vegetable and mild diet of the peasantry in the Hérault seems to Dr. S. to favour this assumption, and he thinks that in the so-termed malignant cases, the excess of lactic acid in the circulation may be so great as to overwhelm the nervous centres.

An account is then given of the disease itself, which differs from other typhoid fevers chiefly in this, that an enormous amount of sour fluid is poured off from the skin, and that in many instances—not in all—a miliary eruption appears after a few days of these profuse sweats. It is important, however, to observe, that neither the fever nor the course of the disease is at all modified by this efflorescence.

The distinction of two forms of the disease seems to Dr. S. simply convenient, but not founded in any real difference, except in degree. Mild cases of the disease often become suddenly and very unexpectedly malignant, and the patient dies comatose or convulsed, in spite of every variety of treatment.

Other cases show this intensity from the first, and a few days, or even hours, decides them in a fatal sense. *Post-mortem* examinations throw no light upon these cases beyond establishing plethora of the venous system, and a generally diffident and black condition of the blood.

In 1821 Rayer and others practised the antiphlogistic treatment to its full extent. At the present day immense doses of quinine are given,—larger in proportion as the disease is intense. The proportion of deaths seems to be pretty equal under these two opposite poles of indication, and it is hard to suppress a smile at the zeal and confidence with which such different methods are advocated by their respective adherents.

Of the statistics of the Hérault epidemic little is as yet known.

Dr. S. concludes his paper with a brief parallel between the *suette* miliare of this and the last century and the English sweating sickness of the middle ages.

Dr. S. dissented from the opinion of Hecker, who regards the two diseases as essentially different, and himself considers that there is enough analogy between the two to justify us in classifying them together, admitting only that greater degree of intensity in the earlier disease, which might well be accounted for by the differential character of the two races, of their respective habits and customs, and especially by the different age of civilization under which the English sweating sickness occurred.

The address of the President, and other preliminary business connected with the Society, with the reading of Dr. Swaine's most interesting paper, having occupied the meeting until a quarter-past ten o'clock, no time was left for discussion on the paper, and the proceed-

ings of the evening were concluded by the President announcing that a paper "On the influence of noxious effluvia as to the origin and propagation of Epidemic Diseases," by R. D. Grainger, Esq., would be read at the meeting in December.

## Correspondence.

### THE MEDICAL BILL.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—According to the wording of the 24th clause of the amended Draft, it appears to me that unregistered practitioners will be able to find a loop hole for illegal practice. It there says:—"That if any person after the 1st day of February, 1854, act or practise as a physician, surgeon, apothecary, or licentiate in medicine, in any part of the united kingdom, without being duly registered according to the provisions of this act," &c., &c., "he shall, on conviction before any magistrate, having jurisdiction in the county, city, or place where the offence was committed, forfeit and pay a sum not exceeding £5, nor less than forty shillings," &c. &c. I beg to suggest, that instead of the words—"act or practise as physician, surgeon, apothecary, or licentiate in medicine," the words—"practise medicine," be used, and for the following reasons:—1st. In the interpretation clause the word "medicine" is intended to signify "medicine, surgery, midwifery, and pharmacy," so that all persons illegally practising any of these, will be brought under the operation of the act whatever name they may assume, and without the necessity of specifying the particular branch in which they practise. 2ndly. No definition of what constitutes the practising as "physician, surgeon, apothecary, or licentiate in medicine," is given in the Draft, consequently it might be open to doubt whether persons practising under other titles, (homœopath, hydropath, thermopath, Coffinite, Thomsonite, accoucheur, midwife, bonesetter, *et hoc genus omne*,) or even those using no designation at all, could be brought under the operation of the 26th clause, if defended by an acute counsel, or the case were heard before an unwilling magistrate; and that there are many such, we know too well, as our magistrates are derived from those classes which are the great supporters of quackery. The substitution of the word "medicine," in addition to being much more simple and comprehensive would do away with the necessity of defining in courts of justice, what constitutes practising as physician, surgeon, &c., a difficulty which you are aware for many years frustrated the operation of the penalty clause in the Apothecaries' Act. I trust, however, that the wording of the proposed act will be such as not to admit of evasion or equivocation.

It will be perceived also that the 30th clause could be easily evaded by unregistered practitioners. Thousands of persons practise medicine who do not use the "name or title of physician, doctor, bachelor of medicine, surgeon, or apothecary," and upon such persons this clause would be inoperative, and while, as before re-

marked, the same persons, by calling themselves by other names, or using no designation at all, might evade the operation of the 26th clause. Any legal gentleman who could "split a hair," would promise his client a verdict "on this nice point," and make it "perfectly clear" to the country magistrate.

I object also to the use of the word apothecary, which appears to be unnecessarily introduced. "Apothecaries" being registered as "surgeons" by the proposed Act, a name would be perpetuated which in a few years would be quite obsolete among the profession and the public, or, at all events, it would resume its original signification, and be confounded with the functions of the "pharmaceutical chemist," which it is well to avoid, and which may be avoided, since the word *medicine* is intended to include "medicine and pharmacy." There are many quacks of large practice who would not be deterred by anything contained in the proposed Act. Forty shillings and not exceeding five pounds is a penalty which would have no influence in deterring men who have set at naught far more stringent provisions in the Apothecaries' Act. They would consider their immunity cheaply purchased at a dozen such penalties per annum; particularly when their enforcement is entirely left to the public spirit of medical practitioners, neighbours of the delinquents, a most unenviable duty, which very few would be found to perform, and none without incurring much personal sacrifice, and questionable notoriety. Of course, under these circumstances the quack would go scatheless. He has braved the Apothecaries' Act with impunity,—he would laugh at the tender provisions of the proposed Act. I would suggest that a public prosecutor be appointed under the Act, or it might be made compulsory on the Registrar or Council to prosecute, on the complaint of two or three registered practitioners, or half the penalty might be given to common informers. Certainly some readier and more practicable mode must be adopted than that proposed. One penalty per annum would be no punishment, and yet it does not say that it may be repeated. I have been chiefly impelled to urge on the Bill Committee the reconsideration of the clauses I have commented on from the fact that in the amended Draft the provident clauses are omitted. I feel exceedingly sorry for this omission, but doubt not the Committee have been influenced to it only after valid reasons and mature consideration. A vast number of our brethren are struggling with poverty palpable, and as matters at present stand, irremediable, having a humiliating influence on the mind, which ill becomes educated men, depreciating them in the eyes of the public; prostrating their energies, mental, moral, and professional. Many, deploring the circumstances which compel them to debase a noble calling, under the honourable and scientific pursuit of which they can barely live, feel constrained to pursue practices to which "their poverty and not their will consents." How painful to see every year some hundreds of young men highly educated, and with noble aspirations, enter our ranks, many of whom, we feel assured, are doomed to bitter but undeserved, I had almost said unavoidable, disappointment. This ought not to be so—it need not be so—if, as in the legal profession, we but adopt measures for securing our rights from unlawful invasion. Instead of

being proverbially a "poor profession," we should be a wealthy one, and have little necessity for provident and benevolent institutions, but which, when required, would be abundantly and cheerfully supported. At present nothing shows our poverty more plainly than the fact that the demand for institutions of this kind greatly exceeds our ability to supply. The few that are in existence being inadequately supported, and not subscribed to by a tenth of the profession. If the means for supplying this want proposed in the original Draft be withdrawn, our independence can only be maintained by such a reconstruction of the clauses to which I have alluded as will render their application easy, and their evasion impossible.

I cannot close my letter without offering my warmest and most heartfelt thanks to Mr. Hastings and the Bill Committee, whose zeal and energy in the cause I hope may be crowned with success.

F.R.C.S.

#### THE BRITISH GRADUATES AND THE PROPOSED NEW CHARTER OF THE COLLEGE OF PHYSICIANS.

[We have received the following correspondence from Dr. Tunstall for publication:—]

Bath, Queen's Parade Place,  
November, 1852.

DEAR SIR,—The Committee of British Graduates appointed at the general meeting held at Oxford on the 22nd July last, "to communicate with the Royal College of Physicians in relation to the proposed new Charter," have great satisfaction in forwarding you a copy of a communication, received from Dr. Hawkins, in reply to a letter containing the resolutions unanimously passed at the meeting at Oxford.

They at the same time desire to offer their sincere congratulations to their fellow graduates on the kind and conciliatory spirit shown to their suggestions by the College.

It is, however, absolutely necessary that all British physicians now practising in England and Wales without the diploma of the College should heartily unite in strengthening the efforts of the College for the remission of the stamp duties.

The Committee earnestly hope that you will assist them in their efforts to aid the College to procure a remission of "*a tax which, compared with other analogous stamp duties, does appear to be disproportionately heavy.*"

To do this effectually, your Committee would urge the necessity of forming branch Committees to co-operate with them. First, to memorialize the College again to remonstrate against "*an impost pressing on it so heavily.*" Secondly, to memorialize Her Majesty's Government praying for the remission of a tax which, in a great degree, tends to prevent the British physician not practising in London from becoming a member of the College; and thirdly, if necessary, to petition the House of Commons against an impost which, while it adds but little to the revenues of the country, presses severely upon a class of men ready at all times in



hospitals and dispensaries to devote their time and talents gratuitously in the service of their sick and afflicted fellow-subjects.

In conclusion, I have to inform you that some necessary expenses must be incurred by your Committee, for which no funds are available; I am, therefore, directed by them to solicit subscriptions, so that by the earnest co-operation of the provincial physicians, the College may be enabled to procure a Charter, which, inflicting no injury upon any class, will be the means of uniting us all in one Royal Incorporation, to the manifest advantage not only of the profession but of the country at large.

I have the honour to be, dear Sir,

Your faithful Servant,

JAMES TUNSTALL, M.D., EDIN.,

Honorary Secretary.

Royal College of Physicians, London,  
Nov. 11th, 1852.

SIR,—I am directed by the Charter Committee of the Royal College of Physicians, to request that you would communicate to the British Graduates in Medicine, who held a meeting at Oxford on the 22nd of July, 1852, that the Committee has taken the earliest opportunity which offered itself after the recess, of considering the resolution passed at that meeting, a copy of which you have been good enough to forward to the College; and, further, that you would assure the British Graduates that it is highly gratifying to the President and the Committee, as it will be, doubtless, to the Fellows at large, to learn that the provisions of the proposed new Charter for the College, were thought by the meeting to be extremely liberal.

With respect to the suggestions contained in the Resolutions, viz.—“Whether the clause relating to the fees payable upon admission to membership by those who, at the date of the Charter, are Graduates in Medicine of British Universities, be not open for reconsideration, with the view of reducing the amount to be paid for the diploma itself, especially by those who have long practised beyond the jurisdiction of the College; and of endeavouring to exempt all candidates, being Graduates of British Universities, from payment of £15 stamp duty, they having already paid a stamp duty on taking their degree,”—the Committee deem it right to offer the following considerations:—

That the College of Physicians has public offices to discharge, and officers to remunerate, towards which it neither receives, nor ever has received, any payment or pecuniary assistance whatsoever from Parliament or the Government.

That the only endowment which the College possesses consists of bequests from some of its former Fellows, not sufficient for its ordinary services and for keeping the building in repair; the building itself having been erected chiefly by means of the private subscriptions of some of the former and of the present Fellows.

The necessity, therefore, that those who receive licenses from the college should contribute towards its support, is obvious; and it may be stated that the sum hitherto payable for this purpose by every Licentiate

has been somewhat more than £40, exclusive of stamp duty. This sum has been paid although the license did not formerly confer the same eligibility as at present to the Fellowship. And every Licentiate must at that time have paid, in addition, fees (and probably stamp duty), to some university, because a degree was, until lately, an indispensable requisite for the license.

Even the Extra-Licentiate, who practise beyond the proper jurisdiction of the College, many of them being Graduates of British Universities, have each contributed about £20 to the College.

But for several years the number of licenses annually sought and paid for has been smaller than heretofore, because many physicians have been waiting in expectation that a new Charter would be granted to the College. Whilst, in the mean time, the College has already incurred considerable expense, and must incur expenses to a much larger amount, in order to obtain a new Charter from the Crown, and an Act of Parliament, without which the Crown has not the power to grant a Charter to the College. It seems but fair that these expenses should be defrayed at least in part by those who are to obtain by means of this Charter both legal rights and corporate privileges.

When first the proposition was made by the College to receive as members, under a new Charter, all British Graduates properly qualified, without examination, and at a reduced fee; that fee is fixed at £25. Readily, at the suggestion of the Council of the Provincial Medical and Surgical Association, it was further reduced to £15.

The Committee, taking all the circumstances now stated into consideration, would not feel itself justified, in recommending the College to reduce the fee still further.

With respect to the exorbitant stamp duty of £15 on every license, and £25 on the diploma of every Fellow, the College is not assuredly a consenting party to an impost pressing upon it so heavily. It has several times remonstrated against it. It will be ready to co-operate heartily with the British Graduates in the endeavour to persuade the Legislature to remove or lighten a tax which, compared with other analogous stamp duties, does appear to be disproportionately heavy. Whilst, on the other hand, the conciliatory tone of the resolution encourages the Committee to hope that the College will meet with the cordial co-operation of the British Graduates in the attempt to obtain the proposed new Charter.

I have the honour to be, Sir,

Your most obedient Servant,

FRANCIS HAWKINS, M.D.,

REGISTRAR.

To James Tunstall, Esq., M.D., &c., Bath.

## ON THE REPRESENTATION IN PARLIAMENT OF THE MEDICAL PROFESSION.

To the Council of the Provincial Medical and Surgical Association.

GENTLEMEN,—Permit me to call your attention to a letter which was published in the *Morning Chronicle*,

on Tuesday, November 9th. It was written by Mr. Dickinson, of Kings Weston, in this county, a large landed proprietor, and formerly one of the representatives of the western division of the county. The letter refers to the four vacant seats in the House of Commons, and the writer proposes that they should be appropriated as follows:—One to be filled by a representative of the University of London, and the other three by representatives elected by members of the medical profession. There is an increasing feeling in the profession that it ought to be represented in Parliament, and the present is a most appropriate time, in my judgment, to appeal to the Government and to the House of Commons in the matter, and surely the Provincial Medical and Surgical Association, through its Council, is the most suitable body in the profession to take the necessary steps. I would therefore ask your earnest and early attention to the subject, in the hope that you will determine to aid us in obtaining what seems to me to be justly due to us as a profession.

I am, Gentlemen,

Respectfully yours,

F. H. WOODFORDE,

Taunton, November, 1852.

P.S. I should wish, if you approve it, to insert this letter, with Dr. D's, in our journal.

*"To the Editor of the Morning Chronicle."*

"Sir,—I see it stated in your paper that the Graduates of the University of London—I wish I could call them the Senate—are about to renew their application to Parliament to be allowed at least one representative when the four seats now vacant are disposed of. This request is reasonable, and modestly put; in my opinion it would be but an instalment of their claims, for the State ought to place this new body on a par with the old Universities in all that concerns rights and privileges, and to endow it with revenues considerably greater than the richest College in either of them.

"You inserted last Spring some letters of mine in which I advocated the assignment of two seats to this University, in connection with a large plan for giving the franchise to various learned professions, with a view to balance, by a representation of intellect and education, the representation of mere numbers.

"I think this plan of importance, because it would render household suffrage safe and wholesome; but it does not do in this country to propose a comprehensive plan, which makes large changes necessary. I have made a mistake, and bow to the wisdom of our national habits, which prefer an experiment on a small scale first, such as we can extend if it succeeds, or retreat from if it fails.

"I am anxious, therefore, to propose that one seat should be allotted to the University of London, and three to the medical profession. I stated at length in my letter of May 19th reasons why the medical profession needs representatives of its own in Parliament, and showed that it was likely to choose Members who would know the wants of the people, and yet not blindly yield to them; and thus act with true humanity, while they would have a care for the interests of science, which Parliament, as now constituted, is but too apt to neglect.

I stated also the mode in which the elections might be managed, which I will recapitulate.

"There must be a register of medical men practising as physicians, surgeons, and apothecaries in the United Kingdom. It would undergo an annual scrutiny; and I conclude that the profession might be trusted to see that the names of those who had given up practice or were dead, were expunged, and the medical men themselves to make their claims, and see that their residences are correctly stated. The 'Medical Register' would, of course, be published annually.

"I pointed out in my former letters the advantage of letting the votes be given cumulatively, each voter giving as many of his votes as he chooses to one man. This has been so much insisted on by others, before and since, as a means of protecting minorities, that I shall not say more about it now.

"At the time of the election, each person named in the register would have his polling-paper sent to him by post, containing the names of the candidates nominated to the returning-officer in London. He would mark in it how he desired to dispose of his three votes, sign the paper, and return it. Everyone is familiar with this process, by which the elections to various charities are performed. There would be a slight risk of letters being received and returned by the wrong person; but this kind of roguery would be but a small per centage on the whole, and could not be systematized. And I am inclined to think that there would be less failure through undue or corrupt influence upon this plan than upon the common one.

"I venture to think that it would be far better to give the seats as I propose than to any large constituencies. We should avoid stirring again the rivalry of classes, whose feuds are not wholly pacified; we should be doing an act of justice to an institution of great and increasing importance, and to a profession which cannot now make itself heard in Parliament; and should introduce into it men whom no party would have reason to fear.

"I remain, Sir, your obedient servant,

"F. H. DICKINSON."

THE CASE OF MR. COX.

*"To the Editor of the Provincial Medical and Surgical Journal."*

SIR,—A statement I made at the Bristol meeting would, I think, be more correctly reported thus:—"As to the operations, a young man whom he (Mr. Barrett) saw at the court, and whom he believed to be a dispenser at the Western Dispensary, named Biggs, had admitted to him immediately after the trial, that in Bourn's case the bougie had been passed." This makes my statement rather stronger, and I request you will insert it in your next, in reply to a communication in your last. It could not have originated in mistake, and on my part was no mistake.

I am, Sir,

Your obedient Servant,

JOHN BARRETT, F.R.C.S.

Bath, 13, Pierrepont Street,

November 30, 1852.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—The letter in the last *Journal*, of the five medical gentlemen who gave evidence against me, necessitates my laying before your readers the testimony they gave. I need not notice the evidence of Mr. Topp, for on this occasion he dissociates himself from the other medical gentlemen. I, therefore, will commence with the second medical witness, Mr. C. A. Harries, who says:—"He never during his practice saw the two diseases described coexisting in the same patient;" "no practitioner in France, England, or elsewhere, ever heard of such a case;" "had never seen the two diseases coexist, and the best authors agree in the opinion that they do not." "Sir Astley Cooper was out of fashion now. Sir Astley Cooper and Mr. Hunter would have said 'aye' to this question. Mr. Lawrence, and the writers of the present day, would say 'nay.'" Mr. Skeate follows Mr. Harries, and to the fairness and proper feeling with which he gave his evidence I take this and every other opportunity of testifying. He, however, says, (I doubt not with perfect good faith):—"I never saw a case in which the two diseases coexisted together." Mr. Field is then called, and says:—"He could not have walked without limping, if he had had a bubo; he did not walk limping; never saw a case with the symptoms described coexisting; it is possible the two diseases may be contemporaneous, but (with great emphasis) in all my experience I never witnessed it." Mr. Bartrum was then called; and he is reported to have agreed with the other medical witnesses. But he also said what I repeated before him at the Bristol meeting, and what he did not then attempt to dispute, "If a patient had phimosis, a bougie could not be passed." On being asked why, he said:—"Because there would be inflammation of the glans penis." And then being asked if inflammation of the glans existed in natural phimosis, he said:—"No, that is a natural state of things." Mr. E. L. Bagshawe winds up the medical evidence by saying:—"I do not believe that the whole of the diseases mentioned existed at the same time." Upon this medical evidence the Judge charges the Jury "that not less than six medical gentlemen of experience and repute had been called to give an opinion on that bill. As one witness after another was called, they all agreed that they did not believe that such a case ever existed;"—"They did not believe that the diseases which were specified upon the face of the bill ever could coexist in the same patient." See *Bath and Cheltenham Gazette*, Sept. 8th, 1852.

This, then, was the medical evidence given by these witnesses. And I ask,—Is it worthy of members of a profession called honourable, to shift the responsibility of it, by the quibble that they did not assert that syphilis and gonorrhoea could not possibly coexist? Was not this the legitimate deduction from their evidence, and the conclusion which an unprofessional auditory must draw therefrom. Of this there can be no doubt. They appear to have been led astray by Mr. Topp, who boldly asserted that gonorrhoea gave an immunity from syphilis, and in their zeal for the professional honour, they gave evidence which I challenged them at the Bristol meeting, before professional men, to maintain. I again challenge

them to do so, or to deny that they gave this evidence. Let them meet me fairly either by saying that they had been inadvertently led astray by Mr. Topp, and thus make me the only reparation now in their power for the injury they have done me; or let them come forth and say the evidence we gave we still believe to be true, and are prepared to maintain. But let them not think to escape by the miserable quibble, that they did not assert that syphilis and gonorrhoea could not possibly coexist.

These gentlemen say they went to the trial without any communication with the plaintiff. Had they no communication previous to the trial with the plaintiff's son-in-law?

They also pledge their veracity that the Jury were not influenced by their opinions as to the coexistence of gonorrhoea and syphilis. But I assert, that those five gentlemen cannot themselves, on calmly reflecting on the whole evidence given at the trial, believe the Jury were uninfluenced by this opinion. Neither will any other person, viewing the whole evidence, doubt that the Jury must have been strongly prejudiced by the decision against me. At present, Sir, I have no more to say to these gentlemen, but shall be prepared to reply to anything they may have to advance in further justification of their evidence.

I am, Sir, your obedient servant,

W. A. COX.

Bath, December 2, 1852.

[We insert the above letter, because we are anxious that Mr. Cox should have every opportunity of defending himself, but as he has now withdrawn from the Association, we cannot insert any further communications from him. We have also received the report of the Bath and Bristol Branch Meeting, but as it would occupy nearly twenty pages of the *Journal*, we are obliged to postpone its insertion to our next number.—Ed. J.]

### URGENT CASE OF DISTRESS.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—In returning you my most grateful acknowledgements for your kind courtesy, in inserting my letter in your last journal, I hope I shall not be deemed trespassing too much upon your kindness, if I beg for an extension of that indulgence, in order that through the same medium I may offer my warmest thanks to those ladies who have most generously and affectionately responded to my appeal on behalf of the "Urgent Case of Distress" advertised in your two last Journals. I am sure it will gratify them to know, that the sums already received amount to £5. 11s. 1d.; and I earnestly hope and believe, that as the case meets the eye of other ladies, they also will unite with us in the blessed privilege of helping the widow and the fatherless in the hour of need.

I am, Sir, your obedient servant,

CAROLINE NEWNHAM.

Farnham, December 4, 1852.

## Reviews.

*Some Observations on the Contamination of Water by the Poison of Lead, and its Effects on the Human Body, &c., &c.* By JAMES BOWER HARRISON, M.R.C.S.L., &c., &c.

IF the profession is well acquainted with the poisonous effects of lead taken in minute quantities, as a matter of science, we may be permitted to doubt whether it does not frequently overlook the question in the treatment of various obscure and anomalous cases, as a matter of practice. It is the object of this volume to place the facts so strongly before us, that for the future neither doctor nor patient can fail to have his suspicion excited whenever circumstances render it possible for the poison of lead to have been insidiously introduced into the system. How constantly this possibility exists where it is little thought of, how various are the modes by which the risk is incurred, the author makes sufficiently plain. He justly lays considerable stress upon the interesting observation of Dr. Christison, that water dissolves metallic lead in direct ratio to its own purity, pure rain water, devoid of salts, corroding lead more than spring water, distilled water more still. Hence rain water, collected and preserved in leaden cisterns, is certain to contain an injurious amount of lead in a state of solution; whilst spring water, especially if hard in quality, is less likely to be contaminated. The explanation is not that hard water does not act at all on the surface of the leaden cistern or pipe, but that the chlorides, sulphates, and phosphates of lime, which give the water its hardness, yield up their acids to the lead, and form insoluble salts, which for the most part encrust the surface of the metal; hence, a new cistern or pipe is more likely to contaminate water than an old one, of which the surface has become thus covered over with insoluble salts. Still there is abundant proof in the volume before us, that leaden pipes are not to be trusted for the conveyance of spring water, especially perhaps when the water of the spring has not percolated limestone strata. Many instances are given wherein the mischief was due to the use of leaden pumps for spring water. More commonly, however, it happens, that the rain water and the leaden cistern are the mischief-mongers.

The author has taken the pains to inquire closely into the domestic arrangements, in many cases, in which the possibility of lead-contamination was denied, and found (as in other examples where medical conclusions depend upon non-medical evidence,) ample proof of the justness of his anticipations. The very amusing narrative of his experience in this line, is as entertaining as it is instructive. The customary dissatisfaction of the lady of the house at the question being put at all, the equivocation of the subordinate, and, sooth to say, the evident coolness of all parties when the truth was sifted out, the cure of the sufferer notwithstanding, remind us of a heathen proverb, to be found somewhere in the old Latin vocabularies—"He who follows truth too close to her heels, shall have dust cast in his face."

We should bear in mind, that lead may be the *pons et origo mali* in all puzzling cases of sudden colic, habitual constipation, wandering pains in the limbs, emaciation, unsteady muscular action, occasional vomiting, dyspepsy in general, dirty yellow tinge of skin, wasted and partially paralysed muscles, epileptic convulsions, delirium, and coma. But the symptoms most characteristic of poisoning by lead, are constipation, abdominal pain, and vomiting; pain in the part of the lower spine, and a failure in muscular power. A marked sign, which may or may not be present, is the blue colour of the margin of the gums, especially pointed out by Dr. Burton.

We extract one of our author's illustrative cases:—

"In September, 1848, I was requested to visit a servant girl who was suffering from violent pains in the bowels, and from constipation. The pain was incessant. From the experience which I had previously had in the symptoms of lead colic, I imagined her disorder to be such. She vomited constantly, and tossed uneasily in bed, groaning with pain. There was not much tenderness of the abdomen, at least not more than the vomiting and griping would explain. To ascertain the state of the bowels in respect to tenderness, it is as well to make pressure gently and gradually, judging the effect rather from the countenance of the patient than by what is said. After the bowels had been well moved, she became easier, and by taking small doses of Dover's powder, the pain was entirely removed. I explained to her the nature of the complaint, and she admitted having taken soft water from a lead cistern, but I did not examine the water. The pump belonging to the house was out of repair, and the water from it reported to be bad. In March, 1849, I was asked to visit her again. She was in the same condition, in the same pain, with similar vomiting and constipation, but she seemed more wretched-looking, more sallow, and more

emaciated. She had pain in the lower part of the back, and the gums were bordered with a deep-blue line. I told her that she had not been attending to my directions, and with reluctance she confessed that such was the case; however, she seemed indisposed to attribute her complaint to the reported cause, and looked somewhat dissatisfied with what I told her.

In July, 1849, she had another seizure. She had become sickly-looking, walked feebly, and was of a yellow complexion. There was the same colic, and the same constipation. When I spoke of lead, she smiled with a look of incredulity. I was really provoked at her want of belief, but seeing the miserable condition to which she was reduced, I felt obliged to give her my professional aid. I took great pains to instruct her on the subject, and lent her some books, and a pamphlet which I had published, to inform her further as to the complaint. I also took occasion to speak to the lady, who was the housekeeper, (it being the house of a widower,) but I met with little support. It was stated that others took the same water, without injury, and in the end, only a sort of cold assent was given to my injunctions. I shall, no doubt, surprise the reader with the continuance of my narrative, but I speak only the truth, which is sometimes more marvellous than fiction. On March 27th, 1850, she was ill again in the same way. She sent for me, being in great pain, and told me that she had done so with great reluctance—that she had been to consult another medical man since my last visit, who told her that her complaint originated in a diseased liver; and I scarcely wonder at his being deceived, by the sallowness of her complexion. I told her that I would not prescribe for her any more, unless she attended better to my instructions, which she promised to keep. After a few months, in September, 1850, she had again a bad attack of lead colic; and, during my attendance at the house, another servant became affected in the same way. The last person had not been long in the house, and indeed my former patient was the only servant who had been so. I think my patient was herself struck with the similarity of the complaint in her fellow-servant. I was resolved, on this occasion, to investigate the matter fully, and then require implicit obedience, or refuse further attendance; I accordingly furnished myself with some water, charged with sulphuretted hydrogen gas, and took it to the house, with a view to test the water which the family were in the habit of using. I perceived some hesitation about the bringing of the water, and was eventually told that there was none of the drinking water in the house. I insisted on being shown what was usually taken, and the source from which it was taken. At length the servant said—‘I see, Sir, it’s no further use deceiving you,’ and then she took me into the scullery, and from a tap drew some hot water. She assured me that this was the only water used, and that it was suffered to cool for drinking,—that it was used regularly for tea,—and that her master, a Greek gentleman, took it daily. On testing it, the water became of a dark-brown colour, almost like coffee. I found it was conveyed from a lead cistern into the boiler behind the fire-place, and from this boiler, by a lead pipe, into the scullery. I believed this time that I had made some impression, but in order to guard still further against

bad water, I directed her to live on a milk diet. Under this treatment she improved surprisingly, and recovered her usual looks, but she was unwilling to admit that it was owing to the disuse of the water. The family subsequently left the neighbourhood, but before she went she was well-looking, and free from disease.”

The principles of treatment seem to be, to avoid the cause, to expel the enemy, to allay pain, treat urgent symptoms, and to gain time. To fulfil the medical part, the author prefers croton oil, and afterwards opium. As antidotal remedies, he alludes favorably to diluted sulphuric acid, and mentions alum, but evidently depends more upon somewhat active purgation, sustaining the patient’s strength meanwhile. Of the subsequent treatment, we need only say that it is—what *all* judicious practice of physic must be—rationally eclectic.

Mr. Harrison has quite a talent for writing pleasingly. Few readers would anticipate an agreeable entertainment in perusing an essay on the “Poison of Lead;” but we can promise them, that though the subject sounds heavy, its treatment is light. A more fitting monitor for the public on a question which much concerns them, and a more pleasant and useful reminder for the profession, the author could scarcely have produced. We hope that many of our associates will read, and judge for themselves.

#### *Elements of Health and Principles of Female Hygiene.*

By E. J. TILT, M.D., Senior-Physician to the Farringdon General Dispensary and Lying-in Charity, and to the Paddington Dispensary for Diseases of Women and Children. London: Bohn.

In the *British and Foreign Medico-Chirurgical Quarterly Review* it was lately remarked that a treatise on female hygiene was much wanted; and all those engaged in general practice who have to contend daily with the ignorance and prejudices of women respecting themselves and their children will re-echo the assertion of our respected cotemporary.

Dr. Tilt has sought to fill up this desideratum; and we are anxious to be among the first to notice a book which originated in our columns. Two years ago Dr. Tilt inserted in this journal some highly interesting papers on the right management of women at the critical periods of life. These papers have suggested to the author the present work, of which we intend briefly to sketch the outline.

The work is divided into periods of seven years, and each period forms a chapter. Each chapter briefly notices the mental and moral development or decay, and the physical condition is treated with care. The food, clothing, exercise, and sleep, as regards each epoch, are passed in review; and the diseases to which women at each period are most liable is pointed out, as well as the most appropriate means of prevention. Every chapter is preceded and followed by tables showing the mortality of both sexes for each year successively, the mean duration of life, and its value for insurance purposes; calculations which derive importance from the fact of their having been made under the eye of Mr. Farr, of the Registrar-General's office.

Such is the outline of a work which combines a vast amount of information in a small compass, and of which we regret that our space will not allow us to give extracts; it is much required, and will, doubtless, ere long, become as popular as those of the lamented Dr. Coombe.

Perhaps no man is better calculated than Dr. Tilt to fill up this hiatus in medical literature; for few unite to the same extent, great opportunities of observation with sterling common-sense, a thorough love of his subject, and a lucid, correct, and lively style. We think the work will be found as useful to the practitioner as it is indispensable to those who are in any way connected with the education or responsibilities of women, for while, on the one hand, it is the best treatise on physical education with which we are acquainted, it also affords practitioners excellent advice respecting the prevention of nervous complaints, and in fact, of all the diseases to which women are amenable from the peculiarities of their formation and habits.

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### *Provincial Medical & Surgical Journal.*

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WEDNESDAY, DECEMBER 8, 1852.

We lately printed the Medical Bill prepared by the Council of the Association in its amended shape, as corrected and sanctioned by the Committee appointed for that purpose at the Anniversary meeting at Oxford. The contemplated measure is now complete, as far as England is concerned; though of course the Committee still hold themselves at liberty to receive any

well-considered recommendation. For Scotland and Ireland the Association have never pretended to legislate, having all along maintained the principle that the profession in each part of our triple kingdom is best able to regulate its own affairs, and therefore best able to decide as to that portion of the Bill which more peculiarly affects its interests. Acting in this spirit, the Committee some time since appointed a deputation from their body, consisting of Mr. NUNNELY and Mr. HASTINGS, to proceed to Edinburgh, and to confer there with the representatives of the Scotch Medical Corporations on the subject of the Draft Bill. This frank step was met in the most cordial manner, and has been attended, we rejoice to say, with the happiest results. The deputation of the Association were received with the greatest courtesy and kindness by the authorities of the Royal Colleges of Physicians and Surgeons of Edinburgh, and of the Faculty of Glasgow; and the representatives of the Scotch profession showed from the commencement of the negotiation that any objections they may have made to the measure were dictated by no factious motives; that they were not disposed—as we fear may be the case with some in England—to oppose every attempt for the amelioration of the profession which did not emanate from themselves,—that they were too generous to start unnecessary difficulties, and too liberal to deal in quibbles. With men actuated by so fair and honourable a spirit there was no difficulty in coming to a prompt and satisfactory conclusion.

The arrangement made by the gentlemen who formed the deputation, and which will doubtless be ratified by the Committee at their approaching meeting, was to the following effect:—The Council for Scotland is to be nominated according to a plan to be decided on by the Scotch profession; the examiners in that country are to be appointed by the Colleges, and not by the Council, as is to be the case in England; registration, which affords by the provisions of the Bill the only title to practice, is to take place in that country on the simple production of the licence of the Council. These points conceded, the Bill is such as will meet with the support of the Scotch profession; and there is not one of them which is not perfectly reasonable in itself, and which is not a matter altogether within their own cognizance. We may therefore conclude that the measure will shortly appear with the

alterations indicated above; and that the delicate question between the two sections of the profession north and south of the Tweed is set definitively at rest. We heartily congratulate the Association on this happy result of the conciliatory course adopted by the Committee; and we would observe that it is a circumstance which gives in many respects a new aspect to the Bill, and a new character to the support which it will receive in Parliament. It is no longer merely the measure of the Association; it is the measure of the medical profession throughout Great Britain, *minus* the few individuals who have hitherto avowed themselves hostile to it. It will be presented to the Legislature as the laborious and long-considered result of the united efforts of professional men on both sides of the Tweed. It is stamped with the approval of their practical experience, and moulded into working shape by their moderate counsels and wise concessions. With regard to those other bodies, whose voices have a right to be heard in the matter, we have only to say that measures are being taken to obtain the opinions of the Irish profession upon the Bill. Of course when these opinions have been fairly brought before the Committee, every desire will be manifested to defer to the just wishes and requirements of the Medical Corporations in the sister island.

We published a little time since some remarks on the Bill that had been forwarded to us by the Committee of the South-Western Branch. We then remarked, that several of the points complained of had been already remedied in the new edition of the measure, and we believe that no ultimate difficulty will be experienced in obtaining the unanimous support of the different Branches. The College of Physicians of London have throughout exhibited the most liberal feeling towards the Bill and its framers, and whenever they have been compelled to differ from the Committee, have stated their opinion fairly, and without reserve; we need hardly say, that the greatest desire is felt by those who in this matter represent the Association, to meet a body so influential and so justly esteemed as the College of Physicians, on every possible point. We believe that we are justified in saying, that there is now no portion of the Bill which presents any serious obstacle to our obtaining that which we desiderate so much—the approval and support of the College.

The College of Surgeons of England have not

hitherto expressed their opinions on the Bill in any decided way. A deputation, consisting of Mr. NUNNLEY, Mr. NOBLE, and Mr. BORTOMLEY, all Fellows of the College, has been appointed, to obtain an interview with the Council, and to lay the Bill before them. Such a meeting can hardly, in fairness, be refused; and it can hardly, either, fail to be productive of some decisive result. All that the Committee are anxious for, is to obtain the opinion of the College, *pro* or *con*, in the matter. If they are resolved to oppose the Bill, whether or no, let that at once be stated; if they will support it, conditionally, on certain alterations being made in it, let the Committee learn what those required alterations are. It has, indeed, been whispered, that the College are resolved—and have avowed their resolution—to oppose all Medical Reform, all future improvement. But such tactics can hardly succeed in the present day.

In conclusion we will only say, that if the Committee, backed as they are by the feelings of our powerful Association, have never hovered in their course, and never bated one jot of their resolution, even when support came only from our own ranks, they are not likely to do so now when they find themselves aided by our northern brethren, and sanctioned in their exertions by one of the great Medical Corporations; they will assuredly persevere in their course, and will, we doubt not, bring their labours to a triumphant conclusion.

## Medical Intelligence.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 19th ultimo:—John Attwood, Australia; Francis Bramley Baker, Hampton Court; George Dransfield Brown, Croydon; Francis Russell Hall, Fulbourn, Cambridgeshire; Charles Rodney Huxley, Lisbon; Robert Thomas Ogden, Rochdale, Lancashire; Charles Schofield Richardson, Greenwich; George Sankey, Ashford, Kent; George Henry Thurston, Goswell Street; Arthur Umphelby, Ipswich, Suffolk; Robert Westcott, Spencer Street, Goswell Road; William Joseph Williams, Uffaulm, Devon.

The following gentlemen were admitted on the 26th ultimo:—John Ross Diamond, London; Charles Fluder, Lymington, Hants; Richard Savill Hanbury, Mirfield, Yorkshire; Philip Chas. Heyman, Axminster, Devon; David Johnston, Peterborough, Northamptonshire; York James Moore, Mount Street, Grosvenor Square; Elias Jones Roberts, Bangor, Carnarvonshire; Thomas Frederick Sanger, Alfriston, Sussex; Edmund Shaw, Thatcham, Berks.

**THE FELLOWSHIP.**—The following members were admitted to the Fellowship on the 21st October:—Alfred Baker, Birmingham; Christopher Hewetson Barnes, Notting Hill; Edwin Bartleet, Birmingham; Robert Shirley Belcher, Burton-on-Trent; Samuël Berry, Birmingham; Charles James Bleock, Warmaster; Henry Blenkinsop, Warwick; Robert Bower, Rochdale; Peter Brendon, Highgate; Thomas F. G. Brownbill, Salford; Joseph Bullock, Congleton, Cheshire; John Cordy Burrows, Brighton; Cornelius Butler, Brentwood; William John Church, Bath; Edward Covey, Basingstoke; William Henry Covey, Wilton Street; William James Cronin, Queen's Town, Ireland; William Cross, Clifton; Frederick Davies, Upper Gower Street; George Edwardes, Wolverhampton; Joseph John Evans, Bristol; William Evans, R.N., Bath; George Fayer, Barking, Essex; William Fosteacue, Smithfield Bars; John Frederick Foster, Hartley Wintney, Hants; Luther Owen Fox, Broughton, Hants; Robert Docksey Goodwin, Ashbourne, Derbyshire; John Fosse Harding, Myddelton Square; Hetman Charles Harris, Windsor Place, City Road; James Bower Harrison, Broughton, Manchester; John Bishop Haynes, Evesham, Worcestershire; Ed. Hickman, Southampton Place, Euston Square; George Leicester Hillas, Sydney Place, Brompton; Thomas Hodgson, Halifax; George Yeates Hunter, Margate; Edward Ingram, Boston, Lincolnshire; Abraham King, Bridgwater; George Lowdell, Brighton; Robert Merry, Hemel Hempstead, Herts; Thomas Middleton, Salford; John Muriel, Ely, Cambridgeshire; Daniel Noble, Manchester; Henry Peacock, Dockyard, Chatham; Houghton Perkins, Henrietta Street, Cavendish Square; John Ballard Pitt, Norwich; Robert James Pollock, Bath Place, Kensington; James Price, Brixton; John Pursell, Harleyford Place, Kennington; William Sudlow Roots, Kingston-on-Thames; John Rountree, Oldham; Arthur Brisley Rye, Banbury; Thomas Smith, Bow Lane; Frederick Theed, Rhyl, Flintshire; Frederick Hosken Tucker, Halifax; John Raggett Urwin, Claremont Place, North Brixton; Richard Wallace, Trafalgar Place West, Hackney Road; James Watkins, Falcon Square; Charles John Woods, Godmanchester; William Kelson Wright, Holland Place, North Brixton.

**THE MIDWIFERY BOARD.**—This Board, consisting of Mr. Luke, Senior Vice-President, (Chairman,) and Drs. Arthur Farre, Henry Oldham, and James Reid, met for the first time on the 24th ultimo, when the following gentlemen were admitted Licentiates in Midwifery of the Royal College of Surgeons:—John Armstrong, Manchester; William Henry Borham, Cambridge Terrace, Hyde Park; Robert William Cockerill, Symond's Inn; Francis Philip Cupiss, Eltham; George Earle, Beverley; Francis Russell Hall, Fulbourn; George Salvin Morris, Sydenham Park; Samuel M. C. Anderson Smith, Kilburn; George Frederick Brutton Willing, Hampstead.

#### SOCIETY OF APOTHECARIES.

Gentlemen admitted members on the 17th ultimo:—Matthew Francis, Sunderland; Thomas Bryan Greenwood, Horslydown, Southwark; Charles Henry Payne, London; William Roccoft, Wigan; John Shepherd, North Walsham; George Welford, Sunderland; Edwin Adolphus James Wilkinson, Northleach; William Young, South Shields.

#### APPOINTMENTS.

**NAVAL.**—Surgeons W. R. Dalton, to *Sidon*; R. Fulton, to *Furious*; and R. Clarke, to *Magicienne*. Assistant-Surgeon C. F. A. Courtney, to *Sidon*. Alex.

Baxter, M.D., (1836,) to the *Trafalgar*, 120, on the Mediterranean station; John Charlton, M.D., (1845,) to the *Magicienne*; Thomas Henry Lowry, M.D., (1845,) to the *Furious*; Robert Beith, M.D., (1852,) to the *Vulture*.

#### OBITUARY.

November 9th, at South Kirkby, near Pontefract, aged 46 years, Thomas Mitchelson Cole, Esq., M.R.C.S., and member of the Provincial Medical and Surgical Association, formerly residing at Kirkby Moor-side, in the North Riding of Yorkshire.

On board the *For*, India Squadron, Mr. Morgan, the Assistant-Surgeon, from cholera.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### NOTICE TO MEMBERS.

The Central Council of the Association beg to call the attention of those members whose subscriptions are in arrear to the following resolutions passed at the Anniversary Meeting, held at HULL, on the 7th and 8th of August, 1850:—

“But if any Member's subscription remain unpaid twelve months after it shall become due, the *Medical and Surgical Journal*, and other publications of the Society, shall be withheld from such Member till his arrears be paid; and when any Member has been in arrears of subscription for the space of *three years*, application shall be made for the same by the General Secretary, and if the arrears be not paid in *three months*, the name of that Member shall be omitted from the list of Subscribers; but this omission shall not be deemed, either in honour or equity, as releasing any Gentleman from the subscriptions owing during his Membership.”

Those gentlemen who have not yet paid their subscriptions for the CURRENT YEAR, or who are in ARREARS, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

All post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.

J. P. SHEPPARD.

Worcester, October 23, 1852.

Secretary.

#### TO CORRESPONDENTS.

*As we already have more communications in hand than we shall be able to insert, we must beg our correspondents to forward them in future to DR. CORMACK, unless they require immediate attention.*

Communications have been received from Mr. Coltham, and Mr. Reid.



CASE OF STRANGULATED HERNIA.

By HENRY NORRIS, Esq.,

STRANGULATED HERNIA; OPERATION; RECOVERY; DEATH FROM INTEMPERANCE THREE MONTHS AFTER.

THOMAS BOON, aged 25, labourer, tall, well-formed, and rather muscular, was, on the 5th of June, 1852, suddenly seized with the following symptoms:—nausea and vomiting, accompanying a very painful tumour in the right inguinal region and corresponding side of the scrotum.

First visited at one A.M. on the 6th of June, when he gave the following account of himself:—Had been quite well the whole of the day previous, and had made a hearty supper as usual; had then felt sick, had vomited; had passed a natural stool, immediately on which the pain and tumour supervened, the pain being confined to the tumour. Further inquiry elicited the fact, that twelvemonths previously a horse had kicked him precisely over the painful spot, causing considerable inflammation of the testicle, and pain in the inguinal canal, which yielded to warm fomentations without surgical aid, the parts having been perfectly well ever since.

On examination I found the skin cool; pulse 70, regular, and firm, but not hard; tongue natural; countenance indicative of much suffering; no vomiting since the commencement of the attack; the right inguinal canal, and right side of the scrotum, were much distended, having precisely the form and feel of a swollen testicle, and inflamed spermatic cord. There was no impulse on coughing.

Suspicion pointed to strangulated hernia, but the taxis had not the slightest effect.—Ordered a warm bath, a full dose of calomel and opium, with Antim. Pot. Tart., in one-third grain doses every four hours.

10, A.M.—Matters just in the same state; pulse and countenance good; had slept a little; no vomiting, but nausea, from the medicine; taxis again failed.—To continue the mixture. Apply twelve leeches to the scrotum, and to have a warm bath every four hours, keeping a strict watch for any more urgent symptoms of strangulation.

June 7th.—Still the same. Consultation with Mr. Hey, of Bridport. Both of opinion that, without more decisive symptoms of strangulation, a continuance of the antiphlogistic treatment was proper.—Ordered venesection to thirty ounces, a strong purgative dose, large tepid-water enemata, and turpentine stupes over the abdomen, in case of any tenderness arising.

9th.—The patient continued in much the same state, and undergoing similar treatment, getting weaker, when stercoraceous vomiting occurred early in the morning, or during the night preceding. Assisted by Mr. Hey, I at once operated, and found the tumour to consist chiefly of omentum, with about eight inches of small intestine, both intensely congested. The hernia was easily returned, the patient bearing the operation well on the whole, but there was a considerable tendency to syncope.

10th.—Had a very restless night; symptoms of rapid asthenic peritonitis; pulse 150, and almost imperceptible; extremities cold; vomiting still stercoraceous; no movement of bowels.—Ordered nine leeches to the abdomen, turpentine stupes, and tolerably full doses of calomel and opium every three hours. In the evening the patient was worse in every respect; prostration complete; bowels not moved; vomiting continues.—Ordered an aperient pill every hour until the bowels act.

11th.—To my surprise the patient feels relieved in some measure; bowels have acted freely; vomiting not so incessant, but still in a state of collapse.—Ordered six drachms of port wine every hour; to be supported frequently with arrowroot, beef-tea, &c., &c. In the evening there was little improvement; still great tympanitis and vomiting; state of bowels such as to require Mist. Cretæ cum Opio every third hour.

12th.—Improvement continues; speaks cheerfully; wound dressed, looked well. Chalk mixture with nourishment to be continued.

13th.—Worse; alarming hæmatemesis and mœlena.—Ordered Spr. Terebinth., gtt. xv., *tertiis horis*, with chalk mixture. To continue wine.

14th.—Improving; hæmatemesis, but not so frequent. To go on as before; wound dressed, edges have separated but they look healthy.

15th.—Better, and continued to progress until recovery was complete. At the proper time a well fitting truss was adjusted, and towards the latter part of August, he returned to his employment of carter to a neighbouring farmer, with the strictest caution on my part, to take every care of himself and particularly to avoid all excess in drinking. Being from home from the 26th to the 28th of August, I found the patient had died in my absence, under the following circumstances:—He had returned to his work on the 22nd, and the weather being very hot, he had drank freely of cider, more especially on the 26th, on which day he was seized with severe symptoms of entero-peritonitis, which, resisting all treatment, carried him off on the 28th.

I was fortunate enough to obtain a *post-mortem* examination of the abdomen, when I found sufficient evidence of intense peritonitis and enteritis. One band of false membrane amongst others, united that portion of the ileum which had protruded to the inner inguinal ring, and *this band was, as well as the adjoining bowel, intensely congested*. No strangulation existed at any part. At the commencement of the ileum, and adherent to it, *was a gelatinous-looking mass as large as a hen's egg*, which much resembled the white of an egg just commencing to coagulate under the influence of heat. I have no doubt the proximate cause of death was peritonitis, brought on by excess in cider drinking, during the period of unwonted exertion at harvest season, and I have deemed the case worthy of note, in several points, as for example:—

1st. The length of time that elapsed ere decided symptoms of strangulation appeared.

2nd. The prolonged period of collapse recovered from.

3rd. The accession of fatal inflammation on exposure to heat and intemperance, as affording a most useful lesson in regard to the extreme caution with which similar cases should be regarded, even long after a successful operation.

The whole case also affords high encouragement to practitioners of the *Nil Desperandum* school, which bids us often to hope against hope, and who directs us not only to be most careful in forming our plans for treatment, but also to follow them up when convinced they are right, even under circumstances the most discouraging.

Charmouth, October 7, 1852.

## DEATH FROM THE FORMATION OF A FIBRINOUS CONCRETION IN THE HEART.

By W. GARSTANG, M.D., M.R.C.S.L., L.A.C., &c.

On the 10th of February last I was requested to visit Mr. ———, a gentleman 64 years of age, who had been seized with erysipelas of the head and face. He was of a gouty diathesis, and had lived at all times freely. On some occasions he had shown signs of congestion of the liver, and even of ascites, but these attacks had always been removed by the usual treatment. On the present occasion these last-named symptoms were combined with the erysipelatous disorder. The erysipelas had given rise to much swelling of the head and face. The pulse was at 94, and moderately full; the tongue covered with a thick fur; bowels costive; motions deficient in bile; urine small in quantity, and of a high colour. I ordered, in the first instance, an aperient of calomel and colocynth; afterwards a mixture, containing antimony and nitrate of potass, every three hours. A cold lotion to be applied to the inflamed parts. On the following day the urine deposited lithates; the bowels acted well; the tongue was clean; the pulse at 90; and the inflammation abating. Favourable symptoms continued for a fortnight, and the patient became able to sit up for several hours during the day. His diet was improved, and he was allowed a small quantity of sherry at dinner. During the course of three weeks from this point there was not much change; the appetite was good; the digestive functions were performed well; the inflammation was gone, but the system did not seem to regain strength, and the heart's action was very feeble, the radial pulse being at 80, and weak. At the time now named (five weeks from the first attack,) the patient took a slight cold, and a mild repetition of the erysipelas, and of the hepatic derangement, appeared. These symptoms, however, were checked as speedily as before. The appetite returned, and digestion seemed to be easily accomplished; and yet, with all these favourable appearances, his strength failed, the action of the heart, and the respiratory movements gradually grew feebler, and at length, without any sign of pulmonary, cerebral, or abdominal

disease, these asthenic symptoms terminated slowly in death, just eleven weeks after the first commencement of the erysipelatous attack.

*Post-mortem.*—With the exception of a slight enlargement of the liver, we could find no organ exhibiting structural change. The lungs were perfectly healthy. Upon opening the heart, however, we discovered what, in my opinion, fully accounts for the gradual dissolution; a fibrinous mass filled both its right cavities, and sent up large and long branches into the pulmonary artery and its ramifications. The concretion was firm and white, and had an attachment to the walls of the heart.

*Remarks.*—I have but few remarks to make on this interesting case, and I should probably never have thought of publishing it at all, had not my attention been forcibly drawn during the last four months, to certain observations which have been made before the Medical Society of London, by Mr. B. W. Richardson, "On the Fibrinous Element of the Blood," and which have been reported in the columns of the *Lancet*. I find that in a paper read by Mr. Richardson, in November last, he thus observes:—"Lastly, in cases of asthenia, where fibrinous concretions exist in the heart, the very cessation of the act of life may be owing to their presence and gradual increase, the central organ of the circulation becoming literally choked by them.—(*Lancet*, 1851, vol. ii., p. 515.) In January, again, the same author briefly alluded to this subject, and produced a pathological specimen which strongly supported his views.—(*Lancet*, 1852, vol. i., p. 121.) And lastly, in the month of March, on exhibiting another heart in which a fibrinous clot was found, he gave more enlarged views on the matter, and threw out the idea, that during those diseases which are known to be attended with an abnormal quantity of fibrin in the blood, it may be, that some of the overplus of fibrin is deposited on the elevated structures of the moving heart, and he concluded by saying that:—"In all inflammatory cases marked by great superfibrination of the blood, and which end by what is called sinking, it would be interesting to learn how far similar concretions in the heart, may be concerned in bringing about the sinking state.—(*Lancet*, 1852, vol. i., p. 355.)

Now, without wishing to mention the many theoretical points which Mr. Richardson and other physiologists enter into with reference to the formation of fibrin, &c., &c., I cannot but observe that the case which I have related above, affords striking testimony as to the correctness of the opinions from which I have just quoted. My patient had suffered from erysipelas, a disease in which the blood is always superfibrinized, he sank in the most gradual manner, and the autopsy revealed no cause for the sinking, except (what was surely sufficient) a large fibrinous concretion in the heart.

Of course the narrative of a single case does not go far to establish a new opinion, but perhaps it may excite others to turn their attention to the same subject. I have been puzzled over and over again, at seeing patients gradually sink into death, after some slight disorder, with no evident disease that could account for such a

serious result. Now, if any explanation so simple as that given by Mr. Richardson, should prove, after further research, to account for some of these occurrences, a great step in the practice of medicine will certainly have been made. I shall look forward for further investigations on this subject with exceeding interest.

Debcross, Paddleshorth, near Manchester,  
August, 1862.

## ANOMALOUS CASE OF SCROFULOUS ABSCESS OF THE HEART.

By ROBERT RANKING, Esq., HASTINGS.

JAMES ASHENDEN, aged 39 years, of remarkably temperate and industrious habits, by occupation a gardener, after having complained of slight indisposition for ten days, which he attributed to having taken cold, and for which he had no medical assistance, was suddenly attacked on the morning of April 28th, 1831, at about eight o'clock, with the following symptoms:—viz., dyspnoea and most acute pain in the chest, referred especially to the region of the heart. The countenance exceedingly anxious and ghastly, having the appearance of a person suffering from extreme hæmorrhage, cheeks and lips perfectly blanched; extremities and the whole surface of the body cold and imbrued with profuse clammy sweat; eyes sunken; incapacity to lie down; pulse scarcely perceptible, about 70 beats in the minute. On inquiring into the circumstances of the attack, I learned that, feeling himself indisposed, he had, on the previous evening, taken a dose of Epsom salts, which had acted twice that morning; that he was in the act of stooping to pull some radishes, when he felt a degree of faintness come over him, attended with so much oppression at the chest, that he with great difficulty got home and threw himself upon his bed. I was sent for in great haste, his friends supposing that he was dying. My assistant who first saw him, directed sinapisms to be applied to the chest and feet, and ordered him a mixture with ether, ammonia, and mistura camphoræ, a dose to be taken every quarter of an hour.

Ten o'clock, A.M.—No improvement; state of collapse extreme.—Ordered to take hot brandy-and-water alternately with the mixture, and large flannels wrung out of very hot water to be applied to the arms, legs, and thighs.

Twelve o'clock.—Some degree of reaction; hands and body warmer; feet and legs still cold; pulse 108, exceedingly irregular; great oppression and disinclination to speak; complains of feeling sick.

Four P.M.—Called to him in great haste. Frequent vomiting; great prostration, amounting almost to syncope, after each fit of vomiting; pulse at the wrist of the same feeble character, and not synchronous with the pulsations of the heart.—To have carbonate of ammonia with lemon-juice, in a state of effervescence, every two hours.

Ten, P.M.—Much the same. Continue as before.

April 29th.—6 A.M.—Has passed a wretched night; vomiting incessantly; pain removed from the heart, but very acute over the right lobe of the liver. So much so that he declares the least pressure would be instant death.—To have a large blister applied over the pained part, and to take Hydrarg. Subm., gr. ii.; Pulv. Opii, gr. ss. quarta quaque horâ.

12 o'clock.—Sickness somewhat abated; oppression of chest much relieved; can now take a deep inspiration; pulse the same; extremities still cold.

Four, P.M.—Sickness returned with great violence; bowels have not acted. To have a purgative enema, and continue the calomel and opium.

Ten, P.M.—Sickness very urgent; pulse much more feeble and intermitting; pain returned with great violence; countenance extremely anxious and cadaverous. Has all along expressed a conviction that he is a dying man.—To continue the calomel and opium, and to have arrowroot and brandy by teaspoonfuls, every ten minutes.

30th.—7 A.M.—Has slept at intervals during the night; says he has little or no pain anywhere; sickness still very urgent; exhaustion excessive; pulse scarcely perceptible, and so irregular as to be with difficulty counted; blistered surface covered with gangrenous patches, the size of half-a-crown.—To have Quin. Sulph., gr. iij.; Extr. Humuli, gr. iij., in a pill, every two hours.

Twelve, A.M.—Just before taking the first pill, he got the yolk of an egg beat up with wine, which remained on the stomach; has since taken four pills, and several articles of food, which have not been rejected; pulse not improved.—To take whatever he can fancy, provided it contains much nourishment in a small compass; and to have Quin. Sulph., gr. iv., secundâ quaque horâ.

Four, P.M.—Sickness much abated; pulse more regular and distinct; has retained his food.

Nine, P.M.—He is very much more comfortable; has no sickness, but complains that everything he takes is like pepper in his stomach.

May 1st.—7 A.M.—Much the same; an indifferent night; bowels constipated.—To have Hydrarg. Subm., gr. ij.; Ext. Coloc., gr. vj., in pil. ij., tertiâ quaque horâ donec alvus sit soluta.

Two, P.M.—Bowels have not acted; abdomen painful and distended.—The enema to be repeated.

Ten, P.M.—No evacuation; no sickness; great pain and distension of abdomen to be prevented, and to take Ol. Croton, gtt., j., statim, and continue the quinine.

2nd.—7 A.M.—Has had two small evacuations from the bowels; complains of great oppression at the præcordia; pulse extremely weak; constant vomiting.

Ten, A.M.—Vomiting has again ceased, in other respects he is the same.—To continue the quinine and nourishment.

Four, P.M.—He is sinking. He continued to sink from this time, and died between one and two o'clock in the morning of May 3rd.

*Secutio-cadaveris fourteen hours after death.*—The

blood in the cuticular veins was fluid; the thoracic and abdominal viscera warm. *Thorax*: The pericardium was much thickened, and distended with a turbid yellowish fluid, in which were floating numerous shreds of coagulable lymph; the membrane was so firmly adherent to the heart at one part, that it could not be separated. The heart exhibited marks of excessive inflammation, being covered with flakes of coagulable lymph over its whole external surface, and upon examining the part where the pericardium was adherent, there was an abscess imbedded in its muscular structure, containing nearly two ounces of scrofulous matter; the right auricle and ventricle bore marks of inflammation internally, the vessels of the valves and lining membranes being highly injected. The liver, spleen, pancreas, and kidneys were in the same state of repletion. The gall-bladder was distended with bile, and its duct impervious. The mucous lining of the stomach and alimentary canal was in a state of inflammation throughout its whole extent.

*Observations.*—In reflecting on this case, and the morbid appearances discovered after death, I have sometimes been led almost to question how far I had done everything for the poor fellow that might have been done, or that the nature of the case required; whether blood-letting, either generally or locally, might have been adopted, with any prospect of relief, or with safety. This point was not overlooked at the time; but taking into consideration the extreme state of collapse with which the attack was ushered in, and which continued to its termination—a state very much resembling what we have since seen in the collapse of malignant cholera, I felt that any abstraction of blood would have increased the already frightful state of exhaustion, and hastened the fatal crisis. The sunken eye; the blanched, ghastly countenance; the indistinct, fluttering, irregular pulse; the cold clammy state of the whole surface of the body; and the fact, that the blistered part ran so rapidly into a gangrenous state, all evidenced so strongly the extremely depressed state of the vital powers, that there appeared to me no other hope of arresting the progress of the disease, but by getting the system under the influence of mercury as speedily as possible, and at the same time, supporting the vital powers by nutritious food, quinine, and diffusible stimuli.

## Proceedings of Societies.

### BATH AND BRISTOL BRANCH.

A SPECIAL general meeting of the BATH AND BRISTOL BRANCH of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, was held on Wednesday evening, November 24th, 1852, at the Royal Western Hotel, Bristol, for the purpose of receiving the report of the Council on the case *Bourn v. Cox*; and also for considering Dr. Swayne's motion in reference to a letter

published by Mr. John Barrett in a public newspaper, in relation to the same case.

Mr. NORMAN, of Bath, presided on the occasion. And there were also present from the Bath district—Drs. Davies and Tunstall; Messrs. Bagshawe, J. Barrett, Bartrum, Brace, Bush, Church, Crang, Flower, George, Ormond, and Soden. From the Bristol district—Drs. Budd, Davey, O'Brien, Swayne, and Symonds; Messrs. Burroughs, Bryant, Coe, Colthurst, Collins, Estlin, Godfrey, Green, Hinton, Lancaster, Leonard, Lucas, Macey, Mayor, Morgan, Prichard, Sawyer, Sleeman, Smerdon, and H. Swayne.

Mr. COLTHURST, Honorary Secretary of the Bristol Branch, read the notice convening the meeting, and the minutes of the last meeting.

Mr. E. L. BAGSHAWE, (Bath): Sir, I rise to ask,—As the whole matter was referred to the Council, what was the reason that some of the speeches at the last meeting were left out, and others abbreviated? Mr. Cox, Sir, has resigned, now he finds it convenient to do so. I was not aware that I was a member of the Association on the last occasion, having subscribed only the day before, but I came with Mr. Field, as one of the medical witnesses examined at the trial. I ask this question, and I am prepared to make other statements respecting this case.

Mr. WILLIAM BUSH, (Bath): I wish to ask one or two questions.

The PRESIDENT: We must dispose of Mr. Bagshawe's first.

Mr. BUSH: I think, Sir, the meeting will see the propriety of allowing me to ask one or two questions before Mr. Bagshawe is answered.

Mr. COLTHURST: Before answering Mr. Bagshawe, or hearing Mr. Bush, I beg, Sir, to append to the minutes of the last meeting which have been read, "that the question respecting Mr. John Barrett's letter, in reference to the case of *Bourn v. Cox*, published in a public newspaper, was adjourned till the next meeting." I omitted to read this by inadvertence just now.

Mr. BUSH: I do not think that Mr. Bagshawe will object to my questions being put first. The first I have to ask is, whether the Secretaries are provided with a professed reporter of this meeting.

Mr. COLTHURST: I beg to say that the sworn and accredited reporter of the Bankruptcy Court of this district is present for the purpose of taking the proceedings, and having provided the most acknowledged, and, I believe, the only publicly-recognised reporter of the district, I conceive I have discharged myself of any responsibility which may be considered to rest on the Branch or on the Secretaries.

Mr. BUSH: I wish to ask another question. I am sorry to make any allusion to the last meeting, but I think it necessary to inquire, whether the Secretaries have requested the reporter to take a verbatim report of all that takes place on the present occasion?

Mr. COLTHURST: Yes; he is instructed to take notes of all that occurs at the present meeting.

Mr. BUSH: I have to ask one more question. Is it the intention of the Secretaries that the report so made

by the professed reporter, is not to be printed in the *Journal* without the sanction of the Association?

MR. COLTHURST: If that question is put to me as one of the Secretaries, all I have to say is, that this is a branch of the General Association, and no report has yet been published by us in any paper not belonging to that body. The reporter was brought here officially on the last occasion, in consequence of the comments on Mr. Cox's conduct which appeared in the *Journal*, where the whole case was published, and in which the following remarks were made. Those remarks having been made, we were of opinion, that whatever occurred respecting this case in this branch, should be decidedly made public through the *Journal*. I will just read the last paragraph of the article which appeared in the *Journal* of October 13th:—"It is clear that the profession, and more particularly the Provincial Medical and Surgical Association, must either support Mr. Cox as an aggrieved member of their body, or they must affirm the truth of the verdict given by the Jury. The facts of the case were to have been brought before the Bath and Bristol Branch meeting of the Association on Thursday last; and we are quite sure, though we have not heard the result, that Mr. Cox will have received that treatment from them which his case demands." These are the Editorial remarks which appeared in the same number of the *Journal* which published Mr. Cox's own letter on the subject of his case, and which also stated that that letter did not free him in the slightest degree from the imputation which had been cast upon him of having acted most imprudently and improperly as a member of the Association. This being the case, the *Journal* called on the Bath and Bristol Branch either to free Mr. Cox, or to confirm the truth of the verdict which had been given against him. I conceive, then, that the report which was taken for us by the special reporter, was not taken for our special use as a branch, but generally for the information of the members of the Provincial Medical and Surgical Association, and as our ordinary proceedings are reported in the *Journal*, there was not the slightest reason to suppose that this matter should not appear in the *Journal* also. For my own part, unless it were otherwise ruled, I should conceive it my duty to this branch, and to the Association generally, to transmit the report of whatever transpires here to Worcester, for publication in the *Journal*.

MR. JOHN BARRETT (Bath): Sir, with Mr. Bagshawe's permission, I say that this is no answer to Mr. Bush's question. There has been no charge brought against the Secretaries respecting the report which has been published; but the question refers to the report of the present meeting, and the answer is, that the report taken by the reporter is to be published without the sanction of this branch.

MR. COLTHURST: I think the Secretary has answered very distinctly that the report is to be published in the *Journal*, unless the gentlemen present refuse that it should be, or decline to sanction such a course. I have said this previously, and I have to state distinctly, that the Secretaries will consider it their duty to publish the

report in the *Journal* unless the gentlemen present request that it should not be so.

MR. BARRETT: Perhaps I may be allowed to ask,—Is the leading article in the *Journal* authoritative? Does it express the opinion of the Association? Does it come with the authority of the Association? Or is it to be considered as the article of the Editor only?

THE PRESIDENT: The article is the production of the Editor of the *Journal* alone, and goes for no more.

MR. COLTHURST: The only rule of the Association that I am aware of, applicable to the publications, is this,—“That the Council consist of a President and

members, to be selected from the principal provincial towns. The Council, with whom must rest the chief responsibility of publication, to have full power of deciding on all papers transmitted, and the consent of three of its members must be obtained before any paper can be published.” This is the only rule of the Association with regard to publications; but since its adoption the *Journal* has been established, and therefore there are no rules at all applicable to our fortnightly publication. It is, however, considered that, as the Editor of the *Journal* was appointed by the Association, he is responsible to the Association and not to the Council.

MR. J. BARRETT: I then understand, that the editorial articles in the *Journal* do not appear on the authority of the Council, but merely as the articles in any other journal. That is the point on which I wish to be certain.

MR. E. L. BAGSHAWE: I wish to ask why the report of the last meeting was published, while the case of Mr. Cox was *sub judice*, and why some speeches were left out altogether in that report, and some others were curtailed?

MR. COLTHURST: The report of the proceedings at the last meeting was sent to the *Journal* to set forth the facts of the case as far as they were gone into by this branch, and for the steps which were taken to procure the report of the last meeting, the responsibility so far rests with myself. The reporter was requested to give a general outline of the facts of the case as far as they came before the meeting, with the view of putting before the Association generally, the opinions which were expressed by this branch. He was not desired to give all that transpired, *tot dem verbis*; and therefore, after the meeting he transmitted to me the report, which was sent to the *Journal* without the slightest alteration or addition. I am, literally speaking, incorrect in this statement, inasmuch as the reporter left a blank in two instances, of part of a word, which I supplied. It was a technical term ending, as the reporter stated to me, in “mosis,” and of which he was not sure; and I supplied the blanks he had left, by rendering the word “phimosis,” (Laughter.) With this exception, the manuscript was forwarded by me to the *Journal* in the precise state in which it reached my hands. (Hear, hear.) Since the last meeting, and before the Council meeting was held, one of the members of this branch applied to me, and asked the same question which has been put by Mr. Bagshawe. He wished to know why the

speech of Dr. Budd only on one view taken of Mr. Cox's case, had been reported. I therefore, applied to the reporter to know his reason for the omission, and and to ascertain the precise sequence in which each individual spoke. He gave me this list to show why he had concluded his report with the statement, "that Mr. Godfrey, disagreeing with the view taken by the last speaker [Dr. Budd], moved 'That the whole subject with regard to Mr. Cox be referred to the Council, with a request to them to report on it to the next quarterly meeting.' Dr. Symonds seconded this proposition, which, after a lengthened discussion, was carried in the affirmative." He stated, Sir, to me, from his note-book, that after Dr. Budd's speech, which was reported, Mr. Godfrey moved his resolution, and was followed by Mr. Norman (the President.) Dr. Symonds seconded Mr. Godfrey's motion; Dr. Budd spoke again; Mr. Godfrey spoke again; Dr. Budd spoke again (laughter); Dr. Symonds spoke again; Dr. O'Brien spoke; Mr. John Barrett spoke; Mr. Coe made an observation; Dr. Davies spoke; the President (Mr. Norman) spoke; Mr. Green spoke; Dr. Budd spoke again; Mr. Godfrey spoke again (laughter); Mr. Coe made his speech; Mr. Godfrey spoke again; Mr. Coe spoke again (laughter); Mr. Godfrey spoke again; Mr. Coe spoke again (renewed laughter); Dr. Symonds spoke again; the President put the resolution; Mr. Stone spoke; Mr. Cox spoke; Dr. Tunstall spoke; Mr. Godfrey spoke again (laughter); Dr. Budd spoke again (renewed laughter); Mr. Macey spoke; Mr. Soden spoke; Mr. Coe spoke again (laughter); the Secretary read the 22nd rule of the Association; and the resolution was then put and carried. (Applause and laughter.) The reporter stated to me also, that upon looking over his notes he considered he had given the substance of all that transpired, and that it was far better to conclude as he did, rather than to put in all the interlocutory speeches and observations which were made after the addresses which he had given in full. That is so far my answer to the gentleman who applied to me. The same question has been put by Mr. Cox, and is now repeated by Mr. Bagshawe, and I have only the same answer to make to them. I may say, however, that in consequence of the representations which have been made to me, I have requested the reporter to make a verbatim report of all that transpires at the present meeting, and to transmit it to the Secretaries, so that the whole of the remarks which may be made, may appear in print, if it should be the pleasure of the Association. (Applause.)

The PRESIDENT: I may say, that as it appears from the list that has been read that some of the members were allowed to speak two or three times on the last occasion. I think it could not have been two or three speeches on the point that these gentlemen made. It must have been asking questions or making observations that brought them up so often. However, it will be very wholesome if we take care this evening that no one speaks more than once. (Hear, hear.)

Mr. BAGSHAWE: I think my question has not been answered. The matter of Mr. Cox was referred to the

Council at the last meeting, at which Mr. Cox, as well as Mr. John Barrett made use of certain names which had nothing to do with the case. I attended here as a stranger on that occasion; and I heard Mr. Cox refer to the Jury before whom the case was tried. Now, he might have stated that two of the Jury were retired medical men, that one of them was a major in the army, another a great brewer, and that another was a large landholder; all residing out of the city. He also related a conversation stated to have taken place between Mr. Harries and Mr. Barter, which Mr. Harries denies; and Mr. John Barrett stated that he had a conversation with a witness at the trial named Biggs, which Mr. Biggs also denies.

The PRESIDENT: I should be loath to interfere with Mr. Bagshawe in asking any question; but it seems to me that we have nothing before us till the report of the Council is read. (Hear, hear.)

Mr. JOHN BARRETT: May I not correct the remarks which have been made by Mr. Bagshawe respecting me?

The PRESIDENT: I think not now. We have been sitting here for half an hour, and nothing has been done but conversation. I think if we read the report of the Council there will be something before the meeting. The Secretary, I understand, has no further answer to give to Mr. Bagshawe.

Mr. COLTHURST then read the following

*Report of the Council re Bourne v. Cox.*

Gentlemen,—Your resolution of the 27th October, in which you referred the whole subject with regard to Mr. Cox to the Council for its examination, having left it open to them to report thereon either to the next quarterly meeting, or to another meeting to be specially convened, your Council, mindful of your great anxiety to learn the whole truth before consenting to the justice of the stigma cast upon a brother member, have lost no time in instituting the inquiry directed by you, and have called you together this evening to hear the result.

Your Council would premise that, with the view of carrying out your instructions "to examine the whole subject with regard to Mr. Cox," they determined to hold their meeting in Bath, the residence of Mr. Cox and the several witnesses; and accordingly issued a note to each individual who was supposed to be able to give information on the subject, requesting their attendance at the Council meeting to be held on Nov. 12th, at the Bath General Hospital, whilst to Mr. Cox himself was sent the following note:—

"41, Gay Street, Nov. 8, 1852.

"Sir,—On behalf of the Council of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, I have to request you to attend their meeting at the Bath General Hospital on Friday evening next, at half-past six precisely, with Mr. Lawrence, your books, and such other evidence bearing on the professional facts of the case, 'Bourn v. Cox,' as you may please to adduce.

"The court being a 'court of honor,' it will be proposed that Mrs. Bourn, Messrs. Gibbs, Cousins, Tapp, and Harries be examined, and state the facts relating to the professional part of the case within their knowledge; and that Messrs. Skeate, Field, Bagshawe, and Bartram, attend, that, if it be desired, they may reiterate the opinions given by them before the County Court.

"I think it but right to let you know that if you please the reporter of the *Bath Journal* can supply you with a verbatim report of the proceedings on that trial.

"I remain, Sir, yours obediently,

"J. S. BARTRUM.

"Honorary Secretary Bath Branch.

"W. A. Cox, Esq."

Pursuant to the notice, the meeting was held, and the following members of your Council attended, viz., Geo. Norman, Esq., President, in the chair; Messrs. Symonds, M.D., Ormond, Morgan, Estlin, Budd, M.D., Flower, Colthurst, Davies, M.D., Church, Clark, Bartrum, Hodges, M.D., Swayne, M.D., George, Smerdon, and John Soden.

Before, however, your Council could enter on its business Mr. Cox stepped forward, and presented the following letter to the President:—

"To George Norman, Esq., President of the Bath and Bristol Branch of Provincial Medical and Surgical Association.

"Sir,—The Council have determined to open my case anew, and to call before it witnesses whose sole wish is to condemn and injure me, and who would not before such a tribunal be under the restraints which attend an examination in a Court of Law, and might therefore give unbridled license to their ill feeling, has taken a course which is beyond its jurisdiction, and is manifestly unjust to myself. I therefore avail myself of this mode of offering a few observations upon its proceedings in the matter.

"It will be remembered that the case has been fully investigated *as against me* before a Court of Law; and that there, upon the statements of medical men, I was accused of having trumped up a bill, of having set forth such a combination of diseases as had not been known to co-exist, and as could not be cured in the time; in fact, of having wilfully and deliberately lied in this bill for the most execrable purposes. It will also be remembered that those statements of the medical men, although so unanimously and unhesitatingly made at the trial, were abandoned as untenable and incorrect within a few days afterwards; that after openly publicly branding me as the designing concoctor of an ignorant and lying bill, it privately admitted that the ignorance and inaccuracy of statement lay in the testimony which had been given upon oath. This was the position of the case when it was brought before the Society.

"At the first meeting upon the subject I opened the matter as fully as possible, and exposed my book to examination, not because I thought that I was bound so to submit myself, for I conceive I might have taken as of right much higher ground; but because I was above disguise, and wished so to act. I then took up the adverse medical testimony given at the trial, analysing, examining, and refuting it in every point, except that as to the amount of charge. This I did in the presence of three of the adverse medical witnesses, and not one of them, nor any other member in attendance, advanced a single word in defence or support of the opinions so confidently given at the trial, that the diseases could not coexist, could not be cured in the time stated, and that the treatment described was improper. Before those unacquainted with the principles of our profession, the adverse medical witnesses had been loud and confident, but before a meeting of its members they were dumb. Three-fourths of the case thus fell to the ground. Here, then, the Society had before it a member who had erred in judgment, and had candidly acknowledged that error, but who, by false testimony, had been untruly held forth to the world as guilty of wilful and deliberate lying and deceit, and of incapacity in his profession; and it is worthy of much consideration by the Society, that the previous conduct

of this member was not only unchallenged, but acknowledged to be honourable and honest by his opponents. Did not justice and conscience, then, demand of the meeting that they should free his character from those false aspersions, and so far as the power of the Society extended, nullify the effect of the publication and circulation of those false statements. Was I only an offending party, or a greatly injured one also? Was my offence to be punished, and my injuries to remain unmitigated? Let us see.

"Some of the medical witnesses at the trial have, to my knowledge, been industriously employed, in and out of the town, in endeavouring to raise a party against me not to institute a fair investigation, with a view to elicit truth, but to carry out their predetermination to drive me out of practice here, if possible. And these efforts have been continued in the meetings of the Society, for (unfortunately) the Bath Secretary of the Society is one of the most active in these attempts, and the case has, in fact, been thus drawn and driven to this point, that I cannot be cleared without leaving a great amount of odium upon him and others connected with him. For this state of things I am not accountable, neither ought I to suffer, but I find it is intended that I shall be made to bear the consequences, so far as the Society is concerned.

"As a proof of this, open to the observation of all, I may notice that a report taken of the proceedings of the meeting, which was expressly authorised as the confidential report of the Association, is in violation of the implied faith that it shall therefore be used for the purposes of the Society only, inserted without authority, in a garbled shape, in the *Provincial Medical and Surgical Journal*, portions favourable to myself, and others unfavourable to Mr. Bartrum, in the strongest and most decided terms; being omitted.

"For instance, there is an entire omission of Mr. Norman's remarks on the merits of the case, in which he pointedly showed the inaccuracy of the statements of the adverse medical witnesses, and quoted authorities in support of his views. Again, in the omission of the observations of Dr. Davis, when citing his experience in the hospitals of Paris, as having frequently met with such a combination of diseases as had been described by me; and who, as he said, could account for the statements of the medical witnesses only upon the supposition that they had forgotten what they must have often witnessed. And the entire omission of the speech of Mr. Godfrey, which was a complete answer, in my favor, to the specious observations of Dr. Budd.

"A further proof of the same kind is, that a notice was inserted in the *Bristol Gazette*, published the Thursday after the meeting, promising a report or further particulars.

"A third proof I may mention, is the notice I have received from the Bath Secretary, to attend this meeting, in which he informs me it will be proposed to examine some witnesses at the trial others not then called, and amongst the latter, in outrage of all the decencies of society, the attorney who was employed against me at that trial.

"But I feel that these indications, strong as they are, are yet not equal to that hostility which is described to me as existing in the minds of some of the Society, and of which, as I have already stated, it is intended I should bear the consequences.

"However, the adoption by the Council of this motion, shows their intention to travel beyond the question committed to them by the Society, and advises me to resign my membership in the Society, and I therefore here resign that membership, and so frustrate the hostile desire of the authors of the motion. I thus quit the Society, and although I cannot obtain from it that benefit and assistance I might have expected, yet I leave it with the conviction that not one of the charges which I have denied and rebutted, both in person and

by this letter, has an abiding place in the mind of any member who is free from the bias of passion in the matter.

"One duty remains—a pleasing one amongst all this unfortunate strife and turmoil—to thank those gentlemen in the Society who have distinguished between error in judgment and immorality, between a precipitate step and a deliberate fraud, and have had the generosity and courage to express their convictions in behalf of one whom some others would have hallooed on to destruction, and from my heart I thank them.

"I am, Sir, your obedient servant,

"W. A. COX.

"54, New King Street,  
"November 12, 1852."

Whereupon your Council (having heard the letter re-read by the Secretary, and duly considered it, paragraph by paragraph) unanimously agreed that although the witnesses were in attendance, it would not be desirable to examine them in the absence of the accused. They moreover resolved that (indifferent as they were to the insinuations contained in Mr. Cox's letter as to their own motives and intentions,) they could not separate without distinctly repudiating his accusations against their Secretaries, and expressing their opinion that the whole tone and character of his letter were such as to dispel any regret they might otherwise have felt at Mr. Cox thus evading an investigation which (though of a more searching character than he probably expected at the time he accepted the reference to their tribunal,) was intended to ascertain (as shown by the resolution of your meeting of Oct. 27th,) whether Mr. Cox could be cleared from the stigma already laid upon him by the verdict of the Bath County Court. The letter, with its many unfounded and malicious assertions, has left upon their minds a more painful impression with regard to Mr. Cox's conduct in the whole transaction than anything hitherto brought to their notice. (Much applause.)

The PRESIDENT: Does any one move the adoption of the report? If it is moved and seconded, we shall have it before us to discuss.

Mr. GODFREY (Bristol): To save time, Sir, I will move the adoption of the report *pro forma*.

Mr. CRANG (Tisbury): I will second that.

The PRESIDENT: Mr. Crang is a member of the Council, I believe, and this is the report of the Council which he has seconded.

Mr. COX (Bristol): I shall be most happy, Sir, to second the adoption of the report. I do not, however, wish to make any observations at present, and I suppose I may speak afterwards.

The PRESIDENT: Certainly,

Mr. BUSH: If I understood rightly just now, Sir, each individual was only to speak once, except the proposer of a resolution. I wish to know if that is so, or whether we are to give the seconder the right to be heard again.

The PRESIDENT: It is usual, I believe, to allow the mover and seconder of a resolution to speak twice.

Mr. BRYANT (Bristol): I beg to second the motion then, Sir, if Mr. Cox wishes to speak afterwards, and there is any doubt about his right.

The PRESIDENT: Upon recollection, I think that is the proper course. The proposer generally assigns

some reasons in support of his motion, and he is entitled to reply to any objections which may be urged against it; but not the seconder.

Mr. J. S. BARTRUM (Secretary to the Bath Branch): After the report which has been read, Sir, I feel it due to the Association to lay a plain statement of facts as regards the Bath Secretary before the meeting. I stand here utterly as unconscious of having acted towards Mr. Cox with any hostile feeling as an unborn babe. I went into the witness-box to say what I thought of the case; and I have nothing now to add or to alter in the evidence I then gave. In relation to the Bristol meeting, I consulted yourself, Sir, as the President of the branch; Mr. Clark, the President-Elect; and Dr. Symonds, a past President; and you were unanimously of opinion that the case should be investigated. I accordingly, in my official capacity, without fear, favour, or affection, endeavoured to obtain such evidence as would put the whole matter before the Council, and that they might thereby come to correct judgment upon it. With this view I procured the statement made by the mother of the young man, and also his own written statement (which under the circumstances would be received as evidence in the Court of Chancery) that eighteen mixtures alone were supplied to him, and that he only saw Mr. Cox twelve times.

Dr. DAVIES (Bath): Ought we to go into this?

The PRESIDENT: I think Mr. Bartrum is now stating evidence which the Council would not have heard.

Mr. BARTRUM: Very well, Sir, I will of course withdraw it. I have merely alluded to the matter to bear myself out that my only reason for proceeding as I did was that the subject should be fully investigated; and that Mr. Cox should have the fairest opportunity possible of knowing the line of investigation that was to be pursued, I wrote the note to him which you have heard to-day; so that there should not be the shadow of suspicion of treating him unjustly. With regard to odium and hostility towards Mr. Cox, it is as absent from my mind as I believe it possible to be. I repudiate it altogether as towards him and every other member of the Association. My course has been to act with simple, plain, and unmitigated justice, and I repudiate any personal feeling whatever in the matter. Having said so much, Sir, I, with confidence, leave the case in the hands of the Association. (Applause.)

Mr. WILLIAM BUSH (Bath): Mr. President, I wish to make a few remarks on the case. I am not responsible for this letter of Mr. Cox's; but still I cannot conceive that the Council, or rather this Association, will arrive at so harsh a resolution as is indicated in that report, without hearing what may be offered in defence of Mr. Cox. It is my intention, Sir, to go over the several clauses in Mr. Cox's letter to the Association; but, first of all, I may state that that letter was written, to my knowledge, in a very hurried manner; and I ought also to say that I saw it in a rough way some twenty or four and twenty hours before it was handed in to you. There were many



parts of that letter to which I objected, and which I regret should have been inserted; but, Sir, taking it as a whole with one or two exceptions—one, for instance, relating to the Council of the Association—I cannot see any very great objection to it. I will, if you please, Sir—and I hope I shall not take up too much time in going over the various subjects—take clause number one in Mr. Cox's letter, which is this,—“The Council having determined to open my case anew, and to call before it witnesses whose sole wish is to condemn and injure me, and who would not, before such a tribunal, be under the restraints which attend an examination in a court of law, and might, therefore, give unbridled license to their ill feeling, has taken a course which is beyond its jurisdiction, and is manifestly unjust to myself. I therefore avail myself of this mode of offering a few observations upon its proceedings in the matter.” Mr. Cox laboured under the impression, as I did myself, when that letter was forwarded by him to Mr. Bartrum, that the Council had consented to call additional witnesses before them; and the letter which was read by Mr. Colthurst just now (written by Mr. Bartrum), appears at first sight to confirm that opinion. I should like to ask, for I am not positive on the point, whether the Council did not have a meeting very shortly after the last meeting of the Association, and before the meeting at Bath?

The PRESIDENT: No. Certainly not before the meeting at the Bath General Hospital.

Mr. BUSH: Then I am bound to say that nothing was adduced at the last meeting of the Association which would empower the Secretaries to call additional evidence against Mr. Cox. It was then understood that the whole case should be gone into. (Loud cries of “Hear, hear.”) I say it was then understood that the whole case should be considered as regarded the evidence which had been already given against Mr. Cox, with Mr. Cox's books, which he produced at that meeting. Nothing was said of calling additional evidence at your Council meeting.

The PRESIDENT: When that meeting was about to be held, the Bath Secretary spoke to me, and Dr. Symonds, and Mr. Clark, and we were all of opinion that it was sent to us as a court of inquiry. But I should also say this, that Mr. Bartrum was quite at liberty to procure other witnesses, and it would be for the Council to say whether they would receive their evidence. The impression on my mind is that the Council would not, but there was nothing to prevent the Secretaries from summoning additional witnesses if they thought proper.

Mr. BUSH: May I ask,—Did you authorise the Secretaries to summon additional witnesses?

The PRESIDENT: No.

Mr. BUSH: Then the onus must rest upon the Secretaries themselves.

Mr. COLTHURST: Without wishing to interrupt Mr. Bush, I think it will save time if Mr. Godfrey's original resolution be read; I have already read it from the minutes, and have brought with me the original resolution as it was handed to me, which I will now read—

“That the whole subject” (it does not specify any part as to evidence) but “that the whole subject with regard to Mr. Cox be referred to the Council for its examination and report to the next quarterly meeting, or to another meeting specially convened.”

Mr. BUSH: I admit that was so; but I don't think the meeting consented to allow one of those parties to be subpoenaed who was actually at the trial, to give evidence against Mr. Cox, but was not called. Mr. Cousins is the individual I allude to; and there was some objection, I understand, to him, as being only hearsay evidence. Now, why this individual should be allowed to give evidence before the Council when the solicitor or barrister who conducted the case against Mr. Cox refused to call him—why he should be heard, I cannot understand.

Mr. ORMOND (Bath): Mr. Bush is under a mistake, there was no evidence heard by the Council.

Mr. BUSH: I am supposing that the object of the Council had been to hear evidence, and that it was determined by them to hear these witnesses.

The PRESIDENT: Certainly not.

Mr. BUSH: Those, Sir, were my opinions, and they were also Mr. Cox's opinions, as appears from the letter which he has forwarded to you. It is not for me to decide whether they are right or wrong. We also understood that Mrs. Betty Bourn was to be examined. Now, Mrs. Betty Bourn had said her say at the trial, and it was difficult to see why she should be called again, or the plaintiff's solicitor, why he should be called. I am certainly of opinion, though I may be wrong, that the Council had already before them sufficient evidence to enable them to come to a correct decision. I now come to the second clause of Mr. Cox's letter, which is this:—“It will be remembered that the case has been fully investigated as against me in a Court of law; and that there, upon the statements of medical men, I was accused of having trumped up a bill, of having set forth such a combination of diseases as had not been known to co-exist, and as could not be cured in the time; in fact, of having wilfully and deliberately lied in this bill for the most execrable purposes. It will also be remembered that those statements of the medical men, although so unanimously and unhesitatingly made at the trial, were abandoned as untenable and incorrect within a few days afterwards; that after openly, publicly branding me as the designing concocter of an ignorant and lying bill, it privately admitted that the ignorance and inaccuracy of statement lay in the testimony which had been given upon oath. This was the position of the case when it was brought before the Association.” Sir, it is reported, whether truly or not I will not say, that the Secretary, Mr. John Bartrum—and I leave him to contradict the statement if it is unfounded—that Mr. John Bartrum told you, Sir, a short time after the verdict, “Oh! with regard to the co-existence of syphilis and gonorrhoea, we give up that point.” I call on Mr. Bartrum now to admit or deny the correctness of that report.

Mr. BARTRUM: I deny that I had any conversation with Mr. Norman upon the subject.

Mr. BUSH: Well, then, I will ask the President.

The PRESIDENT: I have no recollection whatever upon the subject.

Mr. BUSH: Well, I must give up that point. I can only say that what I have stated was currently reported. Mr. Bartrum, at all events, will remember a conversation which he had with me in Old Bond Street, in which he said that it was only Mr. Topp, who was not a medical man, who had stated that the two diseases could not co-exist.

Mr. BARTRUM: Sir, is this meeting held for a cross-examination of me, or is it for the purpose of examining the report of the Council?

The PRESIDENT: I think, Mr. Bush, it will be better for you to go on without asking questions. I take it that if you state what you have to say in your address to me, the meeting will pass those observations as things you understood; but if Mr. Bartrum or any other gentleman to whom you may allude rises to interrupt you in the way of explanation, I think they have a right to do so.

Mr. BARTRUM: Mr. Bush wishes me to say—

The PRESIDENT: No, he does not wish you to say anything; but he says that he saw you in Old Bond Street, and that you said to him that it was only Mr. Topp, who was not a medical man, who had said that the two diseases could not co-exist.

Mr. BARTRUM: I did so express myself.

Mr. BUSH: In reply to that I will refer to the report of the trial. I cannot lay my hand on the passage at this moment. (After searching for a short time Mr. Bush proceeded.) I have it now, Sir. I am quoting from the report of the Judge's summing up, which appeared in the *Bath and Cheltenham Gazette*. "As one witness after another was called," said the Judge, "they all agreed that they did not believe that such a case ever existed and was treated in the same way. Their evidence, the Jury would see, took a duplex form. They did not believe that the diseases which were specified upon the face of the bill ever could co-exist in the same patient; and that, supposing the effects, and nature, and symptoms of the patient's case to be truly described, then they maintained that the treatment was incredible."

Mr. COLTHURST: I beg, Sir, to interrupt Mr. Bush by stating that I have seen two Bath papers, containing two distinct versions of the trial; and in consequence of that Mr. Cox was informed that he might have from the reporter of the *Bath Journal* a verbatim copy of the trial, so as to show whether these statements were actually made by all the medical witnesses. Mr. Cox has declined to take the opportunity which was thus afforded him; and I do think that it is occupying the time of this meeting most unnecessarily in opening a question which Mr. Cox has had full opportunity of bringing before the Council. Having been referred to this reporter, it was open to Mr. Cox to accept or to refuse to avail himself of his services. He has had the opportunity to rebut any evidence which he may conceive to be incorrect, and to prove the correctness of the evidence of his own witnesses; but having refused

thus to meet the question before the tribunal to which it was referred, I think it unnecessary, and I will say unjust, to open the question again here. As regards the Secretaries of this branch, Sir, one of them certainly has had nothing whatever to do with Mr. Cox's case before it came under the notice of this branch; and the other, I am sure has not the slightest objection to meet the question which has been raised respecting him. In fact, Sir, as I have already stated, the Bath Secretary has not the slightest personal feeling in the matter, and, having referred Mr. Cox to the individual who is prepared to give him a verbatim report of the trial, I do not think we ought to refer to any more newspaper reports here. There are two papers in Bath containing reports of the trial, one is the *Bath Gazette*, and the other the *Bath Journal*; and as I before said, they both contain distinct versions.

Mr. BUSH: After what Mr. Colthurst has stated, I will not go through the clauses of Mr. Cox's letter seriatim; but I will make a few remarks generally upon the case. And, first of all, I would ask whether Mr. Cox had not just grounds for withdrawing from the Association?

Mr. COX: Sir, I rise to a point of order. The question before us is as to the report of the Council, whether we shall receive it or not; and I submit that Mr. Bush has a right to argue against its reception and nothing else.

Mr. BUSH: It is my intention to move an amendment to the original resolution.

The PRESIDENT: I think Mr. Bush, if he objects to the report and means to move an amendment, has a right to go into the case of Mr. Cox, not fully, perhaps, but into such parts as he thinks fit.

Mr. BUSH: I will cut it as short as possible, Sir, (laughter). I ask, first, whether Mr. Cox had not just grounds for withdrawing from the Association; and, secondly, whether he had not also grounds for the remarks which he has made on the Secretary of the Association? I have already stated that Mr. Cox laboured under the impression that the Council were about to call fresh evidence against him, and for that reason he withdrew. With regard to the Secretary, I have told you that I am not answerable for Mr. Cox's remarks; but he labours under the impression that the Bath Secretary—

Dr. TUNSTALL (Bath): Sir, I rise to order. We are not met to hear the accusations of Mr. Bush and Mr. Cox against our Secretary. Let Mr. Bush speak to his amendment. We are not here to discuss the conduct of Mr. Bartrum, but to discuss the report of the Council.

The PRESIDENT: I must say that Mr. Bush is in order. The Council, in their report, have stated that Mr. Cox's letter has given them a worse impression of the case than anything hitherto brought to their notice; and, therefore, I think Mr. Bush is justified in showing the circumstances under which the letter was written.

Dr. TUNSTALL: But, Sir, is he in order in attacking our Secretary?

Mr. BARTRUM: I am quite prepared to bear the attack.

The PRESIDENT: If Mr. Bush, instead of asking questions, were to assume that the facts were so and so, then we should get on; and then let some one contradict him afterwards.

Mr. BUSH: I will endeavour to do so. First of all, Sir, it is reported that Mr. Bartrum had a conversation with a gentleman in the streets of Bath, in which he stated that the rumours about Mr. Cox were not half so bad as the facts really were.

The PRESIDENT: That is asking for a reply, Mr. Bush.

Mr. Bartrum rose, but

Mr. BUSH proceeded: Secondly, the evidence given against him he conceives was of the most damnatory character.

Mr. BAGSHAW: What was that last word?

Mr. BUSH: I will withdraw the words "damnatory character," and will say that the evidence was given with hostile feelings. Thirdly, (whether I am correct here, I must leave for you, Sir, and Mr. Bartrum to decide,) it is reported that Mr. Bartrum applied to you immediately after the trial, to know what proceedings ought to be instituted against Mr. Cox.

The PRESIDENT: You are asking questions again, you see, Mr. Bush, which makes our proceedings very dilatory. Mr. Bartrum did come to me and ask whether any proceedings ought to be taken by the Association in the matter. My answer to him was,—"I think it is a question between Mr. Cox and his patient, and I think the Association will only get into difficulties by taking up the question."

Mr. BUSH: That is as I heard it. Fourthly, it is stated that Mr. Bartrum made efforts to turn Mr. Cox out of the Book Society. Fifthly, the special notice of the breathless silence which followed the reading of a paper by Mr. Cox, at a late meeting.

Mr. COLTHURST: I am accountable for that report. The Bath Secretary is not responsible for any report of the proceedings of the branch at Bristol.

Mr. BUSH: Sixthly. (This charge we did not catch.) And, seventhly, the garbled report of the last meeting, which appeared in the last *Journal*. I think every gentleman present must admit that that was a garbled report. Dr. Budd and Mr. Coe must admit it; and I—

Mr. AUSTIN, (shorthand writer): Sir, I must beg permission to be heard in reference to this charge.

Mr. J. BARRETT: Order, order. The reporter cannot be heard. No person who is not a member has a right to address the meeting.

Mr. AUSTIN: Sir, a charge having been made against the report of the proceedings of the last meeting, which I furnished, I ask permission, (not as a right,) to offer an explanation, and unless that permission is granted, I shall close my book, and decline to take any further note of the proceedings of this meeting.

The PRESIDENT: I think that, out of courtesy, we ought to hear the reporter.

The majority of the meeting concurring in the view taken by the President.

Mr. AUSTIN stated, that he attended the last meeting at the request of Mr. Colthurst, Secretary of the

Bristol Branch. His instructions were, not to take a verbatim note of the proceedings, although he had done so, but simply to supply a report for publication in the journal of the Association. Acting upon those instructions, and exercising the usual discretion of a newspaper reporter, he had transcribed so much of his notes as had appeared in print. The long list of speeches which had been read by Mr. Colthurst as being omitted, appeared to him (Mr. A.) to be unnecessary to a faithful outline of what transpired. The speech of Mr. Estlin, who brought the question before the meeting, was given at length, Mr. Cox's defence verbatim, and also the speeches of Dr. Symonds and Dr. Budd; unless, therefore, it was shown that anything was omitted from the addresses which *was* said, or anything inserted which was *not* said, he protested against the application of the term "garbled" to that report, the veracity of which he was prepared to substantiate by affidavit, if necessary.

Some discussion ensued, of which we are informed by the shorthand writer that he took no note, from the reasons indicated above. Eventually,

Dr. SYMONDS, (Bristol), rose and said: Sir, to bring this matter to an issue, I beg to move, "That the report of the last meeting, which appears in the *Journal*, be considered as accepted by this meeting."

Mr. COX: I beg to second that proposition, and I do so for this reason,—I do not agree with what has fallen from Mr. Bush, and the explanation which has been offered by Mr. Austin is so full, as to carry the conviction of truth upon the face of it. I confess, Sir, that at first I was somewhat grieved to find that I was not mentioned in the report as having supported the views of Dr. Budd, but after what I have heard I am perfectly satisfied, and I feel happy in seconding Dr. Symonds's resolution.

Mr. GREEN, (Bristol): I wish to say that I consider the report as fair and accurate as it could possibly be; it is characterised by fairness from beginning to end, and therefore the statement that it is a "garbled" report, is untrue. I think the statement that we have heard from the reporter, shows that he only used the general judgment displayed by reporters in such matters, and that it completely absolves both the Secretaries and himself from all blame in the matter. (Hear, hear.)

The PRESIDENT: I will put the question,—"That the report of the last meeting which appears in the *Journal* be accepted by this meeting."

Mr. JOHN BARRETT: I certainly object to that.

The PRESIDENT: Do you wish to speak upon it?

Mr. BARRETT: I certainly do. When I find the speech omitted of the oldest surgeon, I believe, in this neighbourhood, who occupies the chair of our branch, and who has filled the Presidential Chair of the Association, I ask,—Is the omission of that speech to be considered as giving a fair character to that report? I do not mean to say that all that was said ought to have been put in, but I do say that this and other omissions ought to have been supplied. On the question as to the evidence, I think that the remarks of Dr. Davies ought to have been entered; the remarks of Mr. Godfrey also

ought to have been entered; and, therefore, I cannot consent to accept this report. I know several gentlemen besides myself who do not consider this to be a fair report. I do not mean to say that there have been any intentional omissions, but I would rather say that the omission of several very important things takes away from it the character of being a sufficient and correct report. And I must claim on principle that we should not give the sanction of the Association to a reporter from this or that quarter who decides for himself what he will omit and what he will insert. I must say that I think the Secretaries ought to have looked through that report, and where they found that important omissions had been made, they should have seen that those omissions were supplied. I have no wish to attribute anything like neglect to Mr. Colthurst, but I think he was a little napping at his post as he did not go through the report to see if there were any omissions. If he had done so it would have been far better, but, as he did not, I cannot agree to consider the report a correct one. As to Mr. Coe's speech, which was omitted, we would not allow Mr. Field to be heard; and, as Mr. Coe was the mouthpiece of Mr. Field, common justice required that Mr. Field's remarks (for they were his, *de facto*) should have been given. I say, then, that the remarks of Mr. Coe it would only have been justice to Mr. Field to insert, and as they were omitted, I cannot allow this to be a correct report. I do not wish to pursue the matter, but I object to the adoption of Dr. Symonds's resolution.

Dr. BUDD (Bristol): Sir, there are very important considerations involved in the question now before us. It is this, whether the report under discussion has been tampered with, or has it been garbled? Is it a tampered and garbled report, or is it a fair newspaper report given without bias? Is it one or the other? I hope, Sir, after what has transpired, that the insinuation which has been thrown out [that this report has been tampered with, will be withdrawn; and that we shall adopt it unanimously as a fair and impartial, if not a verbatim, report of all that took place. The fact that some of the strongest observations in support of the view which I took of Mr. Cox's case, which were made by Mr. Coe, were omitted, is of itself sufficient that there was no bias on the side of the parties opposed to Mr. Cox. There is no doubt, Sir, that the observations which you made as President are also omitted, nor is there any doubt that every thing which falls from you is entitled to consideration. Those omissions, however, we have heard were made at the discretion of the reporter; and that is a very different thing from saying that the report has been tampered with, or that it has been garbled to prejudice Mr. Cox's case. I apprehend, Sir, that this is the view which this meeting will take of the matter, and I hope the reporter will publish his own speech on the point to show how complete and satisfactory was his explanation. (Applause.) And, in conclusion, I would recommend the friends of Mr. Cox, if they are really acting on his side, to let us hear no more of garbling and tampering, but to admit that it was a fair and honest report, without any kind of bias whatever.

Mr. BUSH: If I understood rightly at the last meeting, this report ought not to have been printed and published in our *Journal*. (Cries of "Question, question.")

Mr. JOHN BARRETT: Sir, I still object to this resolution.

Dr. BUDD: That it is a *bond fide* report?

Mr. BARRETT: Yes.

Dr. SYMONDS: Sir, I beg leave to move "that the report of the last meeting, October 27, presented to the *Journal* by the reporter specially appointed be accepted as an impartial report."

Mr. COE: I second that proposition.

The question was then put and carried with only two dissentients. (Messrs. Bush and Barrett.)

The PRESIDENT: I think we are relieved from a good deal of difficulty by the reporter having taken upon himself the responsibility of the report. This will completely absolve the Secretaries from the charge of having had anything to do with it.

Mr. BUSH: There are one or two other subjects to which I wish to advert, not on my own account so much as on behalf of Mr. Cox. It is stated, Sir, that Mr. Bartrum has expressed his satisfaction at your speech at the last meeting not being reported; and further, as a proof that Mr. Cox is not mistaken in the feelings entertained towards him by Mr. Bartrum, he is informed that Mr. Bartrum made this strong remark at the Council meeting, namely, that he was prepared to prove that Mr. Cox's whole bill was a concoction. I wish to move as an amendment to the resolution which has been proposed,—“That this meeting regret that the Council have been prevented, by Mr. Cox's resignation, from arriving at a decision on his case. That they feel that Mr. Cox, labouring under the impression that the Council intended to examine fresh witnesses to give a verbal refutation of that evidence which was given on oath, and having had just ground of complaint and dissatisfaction at the garbled report of the last meeting”

The PRESIDENT: You must strike out the words “garbled report,” after the resolution we have just passed.

Mr. BUSH: Yes, I will do that. I wish it to be understood that I do not wish to exculpate Mr. Cox from all blame. I feel that he has taken a hasty step, but I am afraid that there are others among us who, if they have not taken the same, have at least taken steps as hasty as that of Mr. Cox. That it was injudicious and indiscreet of Mr. Cox to arrest Bourn there can be no doubt; but when I heard, as I did, the medical witnesses one after the other, in a Court of justice, give their evidence in a manner which appeared to me so erroneous, I will not say false—but so erroneous—I did not hesitate to come forward as I do now.

The PRESIDENT: I think Mr. Bush will see the propriety of withdrawing the terms which he has applied to the medical witnesses.

Dr. BUDD: I beg to say that the reporter is bound not to “garble” his report in this respect. (Laughter.)

Mr. BUSH: I was going on to say, Sir, that when I entered the Court I had not the slightest intention of

going into the witness-box ; but when I heard the medical men making such an erroneous impression on the Jury and the Court, I felt myself bound, as a professional brother of Mr. Cox, to give contrary testimony.

Mr. BAGSHAW: Sir, I rise to order. We had all this over at the last meeting, when Mr. Cox thanked Mr. Bush for the kindness he had done him.

The PRESIDENT: But Mr. Bush is now speaking on his amendment, and of course we cannot adopt or reject it without hearing his reasons.

Mr. BUSH: I will merely add, Sir, that I have now known Mr. Cox some sixteen years, and, as two of the medical witnesses stated who were examined against him at the trial, I believe him to be an honest man. Having known him as I have said, for sixteen years, I can say confidently that he is as straightforward and honest a man, in my opinion, as any member of the profession. But that he took a hasty step in this matter there can be no doubt, and I regret it most sincerely. I do trust that this Association will act leniently towards a member of the profession situated as Mr. Cox was, and the resolution I have drawn up does not exonerate him entirely from all blame. It merely states that, as Mr. Cox has resigned in consequence of additional witnesses being called, or being about to be called against him, as he supposed, and in consequence, as he also imagines, of a garbled report of the last meeting.

Mr. BARRETT: Not a "garbled" report.

The PRESIDENT: No; I suppose you cannot call it so now.

Mr. BUSH: I will say, "as he supposed," and that he felt it his duty under the circumstances to withdraw. I cannot, if I were placed in the same position as Mr. Cox, say whether I should have taken such a step or not; but, believing as I did with Mr. Cox that the Council were determined to call additional witnesses, and believing also that the report was not a correct one, I certainly should have waited before consenting to have persons giving verbal evidence against me which might have been given on oath at the County Court. I do not know that I need say more in defence of Mr. Cox than I have done. I feel it is a very painful case, and one which I trust will not occur to any member of this Association. But I again call on you, from my personal knowledge of Mr. Cox's general good conduct—I call on you as members of the same profession, to act leniently towards him.

The PRESIDENT (after a pause): Does anyone second the amendment? (Cries of "Read, read.") The Secretary cannot read it until it is seconded: but perhaps Mr. Bush will read it himself.

Mr. BUSH: This is my amendment:—"That this meeting regret that the Council have been prevented by Mr. Cox's resignation from arriving at a decision on his case. That they felt that Mr. Cox, labouring under the impression that the Council intended to examine fresh witnesses to give a verbal refutation of that evidence which was given on oath, and having had just ground of complaint and dissatisfaction at the report of

the last meeting, and of its having been published in the journal of the Association, was justified in withdrawing from the Association. Under these circumstances the meeting feels that further proceedings are undesirable."

Mr. COLTHURST: The second paragraph of that resolution states that Mr. Cox had "just ground of complaint and dissatisfaction at the report of the last meeting." Now, this meeting has already resolved, on the contrary, that that report be accepted as an impartial report; and that being so, we can hardly affirm that Mr. Cox had any "just ground of complaint and dissatisfaction" with it.

Mr. BUSH: I will put it "as he considered."

The PRESIDENT: You had better do that as a matter of policy; for you can hardly expect the meeting to adopt a resolution which would stultify itself.

Mr. BUSH: Then, with your permission, Sir, I will add these words:—"that Mr. Cox "having considered that he had just ground of complaint and dissatisfaction," &c.

Mr. ESTLIN (Bristol): May I ask whether Mr. Bush means to do away with the reception of the report of the Council by his amendment, because that has not been stated by him in the course of the proceedings. Is that the object of the amendment? because, if so, Mr. Bush should let us know that it is so meant.

Mr. BUSH: Certainly; that was my intention.

The PRESIDENT: Then you intend that the report be omitted, and that this resolution be received instead. Does any one second this proposition?

Mr. JOHN BARRETT: Though I confess, Sir, that if I had time I should like to alter this motion, and make it more brief, I will second it as it stands. I have had to regret more than once, Sir, in Mr. Cox's life his doing an hasty act; and in his dealing with the Association in reference to the present case, although I have to a certain extent taken his part, and may be supposed to be of his counsel, I must not be taken to be responsible for all that he has done. For instance, I do not think him justified in making the wholesale charges he has against the Council of the Association. I do not think that the Council had a right, *per fas et nefas*, or that they were prepared so to condemn him; nor do I give him my counsel *per fas et nefas*. I have a far higher idea of the Council, and of the members of this Association than to suppose that they would band themselves together to put down a brother member. But I beg the branch to consider the circumstances under which he has been placed. I can readily understand that some minds, without setting out with a desire to do injustice, may from an excess of honourable feeling have had their opinions warped and their conduct a little misdirected, even although they started with the desire to do that only which was just and honourable. And, Sir, I know of no profession more liable to this kind of deviation than the medical profession. (Hear, hear.) Because it is more social, and acts perhaps a little more on impulse than any other. But while I should be the last man to bring, and while

I do repudiate any such charge, I do think that the course which was proposed to the Council ought not to have been adopted. We have already heard from you, Sir, that it was very doubtful whether the Council would have examined any witnesses at all; but it was a most dangerous course to suggest; and I do think it ought to have been remembered that even in the lowest courts of law, when men even of the most unblemished honour are examined, it is always considered necessary to impose upon them the responsibility of an oath.

The PRESIDENT: But we had no power to administer an oath, if witnesses had been called.

Mr. BARRETT: I was only showing the danger of dispensing with the ordinary checks, and therefore I was very much pleased to hear from you, Sir, that it was very doubtful whether the Council would have sanctioned the course which was proposed to be adopted. Mr. Cox, however, was under the impression that that course would be taken, and I found that impression was very strong upon him. I admit that I advised him, in case that course was adopted, then to resign; but I also stated to him, that before he took that course, he should be perfectly satisfied as to the views of the Council. Speaking as I am before men of honour, I may state, that before Mr. Cox went to the Council, he was hardly master of his own conduct. I do think he ought to have waited before handing in that letter, and if he found then that there was the danger to be apprehended to which I have alluded, then I had advised him to resign. So far, then, with regard to what I advised Mr. Cox; for that I am responsible, and I have no wish to shrink from the responsibility.

The President: Then you second the amendment?

Mr. BARRETT: Yes; but if I do not, I wish to ask whether Mr. Cox's letter will be published?

Mr. COLTHURST: Yes; it is an integral part of the report of the Council.

Mr. BARRETT: I confess I should be glad to see the report and Mr. Cox's letter withdrawn.

The PRESIDENT: That would be so, if your amendment is carried.

Mr. BARRETT: Then, if this amendment is carried, the letter and the report will be withdrawn?

The PRESIDENT: Yes. As to what took place before the Council, I must say I think Mr. Cox acted hastily in resigning, because he must have been present at all that transpired, and might have objected to any one who was called before us, if he thought proper. As far as I know, it was not proposed to call any evidence that would not have been admitted on the trial.

Mr. BARRETT made an observation, which we did not catch, to which—

The PRESIDENT replied—No: that would not have been hearsay evidence.

Mr. BARRETT: I must remark, that the plaintiff's barrister or attorney, at the trial, called all the witnesses that were thought necessary; but one witness who was present was not called, for reasons best known to themselves. I mention that fact in justification of my view of the matter. ("Question, question.") These are the reasons on which I support this amend-

ment; and I cannot do so without saying, that I think, if the course to which I have alluded had been adopted by the Council, Mr. Cox would have been perfectly justified in withdrawing.

The PRESIDENT having put the amendment, two hands were held up in its favour, and an overwhelming majority against. Mr. Norman continued,—It is lost. The original question is,—"That the report of the Council be received, and adopted."

Mr. BAGSHAW: I am one of those, Sir, who on the last occasion conceived that we were not allowed to speak. There were five gentlemen examined as medical witnesses on the part of the plaintiff in the case *Bourn v. Cox*, leaving out Mr. Topp, who it seems is not a medical man. Of those five, three were non-members of the Association, and they received an invitation to attend the last meeting, but we understood that we were not allowed to speak; at least that was my impression, for I only paid my guinea to become a member of the Association on the morning of that day. Mr. Cox complains of being damned by the medical evidence, but he was attended here by Mr. Bush and Mr. Barrett, as his counsel; he has had the say of the public in the published report, and therefore at the Council meeting, supposing the statements of Mr. Cox had been undone by hearsay evidence, it would have been nothing more than we had taken from Mr. Cox. Take the case of Mr. Barter, who was stated by Mr. Cox to have offered to show Mr. Harries a case of coexistent gonorrhoea and syphilis. Mr. Harries denies that any such offer was made to him by Mr. Barter, and says that he should have been only too thankful to have witnessed the case. Again, it was stated that all the medical witnesses stated the impossibility of these diseases co-existing. I can state that this was not so. I was the fifth medical witness called, and I said I did not think bubo could have existed so recently as was stated, because there were no marks or traces of it; Mr. Cox, however, stated that there was bubo. I deny, Sir, that any one of the medical witnesses for the plaintiff gave it as his opinion that syphilis and gonorrhoea could not coexist. In this day's *Journal* appears the following letter, which has been sent by us, in reference to the charges urged against us by Mr. Cox. [Mr. Bagshaw here read the letter which appeared in the *Journal* of Nov. 24, page 623, and proceeded.] I think, Sir, that will give a reason why nothing was said by us on the last occasion. Three of us were non-members, and, as we have been taunted, we were mute; there were, therefore, only two out of the five left—namely, Messrs. Bartrum and Skeate, and out of delicacy those gentlemen neither spoke nor voted on the question. I have nothing more to say except this:—the name of Mr. Cousins has been brought up; and I repeat that, why he was not examined at the trial, although he could have given evidence of a very important fact, was that the barrister, Mr. Saunders, thought the case for the plaintiff was quite strong enough without him.

Dr. BUDD: I really think, Sir, we had better not go into the matter.

Mr. BAGSHAW: I will drop it if the meeting wishes

it; but I will just add, that besides Mr. Cousins, the only additional witness proposed to be called was, I believe, Mr. Gibbs, the plaintiff's attorney. He would have produced the young man's letter, containing his version of the case, which was just as good as Mr. Cox's, and I have it now in my pocket, and can show it, if it is desired.

The PRESIDENT: If the Council did not think it right to go into these matters after Mr. Cox's resignation, I think the Association is in the same state.

Mr. BAGSHAW: But Mr. Bush has been allowed to state his views of Mr. Cox's letter; Mr. Cox has got his former letter and his defence into the *Journal*, and the meeting here having heard a series of questions put to Mr. Bartrum, I ask, is it—

The PRESIDENT: You will see that Mr. Cousins's name has been mentioned, but neither in Court nor here has he come before us, and it is not right, therefore, to go into what he could have stated.

Mr. BAGSHAW: Mr. Cousins was withdrawn, as I have stated, simply because Mr. Saunders conceived the case strong enough without him. As to the Jury, three out of five have stated that they had made up their minds before the medical evidence came on; and as to the hearsay evidence of Mr. Barrett that a young man named Biggs had stated that Bourn had admitted to him that the bougie had been passed, there is a letter in this day's *Journal* denying that statement *in toto*.

Mr. GREEN: I wish to say a few words upon the question, having been one of those who, on the last occasion supported the amendment of Mr. Godfrey. My reason for doing so was this: the facts of the case appeared to me to be in the last degree damnable to Mr. Cox; but there being some palliating features in his address which I thought could be more fully considered by the Council than by a public meeting, and willing to catch at anything which could save Mr. Cox from the imputations which rested on him, I was ready to take the course suggested by Mr. Godfrey. If I had been compelled to vote that night, even with all the palliating circumstances to which I have alluded, I must have decided against Mr. Cox; but I felt as jurors do who like time to consider whether there were any circumstances which should prevent the verdict given at the trial from being confirmed by the Association. I felt satisfied too, that the case would be fairly considered by the Council, especially when I heard the remarks which fell from you, Sir, which were far from condemnatory of Mr. Cox, and also the remarks of Dr. Davies. There were matters, I conceived, which might have removed the charge of fraud from Mr. Cox, and this I felt could be best done by a calm examination of all the facts by the Council. For instance, it seemed to me that it would be important to know from the books whether all the entries had been made at once, or whether they had been made day by day. I took a hasty view of them with Dr. O'Brien, and I can only say that my impression was not favourable to Mr. Cox; but I resolved to suspend my judgment, because, perhaps, the Council would be able to come to a more certain conclusion as to whether they were all made at

once or daily. There were other circumstances, such as the nature and length of the illness and the charges, all of which I imagined would be gone into; and I think the Secretaries were fully justified, Mr. Cox having denied or disputed the decision of the jury, in having every evidence ready to enable the Council to come to a just conclusion. In the language of the report, Sir, Mr. Cox has evaded the inquiry, or at least he has shrunk from it. It is of course impossible to say what course the inquiry might have taken, or how it might have terminated. All that remains for us now is to consider what we shall do. I think it would have been much better if Mr. Cox had come forward and met the case fairly. However, he has not done so, and we have to consider how far we shall adopt the report of the Council. I think we cannot hesitate to adopt it, as a duty which we owe to ourselves, and the profession, and the public. The matter is a public one, and I think we can take no other course than to adopt the resolutions of the Committee. The honour and the character of the profession are at stake; and it is necessary that we should show not only that we do not approve but that we repudiate practices of the description with which Mr. Cox has been charged. Our duty to ourselves and to the character of the profession requires, then, that we should repudiate Mr. Cox. He has withdrawn, and has thereby saved us from the painful necessity which would otherwise have been imposed upon us. Sir, I will say no more; I feel that this has been a very painful case, but I feel also that we have no other course than to adopt the report which has been presented by the Council.

Mr. BARTRUM: In the questions which have been put by Mr. Bush, Sir, it has been intimated that I have been actuated by personal hostility in the proceedings which have been taken with reference to this case. Sir, I deny most distinctly that I have been actuated by any hostility with regard to Mr. Cox. With regard to my speaking to you, Sir, as to whether any proceedings should be taken by the Association, I conceive that if I had not done so I should not have fulfilled my duty as one of the Secretaries of this branch. I went to you in the simplest way, and having heard your opinion, I took no further steps, except to write to the Bristol Secretary, stating that unless some individual member brought the thing forward (using almost your own words to me, Sir,) it was not thought advisable that the Council or the Association should go into the matter. With regard to what has been said respecting the Book Society, I am as innocent as possible of any hostility towards Mr. Cox. The matter was forced upon me by three members of that Book Society; and I had nothing more to do with it, except in my official position. It did not originate with me, but was forced upon me by one of the oldest and best known members of the profession, who said to me,—“Bartrum, if the subject is not brought forward, we, as a body, shall throw up all connexion with the Society.” This is all I have to say; but I again deny that I have felt any hostility towards Mr. Cox, or any other human being.

Dr. TUNSTALL: I happened to have been subpoenaed

as a witness on the trial, and I rejoice that it was not thought necessary to call me into the box. Sitting as I did, however, upon the Bench during the trial, I can state that not one of the medical witnesses who were examined had any interview with the plaintiff or the solicitor, or knew what evidence they were expected to give. I have waited to state this, as I sat on the right hand of the Judge; and I can also state on my honour that he desired the Jury to dismiss the medical part of the case from their consideration, observing that great latitude must be given to certain expressions of opinion which had been offered, and recommending the Jury to look at the broad facts of the case, and not the evidence of the medical witnesses.

MR. J. BARRETT: I believe I have a right to speak on this motion. Mr. Bagshawe has referred to a paper in this day's *Journal*.

THE PRESIDENT: We are not discussing that, but the motion before us respecting the adoption of the report. You can answer any paper in the *Journal* in the next *Journal*.

MR. BARRETT: But Mr. Bagshawe was allowed—

MR. BAGSHAWE: No, I was stopped in it.

MR. BARRETT: I was going to correct Mr. Bagshawe in what he said several times about what I stated respecting a young man named Biggs.

THE PRESIDENT: We have been debating a long time on matters which appear to me to have nothing to do with the question before us, whether the report of the Council shall be received. If what you have to say has reference to that then I think you can speak; but if not, then I think you are out of order in going into the whole business over again.

MR. BARRETT: I merely wanted to explain.

THE PRESIDENT: Did Mr. Bagshawe mention your name?

MR. BARRETT: Yes. Mr. Bagshawe referred to the report of the last meeting, in which there is something which I stated respecting Mr. Biggs, which Mr. Biggs denies in this day's *Journal*.

THE PRESIDENT: But we cannot have a discussion on the contents of the *Journal* here.

DR. BUDD: Sir, we have heard so much about the *Journal*, that I beg leave to move that Mr. Bartrum do read the *Journal* from beginning to end. (Laughter.)

MR. BARRETT: If that is carried, I shall move that Dr. Budd be requested to stop and listen to it. (Renewed laughter.)

THE PRESIDENT then put the motion adopting the report of the Council, which was carried with two dissentients only (Messrs. Bush and Barrett).

#### DR. SWAYNE'S MOTION.

MR. COLTHURST, Secretary, having read the notice of motion given by Dr. Swayne in reference to Mr. John Barrett's letter published in a public newspaper, respecting the case—*Bourn v. Cox*.

MR. BUSH rose and said: Mr. President, will you allow me to make one or two observations before Dr. Swayne commences?

THE PRESIDENT: Dr. Swayne is in possession of the meeting.

MR. BUSH: I think Dr. Swayne will not object to my occupying a few minutes. I object generally to the publication of letters on professional subjects in newspapers; but this, I conceive, to have been one of those cases in which it was justifiable to depart from that rule.

THE PRESIDENT: That is the very question we are about to discuss.

MR. BUSH: I feel, Sir, that I am equally responsible with Mr. Barrett in allowing this letter to appear in a public journal, as you will perceive from the last paragraph of the letter, in which Mr. Barrett says, "I am not writing anonymously; and my friend, Mr. Bush, who has seen this letter, allows me to say that he agrees with it."

MR. BARRETT: May I ask this question, Sir? Does Dr. Swayne intend to use these proceedings for the purpose of obtaining my expulsion or resignation from this Association? I am sure I may trust to Dr. Swayne's candour for an answer.

DR. SWAYNE: I have no hesitation in saying that I do not.

MR. GREEN: Dr. Swayne will leave the matter entirely to the meeting.

THE PRESIDENT: I understand Dr. Swayne does not intend to move any other resolution than the one of which he has given notice.

MR. BARRETT: I will explain why I have asked the question. If it were the intention to take any ulterior proceedings, I feel bound to say that I should not sit here while you went into a question which, by your own laws, ought to come before a general meeting.

DR. SWAYNE: Sir, my sole intention is to elicit the opinion of this branch on Mr. Barrett's letter, and not to found any ulterior proceedings. In bringing forward this case, it is hardly necessary for me to say that I am not actuated by any personal motives, as I am a perfect stranger to the gentleman whom it affects. I have been actuated throughout by a consideration of what is due to the honour of this Association, and the respectability of the profession at large. I have felt throughout that our proceedings with regard to Mr. Cox would be imperfect if they did not also take notice of a letter which appeared in the *Bath Journal* on the 11th of September last, bearing the signature of Mr. John Barrett.

MR. BARRETT: It is my letter.

DR. SWAYNE: That letter, Sir, was inserted as an advertisement; but I found upon inquiry from the Editor of the paper that it was so inserted without the knowledge of Mr. Barrett, and that the expense of the advertisement was paid for by Mr. Cox. I lay no stress upon this point, however. It is not the manner but the matter of that letter of which I complain. I say, Sir, that the matter is to the last degree unprofessional; and I have no doubt that this meeting will bear me out in that view. In order to prove this it is not necessary that I should read the letter at length, as I have no doubt you have all received a copy of it by



post. It is almost sufficient for my purpose to let it stand before you in its naked deformity, and to allow it to speak for itself. The charges against the writer are briefly these:—In the first place, it is considered as an illegitimate proceeding to appeal to the public upon a purely professional question, as this undoubtedly was, because the public is ignorant upon and incompetent to decide such points. But the principal charge is the gross indecency of giving publicity to the filthy and disgusting details which are here entered into with so much gusto. To the disgrace of our newspapers, publications of this kind are not uncommon; but they have hitherto been confined almost exclusively to quacks; the respectable part of the profession having most properly considered such cases as cases of secrecy. It is a new thing, however, to see a fellow of the Royal College of Surgeons who is not ashamed to put his signature to a production, compared with which some of the publications to which I have referred are pure, and to insert such a letter in a public newspaper which I suppose has access to some drawing-room tables, and therefore to some wives and daughters, who would thus have an opportunity of becoming acquainted with some loathsome questions of which every virtuous female ought to be ignorant. Let any man's daughter take up the paper, and what, I ask, can be the effect upon her mind of reading such statements as the following:—"Dr. Fenwick has reported 943 venereal cases, treated in the Lock wards connected with the Newcastle Infirmary. Of these not only were there 170 in which gonorrhoea and venereal sores were combined, but in a number of others there was a combination of gonorrhoea and secondary syphilitic symptoms." And again:—"In the *Medical Gazette*, volume xv, page 193, will be found a case where gonorrhoea, ulcer, and bubo, in an advanced stage of suppuration coexisted—a combination which only wanted phimosis and stricture to be that described by Mr. Cox, except that there was happily no suppuration." I do not know, Sir, that I need read all these other passages to show that this surely was a case of secrecy; but it may be said that all these statements and quotations would not be understood by unprofessional people.

Mr. BARRETT: It was intended to be understood by the non-professional public.

Dr. SWAYNE: I thank Mr. Barrett for the admission, and will proceed to point out a part of his letter which leads me to another charge, which is, that Mr. Barrett has given currency to a charge of ignorance against another member of the profession. It is stated that one of the medical witnesses although he attended a patient for months was not aware of her pregnancy or her confinement. Now this appears to me calculated to do an injury to one at least if not to all the medical witnesses, for, although the name is not mentioned, we know the publicity which has been given to this trial, and we also know how apt ladies are to remember any error of diagnosis. I say then, generally, with respect to this letter, the profession having long and loudly demanded of editors of newspapers the exclusion of the the filthy advertisements which are so common, it has

now become a question with what propriety we can do so, when one of our own members has himself contributed such a letter as that now before us. I think that letter calls for the strongest censure of this branch. I do not scrutinise the motives of the writer; I do not say that he was not actuated by a desire to help a man whom he believed to have been injured; but I repeat that his conduct calls for the strongest censure. And although I do not contemplate founding any ulterior proceedings upon the motion which I shall submit this evening, yet if Mr. Barrett should repeat such a course or attempt to justify it, then I think it ought to be taken into consideration whether he should continue a member of our Association; and if no one else takes up the subject I shall not be backward to propose it. My resolution, Sir, is this:—"That this meeting considers the publication of the letter in the *Bath Journal* of September 11, 1852, by Mr. John Barrett, on the subject of the trial—*Bourn v. Cox*, to be inconsistent with professional and moral propriety, and expresses its strongest censure of the proceeding."

Mr. A. PRICHARD (Bristol): I concur very much in what has fallen from Dr. Swayne.

Mr. SHERDON (Clifton): Would not Dr. Swayne leave out the word "moral" from his resolution?

Mr. PRICHARD: Certainly not; that is the pith of the matter. It was not only inconsistent with professional propriety to publish such a letter, but the moral tone of it is that of which I complain. The letter is a disgrace to us as a profession and as an Association, and it is a disgrace also to the College of Surgeons, of which the writer is a fellow. I heard however, in London the other day, that among the new-made fellows there are two, one of whom gets his living as a cheesemonger, and the other is a small tradesman.

Mr. BARRETT: I am not a new-made fellow; I am a fellow by examination.

Mr. PRICHARD: I am sorry to hear it. I merely referred to the other fellows as a matter of information, and to show that if any one wishes, or is ambitious of the honour, he has only to pay his ten guineas and he may be gratified. But, Sir, with reference to the matter before us, I should like to hear Mr. Barrett express some regret for the indecencies and the indiscretion of his letter. If that is so, we may allow the matter to pass over with the motion of Dr. Swayne, but if he attempts to defend his conduct by showing that others have done the same, then I should be disposed to take further steps, and I would say that Mr. Barrett ought to exfoliate with his friend, Mr. Cox.

Mr. BARRETT: I think if that is to be so, that I shall not be present at a discussion, which will have to be renewed elsewhere. I ask Mr. Prichard whether he contemplates taking any ulterior steps?

Mr. PRICHARD: I second the motion of Dr. Swayne and wait for what turns up.

Mr. BARRETT: Well, then, I wish you good bye; because I think you will be trying a case before an inferior court which comes properly before the superior court.

The PRESIDENT: There is no intention of doing so.

Mr. BARRETT: I am told so by Mr. Prichard.

Mr. GREEN: A good deal will depend on the course taken by Mr. Barrett. If that is satisfactory, there will be an end of the matter.

The PRESIDENT: Mr. Barrett must know that the branch cannot remove a member, that must be done by a general meeting of the Association.

Mr. BARRETT: Certainly, Sir; I am aware that there is a specific law as to the mode of getting rid of a member; but if it is contemplated to apply that law to me, in justice to myself I cannot allow the question to be mooted here, which will have to be mooted before a higher tribunal hereafter.

The PRESIDENT: This resolution goes to nothing of the kind; it must be an amendment upon this to take the course you are speaking of.

Dr. SWAYNE: I have not yet heard Mr. Barrett's defence, but I am prepared to say, that if this vote of censure is passed, and he should subsequently do anything to render it nugatory, I should then be ready to take further proceedings.

Mr. BARRETT: I understand that. Dr. Swayne answered me very clearly before.

Mr. COE: Sir, I rise to a point of order. Mr. Barrett has already spoken several times, but not to the question which is before us. I wish to know whether he is entitled to speak more than once, and I shall stand entirely by your decision.

The PRESIDENT: If Mr. Barrett is on his defence, he must speak once, and no more.

Mr. BARRETT: I am not now defending myself.

The PRESIDENT: Then I think you must not go on.

Mr. COE: Mr. Barrett has no right to ask any questions.

Dr. SYMONDS: I think, Sir, I may venture to say that my feelings on this subject are shared in by the majority of the members of this Association. We are weary of these discussions on the honour of the Association and the character of Mr. Barrett; and if Mr. Barrett would rise, and at once admit that he regrets having published the letter, on these grounds:—that at the time he was moved by strong feelings on behalf of a friend, whom he conceived had not received fair treatment in a court of justice—that he would not otherwise have brought the subject before the public—and that, therefore, there was some slight excuse or palliation for the course he had taken; if, I say, he would admit this, and also that he regrets the manner in which that letter was drawn up, I think such an admission would be very much to his advantage, and would contribute very much also to the peace of the branch. (Hear, hear.)

Mr. BARRETT: I am very much obliged to Dr. Symonds for what he has said; it is exactly what I should have expected him to do in such a case. But I have something higher in view. I must not say that which, in the sight of God, I do not feel to be true; and for me to say, looking at all the circumstances coolly, calmly, and solemnly, I would not now have advised and acted as I did, I cannot—and whatever may be the consequences to me, I do not feel justified in making such an admission.

Mr. COLTHURST: The question which Mr. Barrett

has raised as to the ulterior steps, is answered by stating, that it is utterly impossible for us to come to a final decision on the matter. Any further steps must be taken before that higher tribunal to which Mr. Barrett has adverted; and whatever views the proposer and seconder may entertain beyond the motion now before us, can only be carried out before that higher tribunal to which Mr. Barrett seems to wish to go.

The PRESIDENT, (after a pause): As no gentleman appears to wish to speak, Mr. Barrett, will you now enter on your defence?

Mr. BARRETT: If I understand Dr. Swayne and Mr. Prichard, they disclaim all intention of taking any further proceedings?

The PRESIDENT: Here is the motion; the proposer and seconder can do nothing more than that. I think you have nothing whatever but this resolution to deal with.

Mr. BARRETT: I have been considering whether it is an attempt to open a case here which ought to come before the general body.

Mr. PRICHARD: As far as I am concerned I shall attempt nothing of the kind; I go by what Dr. Swayne has stated.

Mr. BARRETT: That is all I ask, then.

The PRESIDENT having again read the resolution moved by Dr. Swayne,

Mr. BARRETT said: I beg the meeting to understand that I have had no wish to raise needless objections, but there seems to have been a little misunderstanding between Mr. Prichard and myself. So far from throwing obstacles in the way of the expression of the opinions of this Association, it is far from my wish; because, having acted as I feel with the desire to do what is right, I have no desire to flinch from an investigation of what I have done. That, Sir, is the feeling in my own mind, and it is also the feeling of my friend Mr. W. Bush; but I still protest against the course which has been taken by Dr. Swayne on the present occasion, because it involves a question, the consideration of which was not originally contemplated by this Association. When I entered this Association, I entered it on certain distinct understandings, and one of them was, that its objects did not include the consideration of medico-ethical questions. This is not stated in the list of the objects of the Association; and though I am quite ready to allow, that when the question is asked,—Whether a member ought, or not, to be expelled the Association,—they would then have a right to consider every circumstance in relation to his conduct, and as this was the reason why I wished Dr. Swayne to answer my question as to his intention of instituting ulterior proceedings, I say that, as he has stated he has no such intention, you have no right to pursue the subject. The question before you is a question of medical ethics, and I contend that this Association has not provided for the consideration of such subjects.

Mr. COLTHURST: Here is a rule of this Branch, which provides for the consideration of "all subjects connected with medical science or the welfare of the profession," and surely this case comes under the term "the welfare of the profession."

Mr. BARRETT: I am perfectly aware of that law; but I contend that the subject of medico-ethics was not

contemplated by the Association when it was founded. The objects of the Association are set forth in five clauses, and the fifth is "The maintenance of the honour and respectability of the profession generally in the provinces." (Loud cries of "Hear, hear.") Now how is that object to be carried out? It is stated how? "By promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterize a liberal profession." I say, then, that medico-ethics have nothing whatever to do with the objects of this Association. There has been an attempt made lately in this city, I understand, to establish a Medico-Ethical Society. I heard it from a gentleman who is a member of the Council, and he mentioned the names of a number of others who were prepared to join it. He had himself declined to join the Society, but I need not state his reasons for so doing. Now if it were the case, that this branch had contemplated the consideration of such questions, it would be a work of supererogation to establish a Society to discuss questions which had been already provided for by this branch. But this is not so. I find that at Manchester also there is a Medico-Ethical Society, and a number of our own Associates belong to it. But we have no code of medico-ethics, and yet we have been many years in existence, and, as it seems to me, we should certainly have framed such a code if we had contemplated it among our objects. Now, I will at once allow what I believe has been stated on a former occasion, that there was a Committee appointed four years ago at Worcester, and that Sir Charles Hastings, when that Committee was appointed, quoted this fifth object of the Association in support of its establishment. But what has that Committee done? It has sat something like three or four years, and it has reported from time to time that it had no report to make; and at last, I believe, there was a report presented at Oxford, stating that the Committee could not agree upon the subjects which had been referred to it, so that we are just as far off now as when that Committee began its labours. I think the appointment of that Committee was a mistake on the part of Sir Charles Hastings; but, however that may be, you are entering on a question of medico-ethics, and on a judicial investigation, having no defined principles to guide you, and yet you are about to try a man for an act he has already done. That is, you are about to lay down an *ex post facto* law, contrary to all the principles of justice. There was an instance of this kind in the last century, where, upon the application of this principle, a man was hung; but I have always heard that proceeding referred to as the foulest stigma upon English justice. I think that it will be so with you to-night, and that you will be establishing the principle in this Association upon which that man was tried and hung. I protest, therefore, against the introduction of such a principle, which carries with it neither the recommendation of law or justice. But, Sir, I say more; I say that the subject of medico-ethics has been shunned by this Association, and I say that the practice of this branch shows that it has been shunned. It will be remembered that a Committee was appointed to consider the subject of homoeopathy, and that a report was presented which placed

under the ban of the Association all members who took part in that heresy. I am not going to deny that this Committee—(cries of "Question, question"). This is the question—

Dr. O'BRIEN: Is it not competent to this meeting to have a question of fact laid before it? We are not contemplating legislation for any individual, and therefore I do not think all this discussion is necessary.

Mr. BARRETT: I think differently. There is an attempt made to pass a censure upon me; and I say that the Association has also placed under its ban certain gentlemen connected with homoeopathy. I was informed that two meetings ago application was made with respect to a gentleman in that very respect.

Mr. COLTHURST: I beg to say that no application of the sort was made to me.

Mr. BARRETT: I would ask the gentleman who just now interrupted me whether this is not so. Has there been any application of the sort made?

Dr. O'BRIEN: Not by me, or to my knowledge.

Mr. BARRETT: Well, then, it is a mistake. I must, however, go on to show that this Association has shrunk from these questions; and whatever feelings may be expressed on this subject, I am not responsible for them. I have a right to claim that the original principles on which I joined the Association should be applied to me. Sir, I am not responsible for any unpleasantness which may arise from this kind of discussion. I have been attacked, and am merely defending myself. A year or two ago a work was published on the Bath waters. That work was reviewed in our own *Journal*, and when that work was reviewed, the Editor, not content with praising it, proceeds to take a very large portion of the members of the Association to task, and to guide them in their future conduct. The passage must be fresh in your recollection, in which it was represented that our conduct was not that of honourable men; that the course taken for the patient was not often the best adapted for successful treatment; and that literally the towns referred to had been actually thinned of visitors on account of the practice which was pursued. I will read the passage to which I refer, if you think it necessary. (Cries of "No, no.") But that is not all. Soon afterwards a similar statement appeared in the public papers—whether it was from the same hand or no I will not say—but there was a great likeness between the two productions; and in it the practitioners of Bath, Clifton, Cheltenham, Leamington, and other watering places, were held up. I am told also—and if this is not correct the author can correct me—that copies were supplied to the booksellers for distribution of a printed review which appeared in the *Bath Journal*; but I can state this of my own knowledge, that I saw a gentleman at a railway station either with some buns or stationery wrapped up in one of those printed reviews.

The PRESIDENT: This Association had nothing to do with that matter, Mr. Barrett, and could not take it up.

Mr. BARRETT: Why not, Sir? We have been told that the Editorial remarks in the *Journal* have been the means of bringing Mr. Cox's case before us. Mr. Esdin said, when he brought the matter forward, that he was moved to do so by the remarks in the *Journal*;

and that was what made me ask whether those articles had the sanction of the Association. Mr. Estlin stated, and it has been stated again and again, that it was owing entirely to the article in the *Journal* that Mr. Cox's case has been gone into; but, Sir, I do not remember that when this sweeping charge was made against the general practitioners, to which I have referred, that any steps were taken either by the Council or the branches to investigate its truth.

The PRESIDENT: I think there is a great difference between the two cases. You are speaking of an anonymous publication; we are considering a letter which you admit to be yours.

Mr. BARRETT made an observation which did not reach us.

Mr. GREEN: Sir, I rise to order—

Dr. TUNSTALL: I must say that this has been a standing sore between Mr. Barrett and myself for the last two years. He has been constantly hanging this charge over my head as the author of the book in question; but I declare that I did not know for twelve months who was the author of the review complained of.

Mr. BARRETT: I have not said that you did.

Dr. TUNSTALL: You have insinuated that the author of the review was present.

Dr. O'BRIEN: This has nothing whatever to do with the question before us.

Mr. GREEN: I think Mr. Barrett should be called on to speak to the question.

Mr. BARRETT: Have I not a right to protest against the step which has been taken by Dr. Swayne?

The PRESIDENT: Certainly you have, and to show that we have no right to pass the vote of censure which he has proposed; but I am afraid that you are leaving the most essential parts of your case, to which, as a matter of policy, I should have thought you would have addressed yourself.

Mr. BARRETT: If, when a man is charged with indecency—

Mr. COLTHURST: Sir, I rise to support the resolution on a point of order. In the seventeenth volume of the "Transactions" of the Association I find the following among the rules:—"That if any member be accused of professional impropriety or misconduct." Now this shows that it is perfectly open to us to consider such a question as that now before us.

Mr. BARRETT: Go on: read the whole rule.

Mr. COLTHURST: I will when I am not interrupted. This rule shows that it is open to us to consider any question of "professional impropriety or misconduct," and that is the point on which I rise. Mr. Barrett has occupied considerable time in endeavouring to show that we have no such power; but I would refer to the case of Mr. Edwards, of Wiveliscombe, in which the question was one of professional impropriety, and where the individual was requested to resign, as showing not only that we have the power, but that it has been exercised.

Dr. TUNSTALL: Mr. Edwards was expelled at the instance of the West Somerset and Taunton Branch, and I was present on the occasion.

Mr. COLTHURST: I refer to this rule merely to show that the remarks of Mr. Barrett are irrelevant to the question under discussion.

Mr. BARRETT: The branch at Taunton sent up three questions to the general Association:—First, whether Mr. Blake was a member of the profession, another question which I forgot, and lastly, what advice they would give respecting Mr. Edwards, he having consulted with Mr. Blake, if it should turn out that Blake was not a member of the profession. The Council wrote to the branch requesting Mr. Edwards to resign, and the question was afterwards brought before the Association at large, according to the 22nd rule, which has been quoted by Mr. Colthurst. That rule, I contend, only applies to the Society at large; and this branch having no such power, I do not think this rule has any weight on the line of argument I take. I assume that this Association has so great a fear, or I will say dislike, and has so little ground for entering upon these questions, that they have never to my knowledge taken up the points in any decided way. I remember, however, that when Mr. Kilvert was prepared to bring forward some such question, Mr. Bartrum said that it could not be brought forward at this branch, and notice was given for bringing it forward at the annual meeting of the Association, which I believe was held in this city. At that time it cannot be supposed that the branch was indifferent to the honour of the profession, but it was then felt that the subject was not originally contemplated by the original constitution of the Association, and therefore,—

Mr. GREEN: With the view of taking the sense of the meeting on the subject, which has now been discussed at such length, I will move,—“That this meeting is perfectly competent to consider the resolution before it.”

Dr. TUNSTALL: I will second that.

The PRESIDENT then put Mr. Green's resolution, which was carried with two dissentients (Mr. Barrett and Mr. Bush,) adding, I think there can be no doubt whatever that this branch has the power to entertain the resolution before it.

Dr. DAVIES: I hope there will be no more interfering with Mr. Barrett in his defence.

The PRESIDENT: I hope not, too, but the object seems to be to bring him to it.

Mr. BARRETT: I think this is a subject.

A voice: Cut it short.

Mr. BARRETT: It is all very well to cry out—"Cut it short;" but—

The PRESIDENT: The resolution which the meeting has passed, has taken away any responsibility from me in the matter. I might have thought it necessary to interfere, but it has been already decided that the meeting is competent to deal with the question before it; that being so, we are quite ready to hear what you have to say in your defence.

Mr. BARRETT: Am I to go on?

The PRESIDENT: Yes; but you are not to argue against our right to consider your case. You must take that point as settled.

Mr. BARRETT: I do not admit the right for one moment.

The PRESIDENT: If you do not, I shall be obliged to put Dr. Swayne's resolution.

Mr. BARRETT: I cannot, of course, control the actions of this meetings; but surely I have a right to

show that the circumstances under which I joined this Association give it no such right as that claimed to be exercised, and if I am prevented—

Mr. SODEN (Bath): I would call Mr. Barrett's attention to an expression which fell from him just now, from which I inferred that he admitted that in extreme cases we are a competent body to deal with them.

Mr. BARRETT: Not this branch, but the Association at large.

Mr. SODEN: Well, if that is so, we are competent, at all events, to report our opinion, upon the conduct of a member. There can be no medium in the case.

Mr. BARRETT: I cannot help it; I differ from Mr. Soden. I contend that this Branch has no right to take up such a question as that now before it; and his view of the subject is by no means a sequitur of my proposition.

Mr. COLLINS (Chew Magna): Sir, we have now been summoned here twice to consider this matter, and I do hope it will be settled this evening.

Mr. COE: The case of Mr. Edwards, of Batheaston, has been brought forward in this branch; and though I will not say it was a similar case, it established the principle against which Mr. Barrett has been contending.

Mr. BARRETT: I must speak on this. Mr. Coe, if he remembers the case of Mr. Edwards, will recollect that the mover brought it forward without having given notice; and it was because some charges had been made in the absence of Mr. Edwards that the matter was gone into.

The PRESIDENT: It will bring this matter, so far, to a conclusion, Mr. Barrett, if I ask,—Do you or do you not admit the right of this meeting to consider your conduct?

Mr. BARRETT: I do not admit it. I protest against it.

Dr. TUNSTALL (*sotto voce*): What does it matter in a court of justice if a prisoner who is convicted objects to the Judge passing sentence on him?

Mr. BARRETT (with excitement): What does the man mean? I advise him to take care what he says respecting me.

The PRESIDENT: If you deny the right of the Association to consider your case, I must put the resolution which has been moved by Dr. Swayne, and seconded by Mr. Prichard. I understand you do not wish to make any further defence?

Mr. BARRETT: No; but that I may not be misunderstood, I wish to make—(Cries of "Chair, chair.") I can understand that there are very strong reasons and motives not very creditable to those who object to my being heard. ("Order, order.")

The PRESIDENT: Your defence may take any shape but a denial of the power of the branch to consider your case. We make allowances for your position; but it will not do for you to deny our power to consider your case, and with the exception of that point you can say anything you like to defend yourself.

Mr. BARRETT: It comes to this; that I cannot acknowledge the propriety of the course which has been adopted here, and if this branch chooses to attack me I must enter on a public defence of myself. I shall then state why I could not admit a principle which I consider to be fraught with danger, why I objected to the course into which this Association is now being urged,

and why I cannot admit that I am responsible here for what I have done,

The PRESIDENT then put Dr. Swayne's resolution, which was carried with one dissentient (Mr. Bush.)

Mr. GREEN moved and Dr. SWAYNE seconded a vote of thanks to the President, who acknowledged the compliment, expressing his readiness at all times to serve the Association, and congratulating the members on the termination of the present proceedings.

#### MR. BARRETT'S LETTER.

"To the Editor of the Bath Journal.

"Sir,—In this case, with Mr. W. Bush, I volunteered evidence in favour of the defendant. I stated in Court the motives which induced me to do so. I had heard reports to Mr. Cox's injury very indefatigably circulated before the trial which turned out to be false, and I may now add, that I heard given in Court medical evidence of a most damnatory character against him, but the importance of which, in my estimation, was only equalled by its incorrectness.

"As a Surgeon I ventured flatly to deny the correctness of that evidence, and I request the favour of your allowing me to substantiate the justice of this denial.

"I do not feel it necessary to take into consideration Mr. Topp's medical evidence. He said he differed from Sir A. Cooper. Doubtless he does differ from him—not in opinion only. I confine myself to those gentlemen who profess not merely a diploma, but such an acknowledged professional reputation as makes it plainly a matter of justice to Mr. Cox to inquire how far, as men of science, they are borne out in the opinions they gave.

"The Judge thus states their opinions, 'As one witness after another was called, they all agreed that they did not believe that such a case ever existed, and was treated in this same way. Their evidence, the jury would see, took a duplex form: they did not believe that the diseases which were specified upon the face of the bill ever could coexist in the same patient; and that supposing the effects, and nature, and symptoms, of the patient's case to be truly described, then they maintained that the treatment was incredible.' (*Vide Report.*)

"First, as to the co-existence of the two diseases. Mr. Lawrence, who is inferior to no surgeon of this or any other country, says of John Hunter:—'He was a great advocate for the identity of the poisons of gonorrhoea and syphilis; in fact, he says, the two poisons are the same,' and he details John Hunter's experiment to prove that the matter of gonorrhoea would produce the universally-recognised symptoms of syphilis. Mr. Lawrence demurs to this opinion, but he expressly says, 'Now we do sometimes find that *gonorrhoea and syphilis exist together*, but their co-existence is comparatively rare.' (Lawrence's Lectures on Surgery. *Medical Gazette*, vol. v., pp. 810, 811.)

"The experience of others, however, goes to show that their co-existence is more frequent. Dr. Fenwick has reported 943 venereal cases treated in the Lock Wards connected with the Newcastle Infirmary. Of

these not only were there 170 in which gonorrhoea and venereal sores were combined, but in a number of others there was a combination of gonorrhoea and secondary syphilitic symptoms. (*Medical Gazette*, vol. xliii., p. 737.)

"The idea of the impossibility of their co-existence seems not to have entered this gentleman's mind. He is considering whether mercury should or should not be employed in such cases and decides that it should be. This, it will be remembered, constituted an important part of Mr. Cox's treatment.

"In *Medical Gazette*, vol. xv., p. 193, will be found reported a case where gonorrhoea, ulcer, and bubo, in an advanced state of suppuration co-existed; a combination which only wanted phimosis and stricture to be that described by Mr. Cox, except that there was happily no suppuration. I think one of the medical witnesses stated that such a combination could not be cured in the time of Mr. Cox's treatment, but the case here reported was dismissed, cured, in less than five weeks.

"But, after all, the real question at issue was not whether a true syphilitic sore can co-exist with gonorrhoea. Such an inquiry would have had no interest for the Court whatever it might for the profession. The question really was, whether a venereal sore of importance, which might or might not be true chancre, could coexist with discharge from the urethra, stricture, phimosis, and bubo. If it could not there was no alternative; Mr. Cox swore it did, and, therefore, he must have been guilty of perjury; if it could, then the medical witnesses, for the plaintiff, have done him deep if not irreparable injustice by their statement. To this issue, both he and they are tied down. That such a combination can exist I have already expressed my belief, and I would refer any one who doubts it to Mr. Skey's Lectures on the Venereal Disease. *Medical Gazette*, vol. xxiv., p. 263, where he is treating on what he calls 'the common primary venereal sore—the Venerola Vulgaris of Evans.' He states that these sores are often 'attendants on the latter stages of gonorrhoea,' (it will be remembered Mr. Cox's patient had been under treatment two months for gonorrhoea when he first saw him,) that they affect the prepuce (the case here where it caused phimosis); that this sore which he calls 'the primary syphilis of Mr. Wallace' (mark the term) is not attended with that kind of hardness which would leave behind it proofs of its existence, but is occasionally attended by more or less tumefaction or soft hardening (i. e., it might have existed and yet not have left any traces of induration which Mr. Harries would discover, though it might have produced the phimosis which Mr. Cox swears it did, I have endeavoured fairly to represent Mr. Skey's opinions on this point); that it presents sometimes when situated on the prepuce a fungous appearance, which has gained it the name of the 'elevated ulcer' (Mr. Harries, when he examined the case, found what he called a wart, or, probably, a relic of this ulcer); that bubo is an occasional attendant on it (Mr. Cox said it was here); and, lastly, that this ulcer may be mistaken for true syphilitic sore.' These are the words of Mr. Skey:—'Some years since I was in consultation with an eminent surgeon on a case of venerola, occurring in an hospital patient, to which my attention was directed as to a case of the true Hunterian chancre.'

"I put it then to any man of common sense, whether Mr. Skey, who is a surgeon of eminence, in London, attached to St. Bartholomew's Hospital, may not be right, even though he be opposed to the strong opinion of the medical witnesses for the plaintiff, and if Mr. Skey be right then Mr. Cox may have seen such a combination of disease.

"The treatment, the Judge says, was maintained by the witnesses to be incredible, and particular exception was taken to the use of the medicated bougie. One point seems to have been forgotten by the medical witnesses, that it was a medicated bougie and that it was passed on that account. Mr. Cox's pupil imagined that the idea on which this practice was founded was original, but this is not the case. It has the sanction of the very high authority of Ricord; and so far from condemning the application of copaiba twice a day to the seat of the disease, if the treatment is to be successful, it should be done, if possible, repeatedly. I would refer those who wish for further information, on this subject, to Ricord's Lectures (*Provincial Medical Journal*, 1843, p. 227), and also to an interesting case reported in *Medical Gazette*, vol. xxxvi., p. 744.

"One medical witness considers poulticing and fomenting no part of a medical man's duties, but does he not remember that the great surgeon, whose pupil I think he was, the late Mr. Abernethy, thought so differently that when he lectured, not to pupils, but to the senior and leading surgeons of London, at the College of Surgeons, he described the right way of making a poultice. Another medical witness considered such things *infra dig.* in a surgeon, but surely he might have remembered that this was a case of secrecy, that these little operations could hardly have been done at home without discovery, and that certainly Mr. Cox would not have been allowed by his patient to have given his Mamma, Mrs. Betty Bourn, a lecture on the best way of making and applying a poultice to her son.

"Another gentleman could not believe a patient to walk without limping if he had such diseases—but strange, indeed, are the powers of concealment when character is at stake. I was once called to attend in her confinement a patient of this gentleman. She was then dying of consumption, and had, I was informed, been for some months of her pregnancy under his care. There were reasons why her real state should be concealed from him, and it was so concealed, for he never knew of her pregnancy, nor of her confinement, though attending her during the period of both. This was even more difficult to effect than walking without limping would have been in Mr. Cox's patient. And now, sir, I will leave this question to the public. When I gave my evidence for Mr. Cox I professed to do it from a sense of what was due to him and our common profession. I have no wish to say anything which may annoy any man, but when we come forward in a Court of justice and give an opinion we are responsible for it, and we have no right to complain if it be criticised.

"I am not writing anonymously; and my friend Mr. Bush, who has seen this letter, allows me to say that he agrees with it.

"I am, Sir, your obedient servant,

"JOHN BARRETT, F.R.C.S.

"13, Pierrepont Street, Sept. 9th, 1852."

"P.S. One remark more in justice to Mr. Cox. I have, since the trial, very carefully examined the entries in his day-book, at which exception was taken, and compared them with other parts of the same book. I am convinced that his best way of clearing himself of the charge of trickery with regard to them, is to let his book be as open to others as it was most readily allowed to be to me. The internal evidence of the whole book supports Mr. Cox's statement as to the manner in which these entries were made, and he has declared to me his readiness to submit them to such examination."

### MIDLAND BRANCH.

The general quarterly meeting of this Branch was held in the Board Room of the General Hospital, near Nottingham, on the 2nd inst. The chair was taken at three o'clock by Dr. WILLIAMS, of Nottingham, the President for the year; and amongst the members present were—Thos. Paget, Esq., Leicester; Drs. Heygate and Goode, Derby; B. W. Brown, Esq., Wymeswold; Dr. Smyth, Bingham; Dr. Somers, 8th Hussars; Dr. Gill, Dr. Ransom, Dr. H. Payne, B. Eddison, Esq., H. Taylor, Esq., J. C. L. Marsh, Esq., A. Darby, Esq., G. E. Stanger, Esq., Dr. Sloane, J. S. Alderson, Esq., T. L. Barwis, Esq., J. White, Esq., J. Orroch, Esq., &c.

Mr. Brown, of Wymeswold, read a very elaborate and highly interesting paper on "Intestinal Obstructions," an analysis of which we for the present postpone, in the hope that the valuable paper may itself shortly be published.

After an interesting discussion on some points brought forward by Mr. Brown, Mr. Paget moved, and Dr. Heygate seconded, a vote of thanks to the author of the paper.

Dr. Ransom, of Nottingham, made a communication on the "Comparative Value of several forms of the Galvanic Battery which have recently been used for Medical Purposes."

A discussion on the subject of Dr. Ransom's communication followed, in which Mr. Darby, Dr. Goode, and Mr. Stanger, took part. Dr. Goode moved, and Mr. H. Taylor seconded, a vote of thanks to Dr. Ransom.

Mr. Stanger communicated a "Case of Cystic Oxide Calculus," occurring in a farmer residing in the neighbourhood of Nottingham, and who had been labouring under symptoms of stone in the bladder for six months. The patient was about 50 years of age, and had long had delicate health. Having detected the existence of a stone, Mr. Stanger recommended him to have it crushed at once, as his constitution was beginning to sympathise with the local irritation. He was losing flesh, his appetite was capricious, and his rest often disturbed. The urine was generally turbid, with a quantity of mucous sediment; it had a slightly alkaline reaction. He was operated upon on November 13th; the stone was readily seized, and broken several times merely by the pressure of the thumb upon the instrument, (Brodie's lithotrite.) Very little pain was com-

plained of during the operation. On the following day he passed a quantity of fragments enclosed in a gelatinous semi-fluid mass. The whole came away at once, and was afterwards removed from the vessel entire. During the two following days the urine was bloody, and thick with mucus, but no calculous matter was voided after the expulsion of the above-mentioned mass. Neither had he from that time to the present any symptoms of the existence of stone, and none could be detected on sounding.

On analysis by Dr. Ransom, the stone was found to consist of a central mass of cystine, surrounded by crust, loose and crystalline in texture, and composed of a mixture of fusible calculus, uric acid, and animal matter.

After a discussion, in which Mr. Paget, Dr. Smyth, and Mr. Darby took part, Dr. Smyth moved, and Mr. Darby seconded, a vote of thanks to Mr. Stanger.

Mr. Marsh, of Nottingham, communicated two "Cases of Cataract, as illustrating the relative advantages of the operations for extraction and depression."

After observations by Mr. Paget, Mr. Brown, Dr. Ransom, and other members, a vote of thanks to Mr. Marsh was proposed by Mr. Brown, and seconded by Dr. Ransom.

The subject of medical ethics was introduced by Dr. Goode, of Derby, when, after remarks by Dr. Heygate, Mr. Paget, Mr. Brown, Mr. Stanger, and others, it was proposed by Mr. Eddison, and seconded by Dr. H. Payne,—“That the discussion of the subject of medical ethics be postponed to the next quarterly meeting.”

A vote of thanks to Dr. Williams for his able conduct in the chair, was afterwards proposed by Dr. Heygate, and seconded by Mr. Paget, and the meeting separated shortly after six o'clock.

### EAST KENT & CANTERBURY MEDICAL SOCIETY.\*

#### *Cases Illustrative of some of the peculiar features of Hysteria.*—By MR. RIGDEN.

A FEMALE, aged 19½ years, the unmarried daughter of a laundress, residing in the Military Road, Canterbury, has been the subject of the subjoined morbid phenomena for the last five years. At 14 years of age, when she seemed as healthy as other young females, the catamenia appeared, and recurred for three successive months, then ceased, and have never since returned. About this time she was suddenly attacked with severe pain in the right knee, without having received any injury or fright to account for it. Shortly afterwards an abscess formed in the cellular tissue above the knee, which was opened, and discharged abundantly. The abscess healed, but pain of the knee continued, and was soon felt in the other knee, and subsequently over the whole surface of the body. In two years from the

commencement of the illness, the lower limbs became contracted, as at present. During this whole period the alvine and renal secretions were regular, and sufficient. She was placed under the care of several practitioners (and also of quacks) until August, 1849, when she ceased to take medicine, or to use any remedial measures, and since that time she is reported to have abstained entirely from solid and fluid nourishment, except the smallest quantity of the pulp of an apple and of an orange.

*Present general appearance.*—The body is much emaciated, with slight oedema of the lower extremities, which are rigidly contracted, the thighs being completely flexed upon the abdomen, and the legs upon the thighs. There is exalted sensibility over the whole surface of the body. The pulse is accelerated and very feeble. The pulmonary and cardiac sounds are healthy. It is positively asserted by herself and friends that there has not been any evacuation by rectum or mouth for the last 18 months. The urinary secretion is very scanty, and is said not to exceed a table spoonful at a time, and to be only passed once in 10 days. An ulceration between the opposed surfaces of the calves and thighs, discharges freely.

Miss H., aged 35, unmarried, residing with her mother in Orchard Place, Canterbury, and possessed of an independance, is afflicted with exalted sensibility over the whole surface of the body, and with vomiting, which occurs from the least excitement; together with retention, or almost total repression, of urine. Until the 18th year of her age, from which period she dates the commencement of her ailments, she had enjoyed good health. She was then attacked with what she called "Cholera," and from that time to the present (seventeen years,) she has been daily afflicted with vomiting of a bland watery fluid, which is not invariably excited by taking food. The catamenia did not appear till the age of 30, but have been regular, though scanty, ever since. She has always been of a coative habit. At the age of about 31 years, or about three years and a half since, she first became unable to pass urine; a catheter was then introduced, but not more than a wineglassful of urine was withdrawn. Since this period she has never voided urine without the use of the catheter, which she introduces herself once in twenty-four or thirty-six hours, but rarely more than a wineglassful is withdrawn, and upon no occasion has more than twice that quantity passed at one time. Her bowels have never during this period acted without the use of warm-water enemata, which are administered not oftener than once in ten days. She is not subject to leucorrhœa, or any other morbid vaginal discharge, but imagines that her womb is prolapsed, which upon examination is not found to be the case. The perspiration, which has an urinous odour, is very excessive, particularly during the night. She has the appearance of a person in good health, and takes a moderate quantity of nourishment, but is quickly fatigued by exertion. She has always been subject to great anxiety, in consequence of legal disputes about her property.

A cold shower-bath, used daily, refreshes her, but produces no other benefit.

Miss H., aged about 17 years, unmarried, and residing in Orchard Place, Canterbury, with her mother, a lady of independent property, applied to Mr. Rigden in November, 1849, for the relief of an intermittant cough, which occurred regularly every day at 6 A.M., and 5 P.M., and continued with violence for a period of one to two hours. Her mother states that she has been so afflicted for several months, that at first it occurred but once daily, namely, at 5 P.M.; but since powerful remedies have been used the paroxysm has returned twice daily. In the intervals, she appears in as good health and spirits as other young females. She menstruates regularly, and in sufficient quantity, and the alvine and urinary secretions are regular. She has exalted sensibility in the region of the right hypochondrium, but nowhere else, and the application of a mustard plaster in this situation every morning, seemed to cut short the paroxysm of cough, but it had not the same effect in the evening: then the inhalation of chloroform had more influence than any other remedy. Electro-galvanism, purgatives, and various antispasmodics, gave no relief. The only cause that could be assigned for this curious affection was a severe punishment at school, which produced great depression of spirits, and was soon followed by the above-mentioned symptoms.

A female, aged 40, unmarried, living in North Lane, Canterbury, has been afflicted for the last 15 years with augmented sensibility over the whole surface of the body, particularly the neck and chest. She commenced menstruating at the age of 12, and has continued to do so regularly in sufficient quantity up to the present time. She dates her ailments from the age of 17, when she had scarlet fever, and at the same time, family misfortunes caused her great anxiety. She was, however, able to continue her usual occupation, being only troubled with occasional pain in her left side. At the age of 24 or 25 she lost her mother, which increased her distress, and since then she has never been able to leave her bed. About nine years since, she became almost blind for some months, there was, however, no apparent disease in the eyes; she afterwards gradually recovered her sight, and has retained it ever since. About the time that vision returned, she became affected with vomiting after taking any food, which invariably returned about a quarter of an hour after being swallowed, scarcely at all changed. The alvine evacuations were regular, though scantily tinged with bile. The urinary secretions were natural. Her diet for the last five years has been—tea or chocolate for breakfast, without solid food; at eleven A.M., half a pint of porter, and a piece of cake; for dinner, a mutton chop alone; at half-past four P.M., tea and bread and butter, and sometimes an egg; late in the evening another half pint of porter, which meal she occasionally retains. The antispasmodics that have been administered, have almost invariably been retained, except when taken about the time of her meals, when they have been rejected with the food.



Miss S., aged 22, unmarried, living with her mother at Tyler Hill, near Canterbury, applied December, 1850, for the relief of a severe pain in the left maxillary articulation, which was not increased by pressure. Motion of the part occasions a distinct grating sound, audible to other persons in the room. She states that she has been so afflicted for several months past, and has been under the care of several practitioners, without obtaining relief. The affection, apparently depending upon an hysterical state of the system, Tinct. Canth., with Tinct. Ferri Sesquichlor., was prescribed, and in ten days the symptoms were removed. It has been subsequently ascertained that this singular affection has returned.

The relation of the foregoing cases elicited many remarks, together with the details of several similar cases. The extraordinary self-delusion and deception that was practised upon others, frequently quite involuntarily, was particularly dwelt upon. The complete cessation of all alvine evacuations, and the almost entire abstinence from food during the eighteen months related in the first case, was not credited. An instance was mentioned, in which a young lady affected with hysteria was supposed, upon her own declaration, to be living absolutely upon nothing. However, when very narrowly watched, it was discovered that she subsisted upon a large basin of bread and milk, which was placed in her room at night, by her own request, for her companion lap-dog. A case was related, illustrating the want of self-control in checking these deceptions, which was sometimes experienced by the patient herself. A lady, of high moral character, became subject to hysteria, and had paralysis of one of her arms. After a time she recovered, and then, with much pain and distress, confessed that the paralysis had been feigned; and, although she was conscious during the whole period that she was very wrong, yet, at the same time, she felt an utter inability to prevent herself from continuing the deception. The great desire to excite sympathy and commiseration seemed often to be the actuating motive of these simulations in hysterical females, and when the patient became the object of charity, or the kind solicitude of friends and neighbours, the hope of recovery was almost removed. The control of mental influence seemed often to have more effect in bringing about recovery, in the more recent, or acute, than in the long continued forms of the disorder, and the influence of the ordinary remedies seemed to be efficacious in a similar degree. Several instances were quoted, in which strong mental emotion had effected a cure. The cases illustrated the point, that the exact relation between this disease and the menstrual function was not yet attained, and partook somewhat of the obscurity surrounding the nature of the complaint itself; in two of the instances, menstruation was natural, whilst in the other more or less derangement existed. Mr. Rigden mentioned that the application of the two remedies, which checked in some degree the periodic cough, was reversed, but the chloroform had no influence upon the morning attack.

*Report on Small-Pox, as it occurred during three Epidemics in the practice of the Canterbury Dispensary between the years 1837 and 1848.—By Mr. RIGDEN.*

The total number of cases attended during the three periods was 149.

During the first epidemic 48 cases were observed; of these, 30 were males and 18 females, 41 recovered, and 7 died. Those that died were of the respective ages of 5 weeks, 2, 3, 5, 6, 10, and 31 years. The proportion of deaths to the whole number attacked was as 1 to 7. The first case occurred Sept. 17th, 1837, and the last May 28, 1838; the attacks were thus distributed over the period:—

1	case	occurred	in	September
4	"	"	"	December
5	"	"	"	January
10	"	"	"	February
11	"	"	"	March
6	"	"	"	April
11	"	"	"	May.

The ages of those attacked varied from 5 weeks to 34 years, and the numbers of those attacked for each period of five years were:—

20	were	5	years	and	under.
15	between	5	years	and	10 years.
6	"	10	"	"	15 "
3	"	15	"	"	20 "
0	"	20	"	"	25 "
1	"	25	"	"	30 "
3	"	30	"	"	35 "

Three cases only had been previously vaccinated, and were of the respective ages of 9 years, 11 years, and 39 years; they were all mild cases, and recovered.

There was no evidence to show how the first case contracted the disease. The second and third cases occurred at a variable distance from the first, though in the same district. The date of the three first cases noticed were—September 17th, December 4th, and December 26th.

In the second epidemic 33 cases were noticed; of these 20 were males and 13 females; 31 recovered, and two died. The ages of the two that died were 3 years and 5 years. The proportion of deaths to the number attacked was 1 to 16½. The first case applied August 6th, 1844, the last July 3rd, 1845; and the cases occurred thus:—

6	in	August	4	in	February
5	in	September	6	in	March
1	in	October	2	in	April
1	in	November	3	in	May
2	in	December	1	in	June
1	in	January	1	in	July.

The youngest was 7 months, and the oldest 13 years. The number attacked for successive periods of five years were:—

21	were	5	years	and	under.
10	between	5	years	and	10 years.
2	"	10	"	"	15 "

One case only had been previously vaccinated, a female aged 13; she had the disease mildly and recovered. There was no evidence to show how the

disease was imported. The first six cases all occurred in one lane (Black Griffin Lane).

In the *third* epidemic 67 cases applied; of these 39 were males and 28 females, 65 recovered, and two died; their ages being two years and eight years. The proportion of deaths to the number attacked was as 1 to 33½. The first case presented itself September 21, 1847, the last case May 14, 1848, and the entire number thus:—

1 in September	10 in February
6 in October	9 in March
12 in November	3 in April
10 in December	2 in May.
14 in January	

The age of the youngest attacked was three months, and the oldest 51 years.

18 were	5 years and under.
17 between	5 and 10 years.
15 "	10 and 15 "
5 "	15 and 20 "
1 "	20 and 25 "
7 "	25 and 30 "
1 "	30 and 35 "
2 "	35 and 40 "
1 was	51 years old.

Seventeen had been vaccinated, and in another case it was doubtful. Of these—

1 was 7 years.	1 was 28 years.
1 " 9 "	1 " 29 "
2 were 11 "	1 " 30 "
3 " 12 "	1 " 32 "
3 " 15 "	1 " 37 "
1 was 18 "	1 " 51 "

All these recovered.

The first case occurred in the person of a man, who resided in Wincheap, and who worked at the village of Chortham, where the disease then prevailed. The next case noticed occurred in the centre of the town, fourteen days afterwards. It appears that no case occurred after vaccination in a person under seven years of age, and thirteen of the twenty-one vaccinated were above the age of fifteen years. The most severe cases, and the greatest number, existed, generally speaking, in the districts most thickly populated by the lower orders, and most badly drained.

*A Diseased Elbow-joint, which had been Removed by Amputation.—By Mr. J. REED.*

The particulars of the case are briefly as follows:—

S. C., aged 20, a fair, delicate female, was admitted into the Canterbury Hospital March 7, 1851, with an abscess, which was situated behind and above the left olecranon, immediately beneath the integument, and which discharged matter by a narrow opening. The joint could be moved freely without pain, and was not, apparently, implicated. Just below, and on the inner side of this abscess, in a situation behind the inner condyle, there existed a soft fluctuating swelling, which was apparently quite distinct from the abscess. The abscess had commenced as a soft swelling, without obvious cause or marked pain, about six months previously, and had remained indolent till six weeks before her admission, when it enlarged, and was punctured. After she

entered the hospital, the opening in the abscess was enlarged, and she appeared to be doing well, until the second swelling became inflamed, suppurated, and ulcerated, when some thick matter escaped through the opening. A large fungous protrusion gradually presented itself at this opening, and the bare olecranon could be struck through it by a probe. The patient's health became affected; the pulse rose to 130 and 140, was feeble and wavy; night sweats set in, with loss of appetite; and a slight hacking cough, that had existed more or less for four years, became aggravated. The joint also became generally enlarged. The question of amputation was imperative; but, in consequence of the cough, it became necessary to examine the condition of the lungs as carefully as possible. On percussion anteriorly, the chest was very resonant below both clavicles, but dull for the space below the upper part of each mamma. Loud coarse inspiration was heard below each clavicle, the sound being uneven and divided, especially on the right side. The expiration was feeble and indistinct. The vocal resonance was much increased. The respiratory murmur was very faint below the mamma. In this situation, rhonchial sounds accompanied the inspiration, and were increased on deep inspiration, especially on the left side. Posteriorly, in the super-clavicular region, percussion was dull, and the respiratory murmur was less audible than natural, but the vocal resonance was increased. The percussion and auscultatory signs below the scapula, were the same as in front. From the physical signs, it was thought by the physicians who examined her, that tubercles existed. Amputation was performed, under the influence of chloroform, as the only chance that remained. For three or four days afterwards great constitutional irritation existed, the bowels were obstinately constipated, and there was constant vomiting, with the same high pulse that was observed before the operation. These symptoms yielded, the stump healed, and she eventually completely recovered, and lost her cough. She now, after an interval of one year and a half, remains quite well, and has become stouter than she was before.

The abscess first formed was situated in the integument covering the tendon of the triceps extensor cubiti, and had a doubtful communication with that secondly noticed; soft yellowish deposit in its neighbourhood, indicated it to have had a scrofulous origin. The second abscess apparently originated in the bursa between the tendon of the triceps and the olecranon, and was freely connected with the joint; the mass which protrudes from it was a growth from the exposed synovial membrane. In front of the joint, the synovial membrane was distended by a considerable collection of pus, and was thickened, soft, and vascular. Ulceration had commenced in the cartilage covering the head of the radius and the corresponding portion of the humerus.

The points commented upon as interesting in this case were—the apparent commencement of the disease on the outside of, and its subsequent extension into, the joints, and the risk under which amputation was performed, though happily terminating favourably.

**Provincial Medical & Surgical Journal.**

WEDNESDAY, DECEMBER 22, 1852.

THE influence of the "fourth estate" on the march of civilization—its good and evil effects upon the moral as well as the physical condition of man, are uppermost in the minds of most of our leading politicians, and will form an interesting object of inquiry for future historians. During the first half of the nineteenth century, the medical press may be said to have struggled out of chaos into existence; and another Sprengel, in writing its history, will have to take into account the influence of periodical medical literature on the progress of medicine both as an art and as a science, which has not yet been duly appreciated. The vigilant controul which it has exercised over the practitioners of the art, has been of great service to society, for though the rich have the power of protecting themselves—even if they do not exercise it—against neglect or mal-practice, yet, when the poor are concerned, what other protection can they find, but in the loud-toned voice of the medical press? With regard to the science of medicine, we believe that the vast improvements which have taken place throughout Europe and America during this period are mainly due to the same fostering hand. It has kindled in the minds of thousands a spirit of observation previously dormant, making every journal a valuable mine of facts and opinions, at the service of the master minds who have the time, the energy, and the genius to mould them into profitable shape. Nay, more, the medical press has been the parent of most of the standard works of the day, many of which their authors would have been afraid to publish, had it not been for the fostering dew of editorial praise. If such be the nature of a power which, to the best of our abilities we have wielded for the advantage of the profession, it may be worth while to glance at the present state of so potent an influence, to which, when these words see the light, we shall have ceased to belong.

In England, the medical press is now in a state of transition: most of its established organs are changing either their constitution, their form, or their Editors, whilst fresh journals are springing up in the place of others consigned

to oblivion. Out of courtesy, however, we will first glance at the sister kingdoms. In Dublin there is a quarterly journal, second to none in every valuable quality, and a bi-monthly one, which is edited with spirit, although the tenor of its recent remarks on English practitioners cannot be admired. In Edinburgh there are also two journals—a quarterly and a monthly. The former has become a bookseller's speculation, and now lives on its old reputation, and unless renovated by young blood, must speedily die a natural death. The latter is the property of Messrs. CHRISTISON, SYME, SIMPSON, and BENNETT, and is certainly conducted with great energy and talent, but its most striking peculiarity is the loudness with which it echoes every month the praises of one or other of its proprietors, whilst at the same time its Editors lose no opportunity of bespattering with mud all other British medical journals, especially the hebdomadaries of London. In England, the most important arbiter in medical literature—the *British and Foreign Quarterly Review*, takes a new Editor, who intends to introduce original articles, an alteration to be regretted, as it will draft from other journals their most important contributions, without improving its peculiar characteristic of reviewing in a style and to an extent, which no other journal can aspire to. The *London Journal of Medicine*, a monthly periodical, dies for want of support, after a short career of profitless respectability. The *Medical Times* at one mouthful has swallowed up the *Gazette*, but like Pharaoh's lean kine, it does not seem to have grown the fatter. It, having used up one Editor, is now in the hands of a highly respectable gentleman, but he has received notice to quit, and another judge *in re medicâ* is said to be coming from beyond the seas.

A formidable rival to the old standards has sprung up of late, in the shape of the *Medical Circular*, which is a useful compilation from other journals, and has certainly its cheapness and pungency to recommend it. But towering above all still appears the *Lancet*—the *Times* of the profession, as verdant and sapful as when first started by its energetic Editor. Nevertheless the spirit of change has come over our own Association, or at least an active division of its light infantry, and this journal is henceforth to be so altered as to enter the lists in competition with it. Two weekly journals are absolutely necessary to ensure freedom of discussion, and

without that number we should in London share the fate of the profession in Edinburgh, where notoriously there is no free press. The *Medical Times*, backed by the staff of two old established journals, and by the influence of the chief medical publisher of the day, cannot do much more than pay its expenses, and is mainly kept in existence for other purposes than as a merely mercantile speculation. Will the new series of this journal be able to take the place of the *Medical Times*, and compete with the *Lancet* on the same terms, and with the same weapons? Time will show. Will our members be henceforth more willing than they have been, to enhance the value of their own journal by the results of their daily experience? We shall rejoice if such be the case, for we have henceforth a common interest with them in the success of our common property.

And now, one word for ourselves. We have brought the *Provincial Medical and Surgical Journal* to the termination of the first stage of its existence, and as it has hitherto been almost exclusively the organ of the members of the Association, it cannot be out of place to record our thanks for their support. We cannot view a change which renders necessary our severance from the *Journal* without regret. To feel otherwise would be to appreciate too lightly the honour done to us by the Association in confiding its important interests to our care; and we own our regret is increased by the fact of our having indulged the hope of carrying out by the aid of our friends, the most signal improvements in its composition and management. Henceforth, as a humble member of the Association, we fervently hope the change may realize the fondest wishes of those by whom it has been brought about, and that it may prove equally profitable to the Association, and creditable to the gentleman who will in future occupy the chair we now vacate.

## Medical Intelligence.

### CHANGES IN THE MANAGEMENT OF THE PARIS HOSPITALS.

*L'Union Médicale* mentions that the great facility for travelling has so encumbered the hospitals of Paris, that measures will now be taken to make the various departments pay for the people from the provinces who are admitted into the Paris hospitals. The Central Board, which was formerly instituted merely for examining and sending patients to the various hospitals, will now be transformed into a dispensary, without detriment to its former duties; so that the poor who

can be treated at their own residences may be attended to. It should not be forgotten that the municipal body of Paris contributes £350,000 to the expenses of hospitals.

### ROYAL COLLEGE OF SURGEONS.

The following gentlemen were admitted members on the 3rd instant:—George Arnison, Allendale, Northumberland; Philip Beal, Guernsey; Robert MacLmont, New York; Samuel William North, York; John Oliver Rouse, Great Torrington, Devon; Theodore William Rutter, Clapton; Edward Wilmhurst Tait, Heytesbury, Wiltshire; Thomas Wright, Kilkenny.

**FELLOWSHIP.**—The following members were admitted Fellows on the 9th instant:—Robert William Coe, Bristol, diploma dated April 26, 1844; James Godfrey, Bristol, October 4, 1836; Theophilus Caractacus Lewis, New Kent Road, August 28, 1842; Joseph Lister, Upton, Essex; Charles William Carrol Otway, Canterbury Row, Kennington, July 4, 1838; George Robert Skinner, Bath, January 22, 1847.

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

#### NOTICE TO MEMBERS.

The Central Council of the Association beg to call the attention of those members whose subscriptions are in arrear to the following resolutions passed at the Anniversary Meeting, held at HULL, on the 7th and 8th of August, 1850:—

"But if any Member's subscription remain unpaid twelve months after it shall become due, the *Medical and Surgical Journal*, and other publications of the Society, shall be withheld from such Member till his arrears be paid; and when any Member has been in arrears of subscription for the space of *three years*, application shall be made for the same by the General Secretary, and if the arrears be not paid in *three months*, the name of that Member shall be omitted from the list of Subscribers; but this omission shall not be deemed, either in honour or equity, as releasing any Gentlemen from the subscriptions owing during his Membership."

Those gentlemen who have not yet paid their subscriptions for the CURRENT YEAR, or who are in ARREARS, are requested to forward the amount due either to the Secretary of the district in which they reside, or to the Treasurer or Secretary of the Association at Worcester.

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J. P. SHEPPARD.

Worcester, October 23, 1852.

Secretary.

### TO CORRESPONDENTS.

We have forwarded a paper from Cheltenham to Dr. Cormack, and also Dr. Ransom's communication, for which we regret that we could not find room. This is also the case with the report of the inauguration dinner of the Medical Benevolent College, sent by Mr. Propert.

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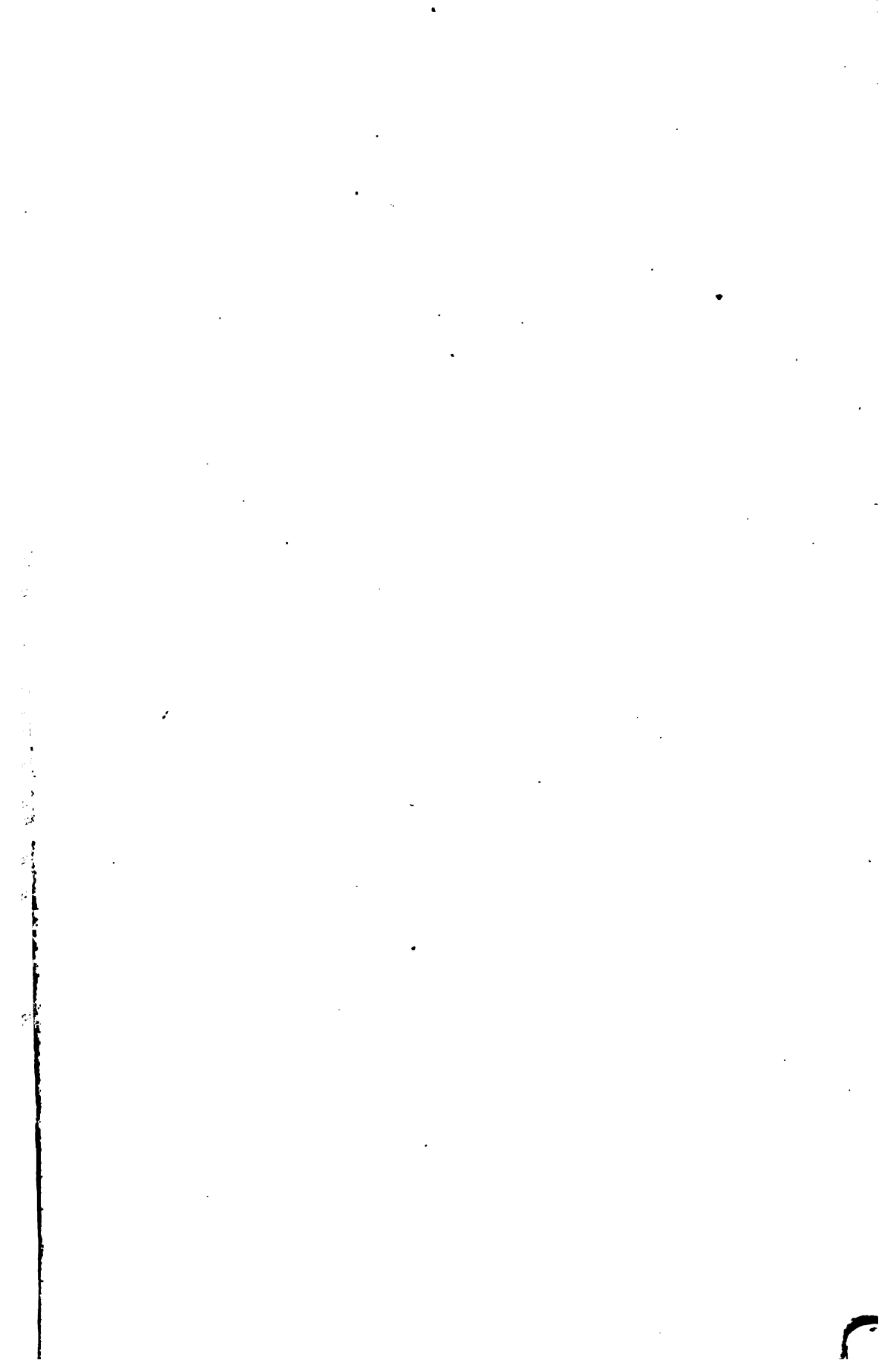
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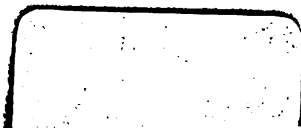
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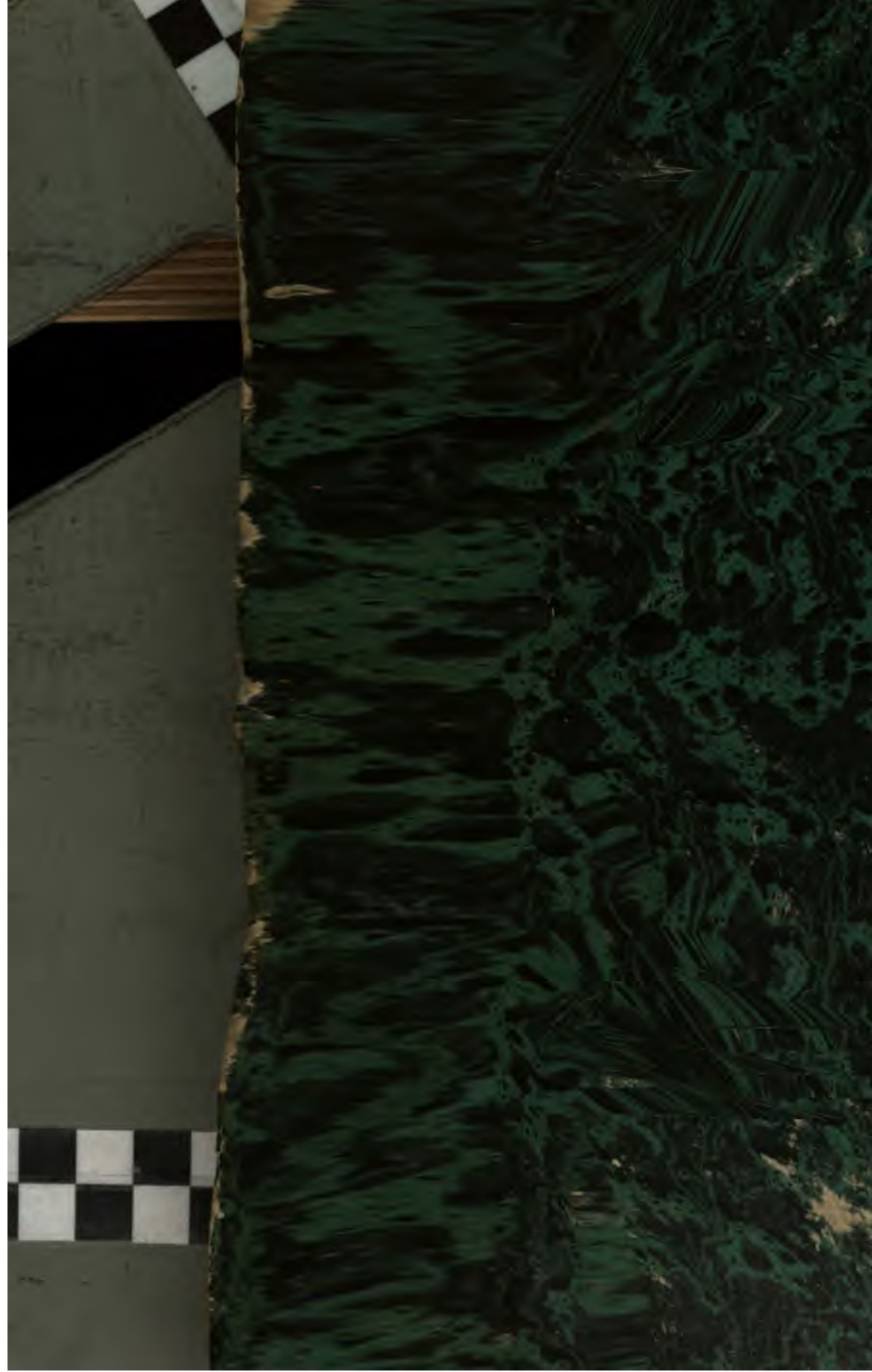






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